



capitalregionwater.com
888-510-0606

Fire Hydrant Inspection Request

Type of Hydrant Required: [] Fire [] Yard Type
Intended Usage: [] Public [] Private

Requester Address: _____
(Private or Municipal)

Contact Person: _____ Phone: _____

Email Address: _____

Intended Hydrant Location:

Property Owner: _____

Account Address:

Detailed plans must accompany this Request. Such plans must be in accordance with the requirements and specifications of Capital Region Water as set forth in the Rules and Regulations of Capital Region Water. Failure to provide such plans will result in the rejection of the Request.

Signature of Requester

Date

A Fee of \$50.00 payable to "Capital Region Water" must accompany this Request.

Submit form, detailed plans, and payment in-person or by mail to:

Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110

Capital Region Water Use Only

Installation Date: _____

Hydrant Make: _____ Hydrant Number: _____

Main Size: _____

Static Pressure: CRW would require Flow Test prior to performing this. CRW does not perform Flow Tests on private lines. This would fall under the Flow Test Request _____

Residual Pressure: _____

Flow: _____

Valve Installed: [] Yes [] No

Correct Color: [] Yes [] No

Plans Accurate: [] Yes [] No