

OCFA WATER AVAILABILITY FORM

SECTION A: To be completed by customer

Project Name _____	OCFA SR #: _____ <small>ASSIGNED UPON PLAN SUBMITTAL</small>
Project Address _____	City: _____
Applicant Phone #: (____) _____	Fax #: (____) _____
Area of largest building _____ ft ² ;	Construction type? (check one): <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB
Is this building sprinklered throughout (check one) <input type="checkbox"/> N <input type="checkbox"/> Y	

SECTION B: To be completed by local water department/district

Customer to provide results to OCFA

Water Department/District _____	
Test location (indicate address or cross-streets & provide reference map): _____	
Hydrant number(s) if applicable: _____	
Elevation of test hydrant: _____ feet above sea level	
Date of Test ¹ : _____	Time of test ¹ _____ <input type="checkbox"/> am <input type="checkbox"/> pm

¹ Test to be performed as close as possible to the time that the lowest flows and pressures are expected (e.g., M-F, 6:00 ± 9:00 am and 5:00 - 9:00 pm)

FLOW TEST RESULTS			
<small>TEST INFORMATION IS VALID FOR 6 MONTHS FROM DATE TEST IS PERFORMED</small>			
Static pressure:	psi	Residual pressure :	psi
Observed flow:	gpm) OR Z F D O F ¶ G D W S V L	gpm

Check the box if the test information above was obtained in a manner other than an actual flow test (i.e. by computer modeling)

Based on fluctuation known to exist at the site of the test, provide estimated values for the following			
Maximum static pressure	psi	Minimum static pressure	psi
Minimum residual pressure	psi	Minimum residual flow	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: _____ Company/Agency _____

Signature _____ Title _____

Date: _____