

Alternative Water Supply Inspection & Maintenance Record/Log

Fire Department: _____

Type of Alternative Water Supply (Dry Hydrant, Tank etc.): _____

System/Facility Location: _____

Location (Latitude/Longitude): _____ / _____ Datum: _____

ID Number: _____ Design (or Known) Flow Rate: _____ gpm

Inspection Date: _____ Inspector: _____

Depth of water from over strainer/intake: _____ ft Truck ID: _____

Amount of water available leaving 2ft over intake/strainer: _____ gallons
(if there's a special/patented, cavitation reducing, hole pattern strainer in place - use 1ft)

Environmental conditions affecting system (siltation, vegetation, debris etc.): _____

Erosion (access road, bank of water supply etc.): _____

Was system back flushed before flow test? Yes No Riser Pipe Painted? Yes No

Issues found: _____

Test Flow (Maximum): _____ gpm Priming Time (min/sec): _____

Signage: Yes No Condition (good, bad, replace): _____

Test Equipment (pitot gage, truck flow meter etc.): _____

Compare this flow rate to the previous MAX flow tests for monitoring system integrity.

Access road & drainage conditions: _____

Weed control and other system access maintenance measures taken: _____

Date	Pump Operator (initials)	Priming Time (second)	Maximum Flow (gpm)	Notes (Truck ID etc.)