

CITY OF WESTFIELD WATER RESOURCES DEPARTMENT



...Protecting Your Liquid Assets

Application for Fire Flow Test

This section to be completed by **Applicant**

Full Name: _____

Billing Address: _____

Primary Tel. No.: _____ Email Address: _____

Agency Performing Test: _____

* Property Address: _____

** Provide the property address for which the test is being performed*

Requested Date of Test: _____ Requested Time of Test: _____

*All Fire Flow Tests must be witnessed by Westfield Water Resources personnel. Applications will not be accepted without a non-refundable fee of \$150.00 for each Fire Flow Test. Make check payable to: **City of Westfield***

Applicant Signature: _____ Date: _____

This section to be completed by Westfield Water Resources - **Administration**

Fee Amount Received: _____ Date Fee Received: _____

Check No.: _____ Work Order No.: _____

This section to be completed by Westfield Water Resources - **Distribution**

Date of Test: _____

Start Time of Test: _____

End Time of Test: _____

Flow Hydrant	Residual Hydrant
Flow Hydrant No.:	Residual Hydrant No.:
Flow Pressure (psig):	Static Pressure (psig):
Flow (gpm):	Residual Pressure (psig):

Comments _____

This section to be completed by Westfield Water Resources - **Engineering**

Sackett Tank (ft): _____

East Mountain Tank (ft): _____

Provin Mt. Tank (ft): _____