

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002138

Date Issued: 04-29-04

Issued by: BND

Job Location: 387 FREEDOM DRIVE

Est. Cost:

Lot #:

Subdivision Name:

Owner: BABCOCK PLBG & HTG
Address: 387 FREEDOM DR
CSZ: NAPOLEON, OH 43545
Phone: 419-592-5941

Agent: SELF
Address:
CSZ:
Phone:

Use Type – Residential:

Other:

ZONING INFORMATION

Dist:	Lot Dim:	Area:	Fyrd:	Syrd:	Ryrd:
Max HT:	# Pkg Spaces:			# Loading SP:	Max Lot Cov:

BOARD OF ZONING APPEALS:

Work Type – New:	Replmnt:	Addn'n:	Alter:	Remodel:
------------------	----------	---------	--------	----------

WORK INFORMATION

Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

WORK DESCRIPTION
SANITARY PIPE INSTALL

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SEWER INSPECTION PER	04-29-04	130.00



Total Fees Due 130.00

4-29-04

Date

Wm F. [Signature]
Applicant Signature

City of Napoleon Inspection Form

Permit #002138

Date Issued: 04-29-2004

Job Location: 387 FREEDOM DRIVE

Owner: BABCOCK PLBG & HTG

Owner Phone: 419-592-5941

Contractor: SELF

Contractor Phone:

Work Description: SANITARY PIPE INSTALL

Plumbing: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP 4-30-04

Mechanical: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN _____ FINAL _____

SEVR UPGR _____

Building: Site _____ FTG _____ FNDDT _____

STRU _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

Fence: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTORS INITIALS: JMD

ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

OWNER/TENANT: Clowhead Cold Storage ADDRESS: 1165 Independence
 CITY: Napoleon STATE: Ohio ZIP: 43545 PHONE: (419) 399-3010
 TYPE OF ASSEMBLY: R.P.Z. O.C.A. P.V.B. PLUMBING PERMIT:
 MANUFACTURER: Wilkins Zurn MODEL: 9754L SERIAL: 656875 SIZE: 2"
 TYPE OF INSTALLATION: CONTAINMENT ISOLATION DOMESTIC FIRE
 EXACT LOCATION OF ASSEMBLY: OLD Engine Rm Meter Setting

	REDUCED PRESSURE ASSEMBLY <input checked="" type="checkbox"/>			PRESSURE VACUUM BREAKER	
	DOUBLE CHECK ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK #1	CHECK #2			
INITIAL TEST	CLOSED TIGHT <input checked="" type="checkbox"/> <u>10.0</u>	CLOSED TIGHT <input checked="" type="checkbox"/> <u>9.0</u>	OPENED AT: <u>2.8</u> P.S.I.D.	OPENED AT: P.S.I.D.	CLOSED TIGHT <input type="checkbox"/>
	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	REPAIRS MADE <input type="checkbox"/>	REPAIRS MADE <input type="checkbox"/>	LEAKED <input type="checkbox"/>
	REPAIRS MADE <input type="checkbox"/>	REPAIRS MADE <input type="checkbox"/>	REPAIRS MADE <input type="checkbox"/>	REPAIRS MADE <input type="checkbox"/>	REPAIRS MADE <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT: P.S.I.D.	OPENED AT: P.S.I.D.	CLOSED TIGHT AT: P.S.I.D.
SHUT-OFF VALVES CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> REPAIRS MADE <input type="checkbox"/>					

TESTER INFORMATION: (PLEASE PRINT)

NAME: Daniel R Brown EMPLOYER NAME: L.R. BARBOCK Inc.
 ADDRESS: 387 Freedom Dr. CITY: Napoleon STATE: Ohio ZIP: 43545

I CERTIFY THAT THE BACKFLOW PREVENTION ASSEMBLY LISTED ABOVE WAS TESTED AND HAS SATISFACTORILY PASSED ALL PERFORMANCE REQUIREMENTS AS PER OHIO ADMINISTRATIVE CODE SEC. 4101:2-51-38 AND ACCEPTED ENGINEERING PRACTICE.

TESTER'S SIGNATURE: Daniel R Brown O.D.H. CERT. # 528 DATE: 4-9-03

OWNER RESPONSIBILITY:

I HEREBY CERTIFY THAT THE ABOVE BACKFLOW PREVENTION ASSEMBLY HAS BEEN IN CONSTANT USE AT THIS LOCATION DURING THE PRESCRIBED INTERVAL BETWEEN TEST PERIODS AND DURING THAT PERIOD THIS ASSEMBLY WAS NOT BY-PASSED, MADE INOPERATIVE, OR REMOVED WITHOUT PROPER AUTHORIZATION. ALL DEFECTS FOUND DURING THE OPERATION PERIOD OR DURING TESTS OF THE ASSEMBLY WERE SATISFACTORILY CORRECTED WITHOUT DELAY. I FURTHER CERTIFY THAT I HAVE THE RESPONSIBILITY AND AUTHORITY TO INSURE THE ABOVE.

OWNER/AGENT SIGNATURE: Ken Long TITLE: Maint. Sup DATE: 4-9-03

FOR TEST REPORTS WITHIN THE REGULATORY AUTHORITY OF THE OHIO DEPARTMENT OF HEALTH, PLEASE FORWARD A COPY TO:
 THE OHIO DEPARTMENT OF HEALTH, PLUMBING UNIT
 BACKFLOW AND CROSS CONNECTION CONTROL PROGRAM
 P.O. BOX 119, COLUMBUS, OHIO 43266-0118, (614)752-1383



ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

OWNER/TENANT: Cloverleaf Court Services ADDRESS: 1165 Independence
 CITY: Napoleon STATE: Ohio ZIP: 43545 PHONE: (419) 544-5016
 TYPE OF ASSEMBLY: R.P.Z. U.C.A. P.V.B. PLUMBING PERMIT#: _____
 MANUFACTURER: Watkins Zoon MODEL: 975 XL SERIAL: B-25468 SIZE: 4"
 TYPE OF INSTALLATION: CONTAINMENT ISOLATION DOMESTIC FIRE
 EXACT LOCATION OF ASSEMBLY: New Engine Room Meter Setting

INITIAL TEST	REDUCED PRESSURE ASSEMBLY <input checked="" type="checkbox"/>			PRESSURE VACUUM BREAKER	
	DOUBLE CHECK ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK #1	CHECK #2			
TEST AFTER REPAIRS	CLOSED TIGHT <input checked="" type="checkbox"/> <u>8.6</u> LEAKED <input type="checkbox"/> REPAIRS MADE <input type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/> <u>8.0</u> LEAKED <input type="checkbox"/> REPAIRS MADE <input type="checkbox"/>	OPENED AT: <u>2.0</u> P.S.I.D. REPAIRS MADE <input type="checkbox"/>	OPENED AT: P.S.I.D. REPAIRS MADE <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> REPAIRS MADE <input type="checkbox"/>
	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT: P.S.I.D.	OPENED AT: P.S.I.D.	CLOSED TIGHT AT: P.S.I.D.
SHUT-OFF VALVES CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> REPAIRS MADE <input type="checkbox"/>					

TESTER INFORMATION: (PLEASE PRINT)

NAME: DANIEL R BROWN EMPLOYER NAME: L.R. BARBOCK Inc
 ADDRESS: 387 FREEDOM DR. CITY: NAPOLTON STATE: Ohio ZIP: 43545

I CERTIFY THAT THE BACKFLOW PREVENTION ASSEMBLY LISTED ABOVE WAS TESTED AND HAS SATISFACTORILY PASSED ALL PERFORMANCE REQUIREMENTS AS PER OHIO ADMINISTRATIVE CODE SEC. 4101:2-51-38 AND ACCEPTED ENGINEERING PRACTICE.

TESTER'S SIGNATURE: Daniel R Brown O.D.H. CERT. # 528 DATE: 4-9-03

OWNER RESPONSIBILITY:

I HEREBY CERTIFY THAT THE ABOVE BACKFLOW PREVENTION ASSEMBLY HAS BEEN IN CONSTANT USE AT THIS LOCATION DURING THE PRESCRIBED INTERVAL BETWEEN TEST PERIODS AND DURING THAT PERIOD THIS ASSEMBLY WAS NOT BY-PASSED, MADE INOPERATIVE, OR REMOVED WITHOUT PROPER AUTHORIZATION. ALL DEFECTS FOUND DURING THE OPERATION PERIOD OR DURING TESTS OF THE ASSEMBLY WERE SATISFACTORILY CORRECTED WITHOUT DELAY. I FURTHER CERTIFY THAT I HAVE THE RESPONSIBILITY AND AUTHORITY TO INSURE THE ABOVE.

OWNER/AGENT SIGNATURE: Mon. Fry TITLE: Maint. Sup. DATE: 4-9-03

FOR TEST REPORTS WITHIN THE REGULATORY AUTHORITY OF THE OHIO DEPARTMENT OF HEALTH, PLEASE FORWARD A COPY TO:
 THE OHIO DEPARTMENT OF HEALTH, PLUMBING UNIT
 BACKFLOW AND CROSS CONNECTION CONTROL PROGRAM
 P.O. BOX 119, COLUMBUS, OHIO 43266-0118, (614)752-1383





L. R. Babeock 387 Freedom Dr.



A series of horizontal lines for writing, typical of a notebook page. The lines are evenly spaced and extend across the width of the page. There are approximately 20 lines in total, starting from the top of the page and ending near the bottom. The lines are faint and light grey in color.







