

Main Capacity Testing Form

DEPARTMENT OF PUBLIC UTILITIES
COUNTY OF GOOCHLAND
1800 Sandy Hook Road
P.O. BOX 119 Goochland, Virginia 23063



Date: _____
Utility Project (If Applicable): _____
Requested By: _____
Company: _____
Phone: _____
Email: _____

Please complete and return the Main Capacity Testing Form with an attached diagram of the hydrants to be tested. Forms can be submitted by email to utilities@goochlandva.us. DPU will not accept incomplete forms. If requesting DPU to perform flow testing, complete Box A. If requesting to perform flow testing by non-DPU personnel, complete BOX B.

BOX A

GPM at 20psi needed (If known): _____
Number of hydrants to be tested: _____

BOX B

GPM at 20psi needed (If known): _____
Number of hydrants to be tested: _____
Preferred date and time of testing: _____
Personnel performing test: _____
Equipment to be used for testing: _____

DPU personnel will perform the requested flow testing within three weeks of the form submission date. If you are performing your own test, DPU will schedule an acceptable time and date to perform the test. DPU personnel will be present for all self-performed testing.

Comments
