



# OCFA WATER AVAILABILITY FORM

## SECTION A: To be completed by customer

Project Name: \_\_\_\_\_ OCFA SR: \_\_\_\_\_ ASSIGNED UPON PLAN SUBMITTAL \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_

Applicant Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Area of largest building \_\_\_\_\_ ft<sup>2</sup> Construction type (check one):  IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

Is this building sprinklered throughout? (check one)  N  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<sup>1</sup>: \_\_\_\_\_ Time of test<sup>1</sup>: \_\_\_\_\_  am  pm

<sup>1</sup> 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

*TEST INFORMATION IS VALID FOR 6 MONTHS FROM DATE TEST IS PERFORMED*

Static pressure:	psi	Residual pressure:	psi
Observed flow:	gpm	Flow calculated at 20 psi:	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 fluctuations 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 certify that the above information is correct.

Name: \_\_\_\_\_ Company/Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Phone: \_\_\_\_\_