

Permit #: _____
(yyyy_mm_day-Requestor)



FIRE HYDRANT USE PERMIT

DOYON UTILITIES LLC

Requestor: _____ Point of Contact: _____

Address: _____ Phone: _____

_____ Fax: _____

Authorizing Agent: _____ Phone: _____

PART 1: REQUEST

Use of Water: _____

Dates of Use: _____ to _____ Approx. Gallons per Day: _____

PART 2: HYDRANT ASSIGNMENT

Hydrant Assignment Location: _____

Hydrant #: _____ Backflow Serial Number: _____

Backflow Certification Date : _____

FOR USE OF DOYON UTILITIES DESIGNATED FIRE HYDRANTS:

- A. Copy of this permit must be available for inspection when using a Doyon Utilities fire hydrant.
- B. Only Doyon Utilities Personnel or representative will operate a fire hydrant operating nut.
- C. Contractors will only operate gate valve installed between fire hydrant and backflow assembly.
- D. Contractors will open or close gate valve slowly to prevent water hammer.
- E. Contractor will avoid damage to any surrounding landscape.
- F. Any possible contamination of the potable water supply must be reported to Doyon Utilities at the site phone number listed below.

FOR USE OF A SPECIFICALLY REQUESTED FIRE HYDRANT:

- A. Specifically requested fire hydrants must be protected from general public use.
- B. Only Doyon Utilities personnel or representative will operate a fire hydrant operating nut.
- C. Contractor will supply a approved and tested backflow preventer for all fire hydrants used.
- D. Contractor will install a gate valve between fire hydrant and backflow assembly.
- E. Contractor will properly support backflow assembly and piping.
- F. Contractor will only operate gate valve installed between fire hydrant and backflow assembly.
- G. Contractor will open or close gate valve slowly to prevent water hammer.
- H. Permit holder must maintain all devices and equipment to insure operation and prevent water wastage.
- I. Additional requirements for request of fire hydrant use in sub freezing conditions.
- J. Applicant is responsible for repairs if freezes or breaks.
- K. Any possible contamination of the potable water supply must be reported to Doyon Utilities at the site phone number listed below.

I have read and understand the above instructions for use _____ int.

SIGNATURE: *Doyon Representative* _____

Fort Wainwright (FWA)

3564 Neely Road

Fort Wainwright, AK 99703

Tele: 907-455-1571

Submit to dufwadepot@doyonutilities.com

Fort Greely (FGA)

611 E. 5th Street Fort Greely, AK 99731

Tele: 907-869-3061

Submit to fga_service@doyonutilities.com