

# WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

City of Sacramento Development Services Planning & Building Department 300 Richards Blvd., 3rd Floor Sacramento, CA 95811	TEST NUMBER:	FILE NUMBER:
	COMPLETE DATE:	PC NUMBER:
	ANALYSIS FEE: \$313.00	DATE PAID:
	FIELD TEST FEE: \$640.00	DATE PAID:
CONTACT:	PHONE NUMBER:	FAX NUMBER:
COMPANY:	CELL NUMBER:	EMAIL:
COMPLETE CO. ADDRESS:	STREET ADDRESS OF TEST:	
	ASSESSOR'S PARCEL NUMBER:	

**When more than one water supply test has been performed contact your Fire Planchecker to determine which test to use.**

The undersigned agrees to the following items and conditions:

- (1) *The street address shown above is correct*
- (2) *Water supply data is developed from several sources of information which may include water supply test data pipe network, computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.*
- (3) *Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.*
- (4) *When more than one water supply test has been performed, the decision is left to the Fire Plan Checker as to which water supply test is to be used.*
- (5) *If the undersigned desires to witness the water supply test performed by the City, please check the box below:*  
 *I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.*
- (6) *If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:*  
 *At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.*

PRINT NAME:				SIGNATURE:						
DATE:				FIELD REQUEST DATE:						
DATE OF TEST:				TIME OF TEST:						
WTR. MAIN SIZE:				TEST CONDUCTED BY:						
	Hydrant Number	Map Page	Static Pres. (PSI)	Residual Pres. (PSI)	Pitot Pres. (PSI)	Outlet Dia. (Inches)	Coefficient C <sub>1</sub> C <sub>2</sub>		Calc. Flow @ Pres. (GPM)	Flow @ 20 PSI (G.P.M.)
Residual										
Flowed										
Flowed										
Flowed										
Flowed										

\* THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.  
 \* (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) MUST NOT BE LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR RESIDUAL PRESSURES LESS THAN      PSI

### WATER SUPPLY DATA SUMMARY

	Design (1)
Static Pressure	PSI
Residual Pressure	PSI
Total Flow @ Residual	G.P.M.
Total Flow @ 20 PSI	G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.