



# Fountain Fire Department

*Fire Prevention Division*

*Fire Marshal Michael Gates*

[mgates@fountaincolorado.org](mailto:mgates@fountaincolorado.org)

## Fire Flow Information Application

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Water Department Project Number (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Contact the appropriate water department for development fees and/or fees for multiple fire flow requests within a 12 month period for the same address or project.**

**Building Type and Size** – City of Fountain Fire Department Requirements {IFC 2015 Appendix B}

Gross Square Footage: \_\_\_\_\_

Building Construction Type (choose one) I-A, I-B, IIA, IIIA, IV, V-A, IIB, IIIB, V-B: \_\_\_\_\_

Building Sprinkled: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Required Fire Flow: \_\_\_\_\_ GPM                      Number of Hydrants Required: \_\_\_\_\_

### **New Site Development**

Construction drawings for new water main proposed for installation must have been submitted to the appropriate water department for initial plan review before fire flows will be provided. Flange elevations for proposed hydrants must be included on the plans.

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719-393-6890  
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Comments: \_\_\_\_\_

**Water Department Section:** (If water department does not perform fire flow tests, a contractor shall perform the test in coordination with the proper water department)

Date: \_\_\_\_\_

Water Department or Contractor: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

1- Hydrant Identification Number: \_\_\_\_\_ Date Tested: \_\_\_\_\_

Hydrant Location (GPS, Address, Cross-Street): \_\_\_\_\_

GPM: \_\_\_\_\_ Static PSI: \_\_\_\_\_ Residual PSI: \_\_\_\_\_

Test performed:  Field Tested;  <1 Yr. Record;  High Demand;  Off Period

2- Hydrant Identification Number: \_\_\_\_\_ Date Tested: \_\_\_\_\_

Hydrant Location (GPS, Address, Cross-Street): \_\_\_\_\_

GPM: \_\_\_\_\_ Static PSI: \_\_\_\_\_ Residual PSI: \_\_\_\_\_

Test performed:  Field Tested;  <1 Yr. Record;  High Demand;  Off Period

3- Hydrant Identification Number: \_\_\_\_\_ Date Tested: \_\_\_\_\_

Hydrant Location (GPS, Address, Cross-Street): \_\_\_\_\_

GPM: \_\_\_\_\_ Static PSI: \_\_\_\_\_ Residual PSI: \_\_\_\_\_

Test performed:  Field Tested;  <1 Yr. Record;  High Demand;  Off Period

**Under penalties of perjury, I certify I am the named water department or contractor personnel performing or collecting the data for the Fire Flow Requirements, the information on this application is accurate to the best of my abilities.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Contact Number: \_\_\_\_\_

Comments: \_\_\_\_\_

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