

# Passaic Valley Water Commission

Last Revised:  
5/12/21

## FIRE LINE FIRE PUMP INFORMATION

Property Location: \_\_\_\_\_ City: \_\_\_\_\_

### Owner Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contractor/Installer Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Results of hydrant flow test: Static pressure \_\_\_\_\_ Flow \_\_\_\_\_ Residual Pressure \_\_\_\_\_

Required fire demand: \_\_\_\_\_

Required pump testing demand: \_\_\_\_\_

Size of proposed fire line: \_\_\_\_\_ Size of Pump: \_\_\_\_\_ Rated GPM: \_\_\_\_\_

Pump Make/Model \_\_\_\_\_ (attach cut sheet)

Approximate fire pump test schedule <sup>(1)</sup>: \_\_\_\_\_

<sup>(1)</sup> The property owner shall contact the PVWC Customer Service Department prior to all fire pump testing.

Briefly describe the system and the need for the fire pump:

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