

**NEW HAMPSHIRE DEPARTMENT OF ENERGY
ANNUAL REPORT OF HYDRANT INSPECTION
FORM E-17**

COMPANY NAME: _____ YEAR ENDING: _____

Number of Hydrants Maintained by Utility: _____ Public: _____ Private: _____
 Number of Hydrants Inspected and Flushed: _____
 Number of Hydrants Found Defective: _____ (as reported below)

DATE	LOCATION	DATE OF LAST INSPECTION	NATURE OF DEFECT	CAUSE OF DEFECT	CORRECTIVE ACTION TAKEN

Supervisor's Name / Title: _____
 (please print)

Supervisor's Signature: _____ Date Submitted: _____