



OCFA WATER AVAILABILITY FORM

SECTION A: TO BE COMPLETED BY CUSTOMER

PROJECT NAME: _____ SR#: _____
(Assigned upon plan submittal)
 PROJECT ADDRESS: _____ CITY: TUSTIN
 PHONE: (____) _____ FAX NUMBER: (____) _____
 Largest Building (ft.²): _____ Sprinklered? _____ Construction Type: _____

SECTION B: TO BE COMPLETED BY LOCAL WATER COMPANY. CUSTOMER TO PROVIDE RESULTS TO OCFA.

Water Purveyor: _____

Location of test (reference map required): _____

TEST INFORMATION IS VALID FOR 6 MONTHS FROM DATE PERFORMED

Flow Test Results	
Static pressure: _____ PSI	Hydrant Number (if applicable): _____
Elevation of test: _____ Feet	Date/Time of Test ¹ : _____
Pitot Tube Reading: _____ PSI	Corresponding Flow: _____ GPM
Total Flow: _____ GPM	Residual Pressure: _____ PSI
<u>At peak demand</u> , this water system is capable of providing a fire flow discharge @ 20 psi of no less than _____ GPM.	

¹ Test to be performed as close as possible to the time the most conservative flows and pressures are expected.

Note: If the water availability information was obtained in a manner other than a flow test (i.e. computer modeling), fill out the information above as applicable and check here: _____

Based on water system fluctuations known to exist at the site of the Flow Test, the automatic fire sprinkler system should be designed based on an anticipated high static pressure of _____ (PSI), a low static pressure of _____ (PSI), and a low residual pressure of _____ (PSI) with a residual flow of _____ GPM.

I have witnessed and/or reviewed this water flow information and by personal knowledge and/or on-site observation certify that the above information is correct.

Name: _____ Eng. Lic. No. (if applicable): _____

Signature: _____

Title/Org: _____ Date: _____