



**Laguna Beach Fire Department**  
505 Forest Ave., Laguna Beach, CA 92651  
(949) 497-0700

**HYDRANT FLOW REPORT AND FIRE FLOW INFORMATION**

Please complete Section A of this form (*must be saved as an Adobe "pdf" document*) and e-mail it to: **James Brown, LBFD Fire Marshal** --- [jbrown@lagunabeachcity.net](mailto:jbrown@lagunabeachcity.net).

The LBFD will complete Section B and send to the Water Purveyor for completion of Section C. Once all Sections are complete, the LBFD will send a copy back to the requesting party via e-mail.

**NOTE: Water Purveyors require a fee to be paid prior to completing Section C. Please contact them for payment information.**

**SECTION A: TO BE COMPLETED BY APPLICANT**

Date of Request: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Square Footage\*: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

Data Requested for: \_\_\_ Fire Protection System Design\*\* \_\_\_ Fire Hydrant Flow Report (Check which apply)

\*Square Footage must include all attached garages, carports and solid roof patio covers.

\*\*Include estimated water (Fire Flow) needed for System Design: \_\_\_\_\_ GPM

**SECTION B: TO BE COMPLETED BY LAGUNA BEACH FIRE DEPARTMENT**

As required by Appendix B of the 2016 CFC, the minimum Hydrant Flow is: \_\_\_\_\_ GPM for \_\_\_\_\_ hours at a minimum residual pressure of 20 PSI. Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title of LBFD Representative

Water Purveyor  LBCWD  SCWD

**SECTION C: TO BE COMPLETED BY WATER PURVEYOR**

The test shall be provided from the closest junction node on the same pressure system as the proposed project.  
**NOTE:** All water information is provided using the water purveyors' current hydraulic water model simulated under maximum day demand conditions. The pressure provided reflects at street level elevations unless noted otherwise.

Fire Flow Requested in Section A: \_\_\_\_\_ GPM Static Press.: \_\_\_\_\_ PSI Residual Press.: \_\_\_\_\_ PSI

Hydrant Flow Required by Section B: \_\_\_\_\_ GPM at 20 PSI residual pressure

Junction Node location and elevation: \_\_\_\_\_

Elevation of water meter for project: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title of Water Purveyor Representative