

CITY OF LOUISVILLE
Annual Test and Maintenance Report - Private Fire Hydrant

Business/Property Information:

Business/Name: _____
 Address: _____
 Contact Person: _____ Phone No. _____
 Type of Business: _____
 Hydrant Number: _____ Location: _____

24 HRS PRIOR TO FLOWING ANY PRIVATE FIRE HYDRANT, NOTIFY THE DEPT OF PUBLIC WORKS AT 303-335-4603

Please be advised that we (owner/contractor) have made the following maintenance and test of the fire hydrant in accordance with the International Fire Code. This form must be completed for each hydrant located on the premises.

Maintenance Procedure	Performed? (Y/N)
1. Remove Oil Filter screw and fill with new hydrant oil. Note: For Waterous hydrants use 3 squirts of oil only For Mueller hydrants use 20 squirts or full.	
2. Open hydrant slowly and fully. Approximately (15 turns)	
3. Check for leaks. (Ignore small leaks and drips.) Close hydrant.	
4. Weeper operation - Remove one side cap and place palm of hand flat against opening (vacuum?) or remove pumper cap and check visually.	
5. Remove caps, wire brush, lubricate nozzle threads. (food grade anti seize)	
6. Operate branch hydrant valve.	
7. Flow hydrant to create sufficient flows to remove debris from lateral/barrel. Flow hydrant until water is clean/clear. (CLOSE HYDRANT SLOWLY) Note: Attention should be given to driving surface temperatures. (icing)	

Service Condition	Status (Pass/Fail)	Corrective Action (Identify)
Accessibility (clear/unobstructed space all around private fire hydrant-shall not be less than three feet).		
Leaks in outlets or at top of hydrant (no leaks allowed).		
Proper drainage from hydrant barrel.		
Cracks in hydrant barrel/flange.		
Tightness of outlets (wrench tight).		
Op nut in good shape?		
Port threads greased.		
Hydrant barrel left dry.		
Hydrant operation: Number of turns to open: # _____		
Hydrant flags/chains/markings/signage in place.		
Rust and Scale.		
Paint Condition (If reqd use Safety Yellow Water Based Paint).		
Other: _____		

IF THE PRIVATE HYDRANT IS FOUND NOT SERVICABLE, IMMEDIATELY NOTIFY THE LOUISVILLE FIRE DISTRICT AT 303-666-8809

5 Year Flow Test - Date Required:

No. of ports flowed: _____ Static pressure: _____
 Residual Pressure: _____ Pilot Reading PSI: _____
 GPM: _____ Calculated Flow available @ 20 psi: _____
 Nozzle Size: _____ Nozzle Coefficient: _____
 Comments: _____ 5 year Flow Test Date: _____

Certification: I hereby certify the foregoing data to be correct and the statement to be true.

Test Company: _____ Phone: _____
 Address: _____ City/State/ZIP: _____
 Tester's Name (print): _____ Tester's Signature: _____
 Date of Test: _____ Contractor's Lic. #: _____

EMAIL THIS REPORT TO steveh@louisvilleco.gov AND CMestas@louisvillefire.com