



**CERTIFICATE OF FIRE FLOW FROM SERVICING AGENCY OR UTILITY DISTRICT**

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

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

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

King County Tax Account No: \_\_\_\_\_ (attach map/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: \_\_\_\_\_ Hours

Total Flow: \_\_\_\_\_ GPM **Residual Pressure:** \_\_\_\_\_ PSI

At peak demand, this water system is capable of providing a fire flow discharge at 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: \_\_\_\_\_