

Dry Fire Hydrant Check List

Fire Department Name: _____

Contact Person: _____

Phone: _____

FAX: _____

Landowner Name: _____

E-Mail: _____

Dry Hydrant Site Location: _____

City: _____ County: _____ Zip: _____ Phone _____

- Dry Fire Hydrant Request Made and packet of information sent out _____ (date sent)
- Meeting requested prior to signing contract _____ (date)
- Contract signed and received _____
- Completed Grant Request Application received _____
- Approved by _____ Date: _____
- Site address received _____
- W-9 Received _____
- Landowner Agreement signed and received _____
- Approval letter from NWTRC&D _____ (date sent)
- Material Form sent back along with location they will pick up materials** _____
- Voucher sent to FD to pick up materials _____ (date sent)
- NWTRC&D places materials order _____ (date ordered)
- Invoice Received and Paid** _____ (date paid)

- Agreed upon completion date per contract:** _____
- Installation complete: _____ (date)

- Call Roger Roeske to Schedule Inspection**
- Inspection Scheduled _____ (date)
- Inspection Completed _____ (date)

- In Kind forms received and signed** _____
- Receipts received _____
- FD Reimbursed _____ Date and Check # _____
- Draw Down _____

Project Completed _____ (Date) Approved by: _____