

*Serving the Cities of Kent, Covington and King County Fire District 37*

# Certificate of Fire Flow from Servicing Agency or Utility District

**Please print in Black ink only**

**TO BE FILLED OUT BY APPLICANT:** **Date of Request:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Location/Address: \_\_\_\_\_

King County Tax Account No.: \_\_\_\_\_ (Attach map and legal description if necessary)

¼ Section \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ N Range \_\_\_\_\_ E

**TO BE COMPLETED BY WATER PURVEYOR:**

## TEST INFORMATION IS VALID FOR 12 MONTHS FROM DATE PERFORMED

Flow Test Results <sup>1</sup>	
Static pressure: _____ PSI	
	Date/Time of Test: _____
	Duration: _____ Hrs.
Total Flow: _____ GPM	Residual Pressure: _____ PSI
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:  Model  Other (Specify) \_\_\_\_\_.

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: \_\_\_\_\_