

# PRIVATE HYDRANTS ANNUAL TESTING AND MAINTENANCE



Owner's Name: \_\_\_\_\_  
 Building Address: \_\_\_\_\_  
 Owner's Phone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
 Person Doing Inspection: \_\_\_\_\_

Name of company servicing hydrant: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature of tech: \_\_\_\_\_ Print name: \_\_\_\_\_ Date of service: \_\_\_\_\_  
 # of hydrants serviced: \_\_\_\_\_ Make/model of hydrants: \_\_\_\_\_

Y = Satisfactory    N = Unsatisfactory (explain below)    N/A = Not Applicable

<b>Annual Maintenance</b>	<b>INSPECTION YEAR:</b>
Lubricate operating nut	
Lubricate hydrant packing	
Lubricate thrust collar	
Lubricate outlet threads	

<b>Annual Testing</b>	
Open hydrant fully and flow for <b>not less</b> than 1 minute	
Hydrant shall drain completely within 60 minutes of closing valve	
Note: Contact the Water Utility Dept at 266-4665 <b>prior</b> to flowing hydrants	

This form covers a 1-year period

Notes:

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Completed forms shall be submitted to:  
 Hydrant Records, Madison Fire Department  
 314 W Dayton Street  
 Madison, WI 53703  
 Fax (608) 267-1100



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