

## COLTON FIRE DEPARTMENT

303 East E Street, Colton, CA 92324 909.370.5553

## **Building and Fire Marshal Fire/Flow/Water Availability Form**

**SECTION A:** To be completed by customer

Project Name:									<del></del>	
Project Address/Parcel Number:										
	oplicant Phone: Email:									
Area of largest building:they are 4 hour walls)	sq.ft.; (measured without area separation walls unless									
Construction type: (circle one)	IA IB	IIA	IIB	IIIA	IIIB	IVHT	VA	VB		
Is this building fire sprinklered thro	nis building fire sprinklered throughout? (circle one					No				
SECTION B: To	o be comp	leted by	Colto	on Fire	Marsl	nal or E	)GA			
Fire Flow Requirement:	gp			m at 20 psi for				hours duration		
By:				Date	۱ <u>:</u>					
SECTION C: To be completed					distric	t or at	tach t	he loca	al water	
department/district form that co										
department/district form that co	FLOW	TEST	RES	SULT	_	PERFORM	<b>E</b> D			
	FLOW	TEST	RES	SULT	TEST IS F		ED		psi	
TEST INFORMA	FLOW TION IS VALID F	TEST FOR 6 MON	RES	SULT	ressure:		ED		psi gpm	
Static Pressure:  Observed Flow: Water Department/District: Test Location: (indicate address or cross-street)	FLOW TION IS VALID F ps gpn eets and provide	TEST FOR 6 MON Si	RESITHS FROM	SULT DM DATE ' idual Pro v Calc'd	ressure: at 20 p	osi:			gpm	
Static Pressure:  Observed Flow: Water Department/District:	FLOW TION IS VALID F ps gpn eets and provide	TEST FOR 6 MON Si m	RES	SULT DM DATE idual Prov Calc'd	ressure: at 20 p	osi:			gpm	
Static Pressure:  Observed Flow:  Water Department/District: Test Location: (indicate address or cross-streethydrant Number(s): (if applicable) Date of test:  I have witnessed and/or reviewed	FLOW TION IS VALID F  ps  gpn  eets and provide	TEST FOR 6 MON Si  n reference m	RES  Resi  Flow  hap)  ormatic	SULT DM DATE 1 idual Prov Calc'd Time of	ressure: at 20 p	osi:	aı	m	gpm pm	
Static Pressure:  Observed Flow:  Water Department/District: Test Location: (indicate address or cross-streen Hydrant Number(s): (if applicable) Date of test:  I have witnessed and/or reviewed observed.  Name:	FLOW TION IS VALID F  ps  gpn  eets and provide  this water vation certify	TEST FOR 6 MON Si m reference m	RES  Resi  Flow  hap)  ormatic	SULT DM DATE idual Province V Calc'd Time of	at 20 p	sonal ki	ar	mdge and	gpm pm /or on-site	
Static Pressure:  Observed Flow:  Water Department/District: Test Location: (indicate address or cross-streed Hydrant Number(s): (if applicable) Date of test:  I have witnessed and/or reviewed observed Name:  Title:	FLOW TION IS VALID F  ps  gpn  eets and provide  this water vation certify	TEST FOR 6 MON Si m reference m	RES  Resi  Flow  hap)  ormatic	SULT DM DATE idual Prov Calc'd Time of the contact and the con	essure: at 20 p of test: by person is corre	sonal k	ar	mdge and	gpmpm /or on-site	
Static Pressure:  Observed Flow:  Water Department/District: Test Location: (indicate address or cross-streen Hydrant Number(s): (if applicable) Date of test:  I have witnessed and/or reviewed observed.  Name:	FLOW TION IS VALID F  ps  gpn  eets and provide  this water vation certify	TEST FOR 6 MON Si m reference m	RES  Resi  Flow  hap)  ormatic	SULT DM DATE idual Prov Calc'd Time of the contact and the con	essure: at 20 p of test: by person is corre	sonal k	ar	mdge and	gpmpm /or on-site	