

**TOWN OF RIVERHEAD ~ OFFICE OF THE FIRE MARSHAL**

1295 Pulaski Street, Riverhead New York 11901 (631) 727-3200 ext. 601 Fax (631) 727-3370

**ANNUAL CERTIFICATION of INSPECTION and TESTING**

(Pursuant to Section 64-13C Town of Riverhead Code)

**PRIVATE FIRE HYDRANT SYSTEM**

PLEASE PRINT ALL INFORMATION

Name of Premises: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Owner: \_\_\_\_\_

Fire District: \_\_\_\_\_ Name of Owner or Agent present: \_\_\_\_\_

No. of fire hydrants on system: \_\_\_\_\_

Fire hydrant flow tests:

MUST be taken at most remote fire hydrant **and** highest elevation fire hydrant from Riverhead Water District tap.

Remote Hydrant - Water flow in GPM: \_\_\_\_\_

Pressure **before** test: \_\_\_\_\_ Pressure **during** test: \_\_\_\_\_ Pressure **after** test: \_\_\_\_\_

Deficiencies found: \_\_\_\_\_

Highest Elevation- Water flow in GPM: \_\_\_\_\_

Pressure **before** test: \_\_\_\_\_ Pressure **during** test: \_\_\_\_\_ Pressure **after** test: \_\_\_\_\_

Deficiencies found: \_\_\_\_\_

Were **all** deficiencies noted above corrected? \_\_\_\_\_ If not, why: \_\_\_\_\_

Name of Inspecting Firm: \_\_\_\_\_

Address of Inspecting Firm: \_\_\_\_\_

Phone Number of Inspecting Firm: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

CERTIFICATION: I, an employee of the Inspecting Firm listed above, do hereby certify that the private fire hydrant described above was inspected in accordance with the applicable portions of NFPA 25. This certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but does imply that all such items were inspected or tested and appear to function as noted in this certification at the time of inspection. I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
PRINT Name of Inspector

\_\_\_\_\_  
SIGNATURE of Inspector

\_\_\_\_\_  
Date

File Form with original signature to the Fire Marshal Office at above address. DO NOT send by fax.  
ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR

FM USE ONLY: Received: \_\_\_\_\_ Approval: \_\_\_\_\_