



Water Pressure Reading Application

Postal Address: P.O. Box 152 Quirindi 2343
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 ABN 97 810 717 370
 Administration Building: 60 Station St Quirindi 2343

Applicant: _____

Postal Address: _____

Phone: _____

Location of Test: _____

(Location plan to be lodged with application)

Type of Test

Fire flow (with static pressure)

Static Pressure Only

 Signature Date

OFFICE USE ONLY:

Fee \$	Receipt	Paid / /
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Test Result

Location of Hydrants or Other Outlet _____

Date _____ Time _____
 Flow Hydrant ID _____ Residual Hydrant ID _____

Orifice No (D1,D2,D3,D4,D5)	Pressure (kPa)	Flow (from table)	Target Flow
Blanked		0	0
			3.5
			7.5
			11
			15
			21
			Max flow

Pressure (kPa)

The Static Pressure

Testing Officer: _____

Property No _____

Tr@cer ID _____

Reply Date _____