



City of Roxboro

## Fireflow Test Results

### Applicant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Test Information

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

Pressure Location: \_\_\_\_\_

Flow Location: \_\_\_\_\_

Static Pressure:  psi      Elevation:  ft      Q20:  #NUM! gpm  
Residual Pressure:  psi

Pitot Reading:  psi      Elevation:  ft  
Flow Calculated:  gpm

Remarks: \_\_\_\_\_

Test By: \_\_\_\_\_  
Checked By: \_\_\_\_\_