



# OCFA WATER AVAILABILITY FORM

## SECTION A: TO BE COMPLETED BY CUSTOMER

PROJECT NAME: \_\_\_\_\_ SR#: \_\_\_\_\_  
(Assigned upon plan submittal)  
 PROJECT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_  
 Largest Building (ft.<sup>2</sup>): \_\_\_\_\_ Sprinklered? \_\_\_\_\_ Construction Type: \_\_\_\_\_

**STOP HERE, AND FAX TO OCFA at 714-368-8843 (for Irvine projects fax to 949-724-6420)**

## SECTION B: TO BE COMPLETED BY OCFA

In accordance with CFC Appendix III-A: minimum fire flow required at peak system demand  
 is \_\_\_\_\_ GPM for \_\_\_\_\_ hours at a minimum residual pressure of 20 psi.

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

## SECTION C: TO BE COMPLETED BY LOCAL WATER COMPANY. CUSTOMER TO PROVIDE RESULTS TO OCFA.

Water Purveyor: \_\_\_\_\_

Location of test (reference map required): \_\_\_\_\_

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

Flow Test Results <sup>1</sup>	
Static pressure: _____ PSI	Hydrant Number (if applicable): _____
Elevation of test: _____ Feet	Date/Time of Test: _____
Pitot Tube Reading: _____ PSI	Corresponding Flow: _____ GPM
<b>Total Flow: _____ GPM</b>	<b>Residual Pressure: _____ PSI</b>
At peak demand, this water system is capable of providing a fire flow discharge @ 20 psi of no less than _____ GPM.	

<sup>1</sup> Test to be performed as close as possible to the time the most conservative flows and pressures are expected.

**Note:** If the water availability information was obtained in a manner other than a flow test (i.e. computer modeling), fill out the information above as applicable and check here: \_\_\_\_\_

Based on water system fluctuations known to exist at the site of the Flow Test, the automatic fire sprinkler system should be designed based on an anticipated high static pressure of \_\_\_\_\_ (PSI), a low static pressure of \_\_\_\_\_ (PSI), and a low residual pressure of \_\_\_\_\_ (PSI) with a residual flow of \_\_\_\_\_ 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: \_\_\_\_\_ Eng. Lic. No. (if applicable): \_\_\_\_\_

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

Title/Org: \_\_\_\_\_ Date: \_\_\_\_\_