

FIRE DEPARTMENT REVIEW FORM

Fire Service to be connected to the Des Moines Water Works' system

Date: _____

Address: _____

Owner: _____

Size of proposed fire service: _____

Size of water main to be tapped: _____

Tap street: _____

Maximum sprinkler system demand: _____ gpm _____ psi

Water supply requirement from on-site hydrants: _____ gpm _____ psi

Total fire flow required at connection to DMWW main: _____ gpm _____ psi

Size & type of backflow preventor: _____

Flow Test

Hydrant Location: _____

Date tested: _____

Static: _____ psi Pitot: _____ psi

Residual: _____ psi Flow @ 20 psi: _____ gpm

All materials and installations must meet all code requirements as specified in the City of Des Moines Uniform Plumbing Code and recognized practice.

Sketch and description of proposed fire service (attach mechanical plan, if available)

Contractor: _____

Address: _____

Phone: _____

Reviewed by: _____, Fire Inspector Date: _____

Fire Prevention Bureau
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