



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: _____ ft² (measured without area separation walls unless they are 4-hrs)

Construction Type (check one): IA IB IIA IIB IIIA IIIB IV VA VB

Is the Building Sprinklered Throughout? Yes No

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 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 Calc'd at 20 psi:** _____ **GPM**

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: _____