



City of Austin

Hydrant ID City use only	No.
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Austin Water Utility
 Special Services Division
 3907 S. Industrial Drive, Ste. 100
 Austin, TX 78744-1070

Phone # (512) 972-1060

Fax (512) 972-1260

Private Fire Hydrant Inspection and Testing Form

Deliver original to SSD within 5 working days.

Incomplete forms will be rejected.

Property Owner				Phone Number	
Mailing Address					
City		State		Zip Code	
Property Name					

Owner's Agent				Phone Number	
Agent's Representative (person's name)					
Agent's mailing Address					
City		State		Zip Code	

Property Physical Address					
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NOTE: All questions are to be answered Yes, No, or Not Applicable. All no answers are to be explained in the comment section on the form

Owner's Section

- A. Is the private fire hydrant in service? YES NO
- B. Has the hydrant remained in service since the last inspection? YES NO
- C. Was the fire hydrant free from activation (use) since its last inspection? YES NO
- D. Is a fire pump on property? YES NO

	/	/
Owner or Representative (print name)	Owner or Representative (signature)	Date

Fire Hydrant Inspection Items:

Hydrant Mfg_	Model_	Year_	Repairs Needed <input type="checkbox"/>
Repair List: 1. Upper repair <input type="checkbox"/> 2. Stem Replacement <input type="checkbox"/> 3. Traffic repair <input type="checkbox"/> 4. Raise. 5. Dig up w/permit. <input type="checkbox"/>			
6. Replace Hydrant <input type="checkbox"/> 7. Cap replacement 2 1/2" <input type="checkbox"/> 4" <input type="checkbox"/> 8. Lower valve repair <input type="checkbox"/> 9. Nozzle replacement 2 1/2" <input type="checkbox"/> 4" <input type="checkbox"/>			
1. Is a hydrant wrench available and accessible?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Is hydrant free of obstructions within 3' radius?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Free from ice or water in the barrel?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Free from leaks or cracks at outlets or top of hydrant?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Threads, outlets, caps & stem in good condition and lubricated with food grade grease?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. Operating nut in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Exposed piping is free from leaks, physical damage or corrosion?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8. Mainline strainers, if installed, free from plugging and corrosion?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. Is hydrant subject to vehicular damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

(Over)

10. Is steamer opening 18" above finished grade? YES NO
11. Is steamer opening facing and unobstructed to the street? YES NO
12. Standard City of Austin 3-way hydrant installed? YES NO

(2-2 1/2" outlets W/NST threads and 1-4" Steamer W/COA thread, 6 threads per inch, blunt start or Higby cut, 4.859" outer diameter, 4.625" root diameter)

13. Is hydrant painted red? YES NO Is the paint in good condition? YES NO

Testing:

1. Hydrants flowed until clear (at least one minute)? YES NO
2. Dry barrels drain in at least one hour? YES NO
3. Dry barrels requiring pumping are identified? YES NO
4. All control valves operated through full range and returned to normal operating position? YES NO
5. Backflow assemblies, if installed, passed full flow test? YES N/A
6. Mainline strainers cleaned-if installed? YES N/A
7. Isolation valve located and exercised? YES NO

Estimated Consumption Rate During Test: _____ G.P.M

Total Flow: _____ Gallons

If Pumps Affect Test, Indicate Pumps Operating: _____

Hydrant GPS Coordinates:

Longitude: _____

Latitude: _____

Nozzle Size: _____

Pitot Reading: _____ psi

Total GPM @ 20 psi Residual: _____

Pressures: Static: _____ psi

Residual: _____ psi

Velocity (Flow): _____ G.M.P.@ _____ p.s.i.g.

Water Quality Tests

Total Chlorine: _____

Dechlorination Residual: _____

Comments:

Repairs requiring permit: Permit No. _____

Inspector:

Date Inspected: _____

Inspector's Information: I swear or affirm that the information on this form is correct at the time and place of my inspection and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted above.

Date of Inspection and Test: _____

Company Phone: _____

Company Name: _____

Company Address: _____

Person's Name Performing Work (print)

Person Performing Work (signature) if not sent electronically.

Helper:

Contractors and persons performing WORK must be registered with the City of Austin. Registration with the City does not indicate City approval and/or recommendation of contractors.