

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: _____

Helpful Link: [Westfield Mobile GIS, Click Here](#)

Primary Tel. No.: _____

Email Address: _____

Agency Performing Test: _____

* Property Street Address: _____

** Provide the property address for which the flow test is being performed and flow hydrant label Tag#*

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**
Mailing Address: 28 Sackett ST, Westfield MA 01085.*

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): _____