



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 _____ ft² 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 Test¹: _____ Time of test¹: _____ ☐ am ☐ 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			
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: _____