



# HYDRANT / FIRE SERVICE / DUAL SERVICE REQUIREMENTS (FIRE) FORM

**FORM APPROVAL IS REQUIRED BY THE FIRE MARSHAL OR AUTHORIZED FIRE AGENCY REVIEWER**

Please complete and sign below. If dual service is indicated and approved, please complete the Domestic Dual Services section below. If any change to an existing hydrant and/or fire service is required, please indicate required changes (i.e. upgrade hydrant body, relocate, or remove) in Remarks Section. For questions about this form, contact EBMUD New Business Office at 510-287-1008.

<b>PROPERTY</b>	PROJECT ADDRESS	CITY	ZIP
	ASSESSOR'S PARCEL N <sup>o</sup>	TRACT/SUBDIVISION	LOT N <sup>o</sup>

**FIRE HYDRANTS**

<input type="checkbox"/> NEW HYDRANTS NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW PUBLIC hydrants _____ AND/OR Number of NEW PRIVATE hydrants _____ <input type="checkbox"/> RELOCATE: Number of EXISTING PUBLIC hydrants to be relocated _____	For HYDRANTS please complete the following OR check the box below:  A total of _____ gallons per minute supplied by _____ hydrant(s) flowing simultaneously for a duration of _____ minutes. Each individual hydrant shall provide a minimum flow of _____ gallons per minute.  Unless otherwise indicated, fire flow is calculated down to a minimum residual pressure of 20 psi in the water main under normal operating design flow conditions. Fire flow is a design factor and is not guaranteed.  <input type="checkbox"/> EXISTING FLOW IS ADEQUATE  Remarks _____
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<b>PRIVATE FIRE SERVICES</b>  Commercial, multi-family premises (as approved by local fire agency). <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW PRIVATE fire services _____ <input type="checkbox"/> EXISTING PRIVATE FIRE SERVICE adequate	Remarks _____  _____
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<b>DOMESTIC DUAL SERVICES</b>  Single family premises, multi-family premises, condos, and townhomes (as approved by local fire agency) <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW DUAL SERVICES _____	For DOMESTIC DUAL SERVICES please complete the following:  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">X</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">=</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Sprinkler heads</td> <td></td> <td style="text-align: center;">Demand per head, GPM</td> <td></td> <td style="text-align: center;">Sprinkler Demand, GPM</td> </tr> <tr> <td style="text-align: center;"><small>Maximum number of sprinkler heads required to operate simultaneously in the largest area to be sprinklered.</small></td> <td></td> <td style="text-align: center;"><small>Flow required for each sprinkler head to operate (in gallons per minute).</small></td> <td></td> <td></td> </tr> </table> Remarks _____	_____	X	_____	=	_____	Sprinkler heads		Demand per head, GPM		Sprinkler Demand, GPM	<small>Maximum number of sprinkler heads required to operate simultaneously in the largest area to be sprinklered.</small>		<small>Flow required for each sprinkler head to operate (in gallons per minute).</small>		
_____	X	_____	=	_____												
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<b>APPROVAL</b>	FIRE AGENCY OR OTHER AGENCY NAME	PHONE
	PREPARED BY	TITLE
	EMAIL	
	SIGNATURE (By signing below, I agree I have reviewed and approved the above requirements.)	DATE

**VALID FOR ONE YEAR**