



**ST. JOHNS COUNTY UTILITY DEPARTMENT
FLUSH REPORT**

JOB NAME: _____

LOCATION: _____

DATE: _____

WTP: _____

(Potable water main / sewer force main / reuse main flushing.)

- Type of Line Flushed: _____ WM _____ FM _____ Reuse

- Size of Line: _____

- Length of Line Flushed: _____

- “X” Dimension ___ inches (horizontal distance at which top of water stream reaches a vertical drop of 4” from the projected top of pipe)

- Approximate Discharge Rate (from table supplied by SJCUD) _____ GPM

- Min. velocity 2.5 Ft./Sec. _____ approximate velocity.

- Start Time:

- Finish Time:

- Total Flush Time _____ Min.

- Total Volume of Water Discharged _____ Gallons.

Report by:

Fax or mail this completed form to Clare Dold (fax 904-209-2619), or you may scan and e-mail the form to cdold@sjcfl.us. Call 904-209-2618 with questions.