



Flow Test Agreement

Date: _____ Company Name: _____

Company Representatives Name: _____

Company Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Location of Test: _____

**Please make a check in the amount of \$445.00 payable to Ventura Water and return agreement and payment to:*

Ventura Water
Flow Test Department (805)652-4500
336 Sanjon Rd.
Ventura, CA 93002

City conducted flow test will provide the following:

1. A 2.5 or 4" defuser
 2. A pitot gauge
 3. A pressure gauge capable of measuring at least 200 pounds of pressure.
- In addition will be responsible for providing two (2) people to administer the test.

Customer Name (Please Print)

Customer Signature

Please allow an approximately 48-hour turnaround.

Ventura Water portion below only. Information will be filled out and returned to requester.

Date of Test: _____ Time: _____ Day: _____

C. .60 DIA (IN): _____ PITOT PSI: _____ Residual PSI: _____

Flow Rate (GPM) _____

Ventura Water Representative Name

Date

*New rates effective July 23, 2021 and are subject to change each fiscal year.