## SOUTH CAROLINA Department OF Disabilities AND Special Needs

## Addendum H to Capital Application

## Fire Sprinkler System Information for DDSN Projects

Provid	ler: Date:
General Information	
1)	Location of the residence: (Complete physical street address, town, and zip code)
2)	Location is (check one):  Apartment Duplex Single Family Home Other:
3)	How many beds will this residence be licensed for?:
4)	Foundation: Concrete Slab Crawl Space
5)	Do you have an existing floor plan for the residence?:   Yes   No
Water Supply Information	
NOTE	A flow test will need to be conducted to obtain necessary design information. Contact your local water provider to have a flow test ordered. Please contact DDSN Engineering and Planning if you have questions regarding this information.
6)	Who provides the water service to the building?:
7)	What is the size of the water meter at the residence?:
8)	Flow test data:Static (PSI)Residual (PSI)Flow (GPM)
9)	Flow test conducted by:  Organization:  Name:  Telephone:
10)	Location of the test hydrant: (Approximate street address or location. For example, at the corner of Main St and Blossom St, and approximate distance to proposed residence.)