



# Private Hydrant

## Inspection, Testing, and Maintenance

**WATER PURVEYOR NOTIFICATION REQUIRED  
TWO DAYS PRIOR TO ANY ITM**

Test Date: \_\_\_\_\_

Business/Building Name: \_\_\_\_\_

Business/Building Address: \_\_\_\_\_

Business Contact: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Total Number of Private Hydrants on System: \_\_\_\_\_ (If more than 4, use additional form)

		Hydrant #1	Hydrant #2	Hydrant #3	Hydrant #4
<b>Hydrant</b>	Location Description:				
	Brand/Make:				
	Manufacture Year:				
<b>Visual Inspection</b>	Obstructions <small>Vegetation/landscaping, min. 3 feet away</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Proper Facing <small>Steamer port faces access road</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Clearance <small>18 inches from ground to center of largest port</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hydrant Condition <small>Barrel free of cracks or corrosion and operating nut is not worn with rounded corners</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Private Hydrant Marking <small>In areas served by TVF&amp;R, private hydrants are painted safety red (except within the City of Tualatin, where they are safety yellow).</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ITM SHOULD ONLY BE PERFORMED OCTOBER THROUGH MAY  
MONDAY THROUGH THURSDAY BETWEEN 10 A.M. AND 2 P.M.**

<b>Two-Year ITM</b>	Water Purveyor Contacted <small>Contact the appropriate water purveyor two (2) days before conducting ITM</small>	Water Purveyor Jurisdiction: _____			
	Property Owner Contacted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____		
	Dechlorinating Efforts <small>Water must be treated to minimize the chlorine concentration discharging onto the ground or storm/sanitary system*</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Verify Operation <small>Using a gate valve, open 2 1/2" port and perform a low-flow flush (approx. 5 gallons per minute) until water runs clean. Use of diffuser as needed for landscape preservation.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gaskets Present <small>When caps are on, no leaking is visible</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	No Leaks Detected <small>Hydrant free from leaks when under pressure</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Outlet Threads <small>Free from damage</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Grease Caps & Stem <small>Using food grade grease, secure caps</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hydrant Draining <small>Hydrant drains completely after test</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Estimated Volume Flowed <small>Measured in gallons – Reported to Purveyor</small>				
	Estimated Time Flowed <small>Measured in minutes – Reported to Purveyor</small>				
	Hydrant Operates Properly	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Hydrant Reading		Hydrant #1	Hydrant #2	Hydrant #3	Hydrant #4
	Static Pressure				
	Residual Pressure				
	Size of Outlets Flowed				
	Number of Outlets Flowed				
	Pitot Reading				
	Flow available at 20psi				
	Gallons Per Minute Flowed				

All "No" indications shall be explained in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrections made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the building owner/ representative been notified of deficiencies? Yes  No

If yes, who was notified? \_\_\_\_\_

If no, why: \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Tester's Signature:** \_\_\_\_\_ **Testing Company:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Municipal Water Purveyor (Public Works) Contacts:**

Beaverton:	503-526-2257	Tualatin:	503-692-2000
Newberg:	503-537-1205	TVWD:	503-848-3000
North Plains:	503-647-5555	West Linn:	503-656-6081
Sherwood:	503-925-2315	West Slope Water Dist.:	503-292-2777
Tigard:	503-639-3516	Wilsonville:	503-682-4092

\*Chlorinated water discharge practices based on the Department of Environmental Quality Memorandum, "Management Practices for the Disposal of Chlorinated Water", dated May 19, 1997 (Updated November 2007).