

P E R M I T

CITY OF NAPOLEON  
255 W. RIVERVIEW AVE  
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING  
PH (419) 592-4010  
FAX (419) 599-8393

PERMIT NO: 746

DATE ISSUED: 08-13-01

ISSUED BY: SKE

JOB LOCATION: 529 FREEDOM DRIVE

EST. COST:

LOT #:

*GLEN*

SUBDIVISION NAME:

OWNER: GILSON MACHINE & TOOL INC  
ADDRESS: 529 FREEDOM DRIVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-2911

AGENT: DAVE'S PLUMBING  
ADDRESS: 8229 CO RD U-3  
CSZ: LIBERTY CENTER, OH 435  
PHONE: 419-533-8881

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: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:  
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
NEW WATER PERMIT

| FEE DESCRIPTION  | PAID DATE | FEE AMOUNT DUE |
|------------------|-----------|----------------|
| WATER TAP PERMIT |           | 730.00         |

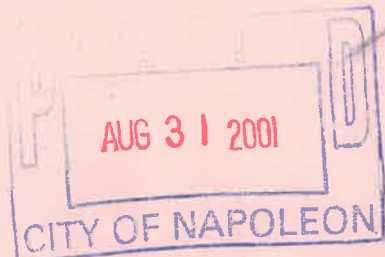
TOTAL FEES DUE 730.00

*8/31/01*

DATE

*Karen Bunke*

APPLICANT SIGNATURE





CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 746

DATE ISSUED: 08-13-2001

JOB LOCATION: 529 FREEDOM DRIVE

OWNER: GILSON MACHINE & TOOL INC

OWNER PHONE: 419-592-2911

CONTRACTOR: DAVE'S PLUMBING

CONTRACTOR PHONE: 419-533-8881

WORK DESCRIPTION: NEW WATER PERMIT

PLUMBING:      UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

                  SEWER INSP \_\_\_\_\_

MECHANICAL:   UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

                  FURNACE REPLC \_\_\_\_\_ AIR COND \_\_\_\_\_

ELECTRICAL:   UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

                  SERV UPGR \_\_\_\_\_

BUILDING:      SITE \_\_\_\_\_ FTG \_\_\_\_\_ FNDT \_\_\_\_\_

                  STRUC \_\_\_\_\_ ROOF \_\_\_\_\_ EXT \_\_\_\_\_

                  VENT \_\_\_\_\_ ACCES \_\_\_\_\_ EGRS \_\_\_\_\_

                  SMKDT \_\_\_\_\_ FINAL \_\_\_\_\_

                  ISSUE TEMP OCCUP \_\_\_\_\_ ISSUE OCCUP \_\_\_\_\_

STRG SHED:    SITE \_\_\_\_\_ FINAL \_\_\_\_\_

SIGN:          FTG \_\_\_\_\_ FINAL \_\_\_\_\_

FENCE:         SITE \_\_\_\_\_ FINAL \_\_\_\_\_

MISC INSP: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR INITIALS: \_\_\_\_\_



CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY  
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 746

ISSUED: 08-13-2001

JOB LOCATION: 529 FREEDOM DRIVE

OWNER: GILSON MACHINE & TOOL INC

PHONE: 419-592-2911

ADDRESS: 529 FREEDOM DRIVE NAPOLEON, OH 43545

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CONTRACTOR: DAVE'S PLUMBING

ADDRESS: 8229 CO RD U-3 LIBERTY CENTER, OH 43532

PHONE: 419-533-8881

WATER TAP SIZE 1"  1.5" \_\_\_\_\_ 2"  OTHER \_\_\_\_\_

WATER METER YOKE SIZE 5/8" \_\_\_\_\_ 3/4" \_\_\_\_\_ 1"  OTHER \_\_\_\_\_

NEW STRUCTURE \_\_\_\_\_ EXISTING STRUCTURE  LAWN METER \_\_\_\_\_

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES  NO \_\_\_\_\_

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve assembly

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- 1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.
- 2.) MUST BE IN AN AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.
- 3.) MUST BE AT LEAST 18" ABOVE FLOOR LEVEL (NO CRAWL SPACE INSTALLATIONS).
- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

1-Copy to: Building Dept, Water Dept, and Utilities Dept



CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #:

ISSUED:

JOB LOCATION: \_\_\_\_\_

SUBDIVISION NAME: \_\_\_\_\_ LOT #: \_\_\_\_\_

OWNER: Gilson Machine Shop

ADDRESS: 529 Freedom Dr

CONTRACTOR:

PHONE:

TAP SIZE: 1" \_\_\_\_\_ 1.5" \_\_\_\_\_ 2" X OTHER \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ YOKE SIZE: \_\_\_\_\_

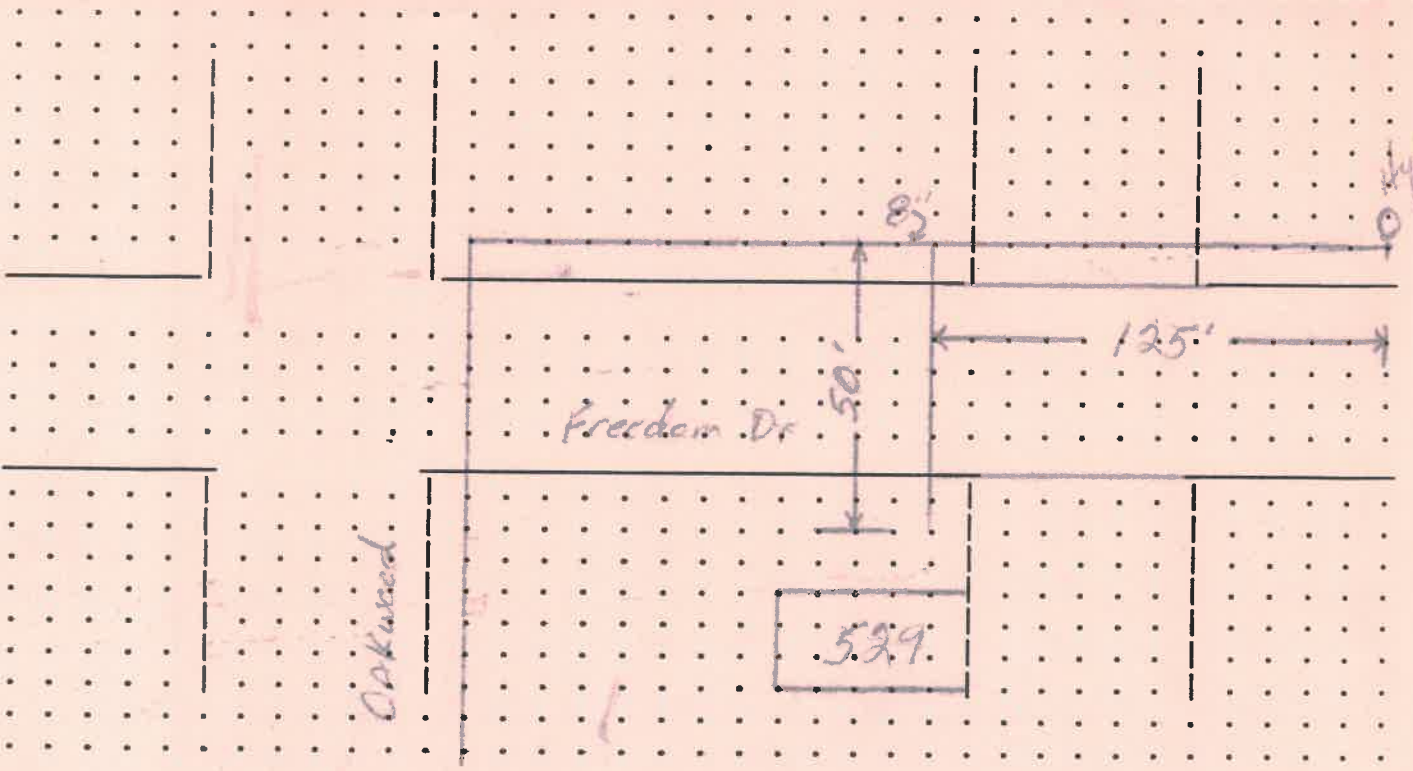
PLUMBING CONTRACTOR: \_\_\_\_\_ PH: \_\_\_\_\_

DATE OF TAP: 6-20-01 OLD TAP #: \_\_\_\_\_ NEW TAP #: 0141

SIZE AND KIND OF MAIN: 8" C-900

LOCATION OF MAIN: 8' North of North curb DEPTH OF MAIN: 5'

DIST FROM HYDRANT VALVE: 125' W of Hyd<sup>511</sup> DIST TO CURB STOP FROM CORP: 50'



DATE APPROVED: Sept 24, 01

BY: Alley E. Mailugh





# City of Napoleon

529 Freedom Dr.

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 529 TWP Rd R 12  
 Business Name: Gilson's Machine Tool Inc

### DEVICE INFORMATION

Type (circle one)    RP                      **DC**                      VB                      RPDA                      DCDA

Manf/Model: Watts 007 MI QT                      Size: 1"                      Serial No. 241197

Location of Device: Furnace Room

Type of Test:    Differential Gauge                       Sight Tube   

| Outlet valve holding<br>RP <input type="checkbox"/> DC <input checked="" type="checkbox"/><br>failed<br>RP <input type="checkbox"/> DC <input type="checkbox"/> | Reduced Pressure Assembly ↓   |   |  | Pressure Vacuum Breaker  |  |
|---|---|---|--|--|--|
|   | Double Check Valve ↓  |   | Relief Valve ↓   | Air Inlet  | Check Valve  |
|   | 1st Check   | 2nd Check   |  |  |  |
| Test Results<br><br><span style="font-size: 1.5em; color: blue;">Pass</span>  | DC <u>2.4</u> psi<br><br>RP _____ psi                                       | DC <u>2.2</u> psi<br><br>RP _____ psi                                       | opened at _____ psi<br><br>did not open <input type="checkbox"/> | opened at _____ psi<br><br>did not open <input type="checkbox"/> | held at _____ psi<br><br>leaked <input type="checkbox"/>         |
| Date:<br><u>10-17-01</u>  | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> |
| Repairs & Materials   |   |   |  |  |  |
| Test After Repairs  | DC _____ psi<br>RP _____ psi  | DC _____ psi<br>RP _____ psi  | opened at _____ psi<br>did not open <input type="checkbox"/>     | opened at _____ psi<br>did not open <input type="checkbox"/>     | held at _____ psi<br>leaked <input type="checkbox"/>             |
| Date:   | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> |

Tester Signature: Brian J. [Signature]                      Certification No. 611  
 Owner/Representative Signature: Gilson [Signature]

