



# Placentia Fire & Life Safety Department

## Community Risk Reduction

### Water Availability/Fire Flow Form

#### Section A – To be completed by applicant:

|  |
|--|
| Project Name: _____  |
| Project Address/Parcel Number: _____   |
| Applicant Phone #: _____ Applicant Email: _____  |
| Area of Largest Building: _____ ft <sup>2</sup> (measured without area separation walls unless they are 4-hrs)   |
| Construction Type (check one): 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 <input type="checkbox"/> |
| Is the Building Sprinklered Throughout? Yes <input type="checkbox"/> No <input type="checkbox"/>   |

#### Section B – To be completed by PFLS Community Risk Reduction Staff:

|  |
|--|
| Fire Flow Requirement: _____ GPM: _____ Hour Duration: _____ |
| By: _____ Date: _____  |

#### Section C – To be completed by local water department/district or attach the local water department/district form that contains the same information.

|  |                                  |
|--|----------------------------------|
| Water Department/District: _____   |                                  |
| Test Location (indicate address or cross-streets & provide reference map): _____   |                                  |
| Hydrant Number(s) (if applicable): _____   |                                  |
| Date of Test: _____ Time of Test: _____ am <input type="checkbox"/> pm <input type="checkbox"/>  |                                  |
| <b>FLOW TEST RESULTS</b>   |                                  |
| <i>TEST INFORMATION IS VALID FOR 12 MONTHS FROM DATE TEST IS PERFORMED</i>   |                                  |
| Static Pressure: _____ PSI   | Residual Pressure: _____ PSI     |
| Observed Flow: _____ GPM   | Flow Calc'd at 20 psi: _____ GPM |
| <input type="checkbox"/> Check here if the test information above was obtained in a manner other than an actual flow test (i.e., computer modeling). |                                  |

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_