OCFA WATER AVAILABILITY FORM

SECTION A: To be completed by customer

Project Name: ________________________________________________  OCFA SR #: ____________________________

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

<table>
<thead>
<tr>
<th>Static pressure: psi</th>
<th>Residual pressure: psi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed flow: gpm</td>
<td>Flow calc’d at 20 psi: gpm</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Maximum static pressure psi</th>
<th>Minimum static pressure psi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum residual pressure psi</td>
<td>Minimum residual flow gpm</td>
</tr>
</tbody>
</table>

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: __________________________________________  Company/Agency: ____________________________

Signature: __________________________________________  Title: ____________________________

Date: __________________________________________  

Revised 1/7/16 eae