



# FLOW TEST FORM

**Please Print:**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Hydrant Location Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Please fill out this form and email it to [raelynn@crystalclearsud.org](mailto:raelynn@crystalclearsud.org). There is a \$70 flow test fee that must be paid at the time of submittal. Payment will need to be made in the form of **cash, check, money order or cashier's check only**, made payable to Crystal Clear Special Utility District (CCSUD). Please send a map if needed. The flow test will be completed within a 72-hour time period, unless there are unforeseen circumstances, however we will communicate with the customer if a longer wait time is required. Once the test is completed, CCSUD will email the customer an excel sheet with the flow test data.

\*Signature below acknowledges acceptance of the above terms.

\_\_\_\_\_  
Signature

Do not write below this line- **OFFICE/TECHNICIAN USE ONLY**

Form Taken By: \_\_\_\_\_ Technician: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Date Returned to Customer: \_\_\_\_\_

Checklist of flow test requirements:

<input type="checkbox"/> Completed form
<input type="checkbox"/> Hydrant location address & map if needed
<input type="checkbox"/> Payment * <b>Check, money order, or cashiers' check accepted only, make payable to Crystal Clear SUD</b>