

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1165 Independence Zip: 43545
 Business Name: Cleveland Cold Storage
 Contact Person: Ron Franz Title: Maint. Asst
 Phone Number: 419-599-5015 Date of Test: March 20, 01

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: AMES Size: 8 Serial No.: 2110388 ← check
 Location of Device: Pit

Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Holding <input type="checkbox"/>					
Failed <input type="checkbox"/>					
Test Results	DC <u>10</u> psi	DC <u>7.6</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u>				
	RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<u>Actual</u>				
	RP _____ psi		Open <input type="checkbox"/>	Open <input type="checkbox"/>	
Date:	Pass <input checked="" type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi	DC _____ psi	Opened At _____ psi	Opened At _____ psi	Held At _____ psi
	RP _____ psi	RP _____ psi	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>

Tester Signature: David Brubaker Certification No. 010
 Owner/Representative Signature: Ron Franz

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1165 Independence ZIP: 43545
 Business Name: Cloverleaf Cold Storage

DEVICE INFORMATION

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

Manf/Model: Anies 2000 SS Size: 8" Serial No. 211NC388

Location of Device: in Pit

Type of Test: Differential Gauge Sight Tube

Outlet valve holding RP <input type="checkbox"/> DC <input checked="" type="checkbox"/> failed 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	DC <u>2.6</u> psi RP _____ psi	DC <u>2.6</u> psi	opened at _____ psi did not open <input type="checkbox"/>	opened at _____ psi did not open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
Date: <u>4-9-03</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi RP _____ psi	DC _____ psi RP _____ psi	opened at _____ psi did not open <input type="checkbox"/>	opened at _____ psi did not open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: David R Br... Certification No. 528
 Owner/Representative Signature: Alan...

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1165 Independence Zip: 43545
 Business Name: Cloverleaf Cold Storage
 Contact Person: Steve Kloos Title: _____
 Phone Number: _____ Date of Test: 2-4-99

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: 2800 SS Ames Size: 8" Serial No.: 21N030888
 Location of Device: In Meter Pit

Type of Test Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>					
Test Results	DC <u>10</u> psi Apparent RP _____ psi Actual RP _____ psi	DC <u>10</u> psi	Opened at _____ psi Did Not Open <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/>
Date: <u>2-4-99</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials	<u>NA</u>				
Test After Repairs	DC <u>10</u> psi RP _____ psi	DC <u>10</u> psi RP _____ psi	Opened At _____ psi Did Not Open <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/>	Held At _____ psi Leaked <input type="checkbox"/>
Date: <u>2-4-99</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: [Signature] Certification No. 2572
 Owner/Representative Signature: [Signature]

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1165 Independence ZIP: 43545
 Business Name: Cloverleaf Cold Storage

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA

Manf/Model: Ames 200055 Size: 8" Serial No. 211N0388

Location of Device: in pit

Type of Test: Differential Gauge Sight Tube

Outlet valve holding RP <input type="checkbox"/> DC <input checked="" type="checkbox"/> failed 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 <i>Pass</i>	DC <u>2.9</u> psi RP _____ psi	DC <u>3.2</u> psi	opened at _____ psi did not open <input type="checkbox"/>	opened at _____ psi did not open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
Date: <u>3-13-02</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi RP _____ psi	DC _____ psi RP _____ psi	opened at _____ psi did not open <input type="checkbox"/>	opened at _____ psi did not open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: Harold W. McTray II Certification No. 2060
 Owner/Representative Signature: [Signature]

Circular Channel Analysis & Design
Solved with Manning's Equation

Open Channel - Uniform flow

Worksheet Name:

Comment:

Solve For Full Flow Capacity

Given Input Data:

Diameter.....	1.00 ft
Slope.....	0.0004 ft/ft
Manning's n.....	0.024
Discharge.....	0.39 cfs

Computed Results:

Full Flow Capacity.....	0.39 cfs
Full Flow Depth.....	1.00 ft
Velocity.....	0.49 fps
Flow Area.....	0.79 sf
Critical Depth....	0.26 ft
Percent Full.....	100.00 %
Full Capacity.....	0.39 cfs
QMAX @.94D.....	0.42 cfs
Froude Number.....	FULL

Circular Channel Analysis & Design
Solved with Manning's Equation

Open Channel - Uniform flow

Worksheet Name:

Comment: CLOVERLEAF COLD STORAGE CO., NAPOLEAN, OHIO

Solve For Full Flow Capacity

Given Input Data:

Diameter.....	4.00 ft
Slope.....	0.0009 ft/ft
Manning's n.....	0.024
Discharge.....	23.34 cfs

Computed Results:

Full Flow Capacity.....	23.34 cfs
Full Flow Depth.....	4.00 ft
Velocity.....	1.86 fps
Flow Area.....	12.57 sf
Critical Depth....	1.43 ft
Percent Full.....	100.00 %
Full Capacity.....	23.34 cfs
QMAX @.94D.....	25.11 cfs
Froude Number.....	FULL

Circular Channel Analysis & Design
Solved with Manning's Equation

Open Channel - Uniform flow

Worksheet Name:

Comment: NAPOLEAN, OHIO

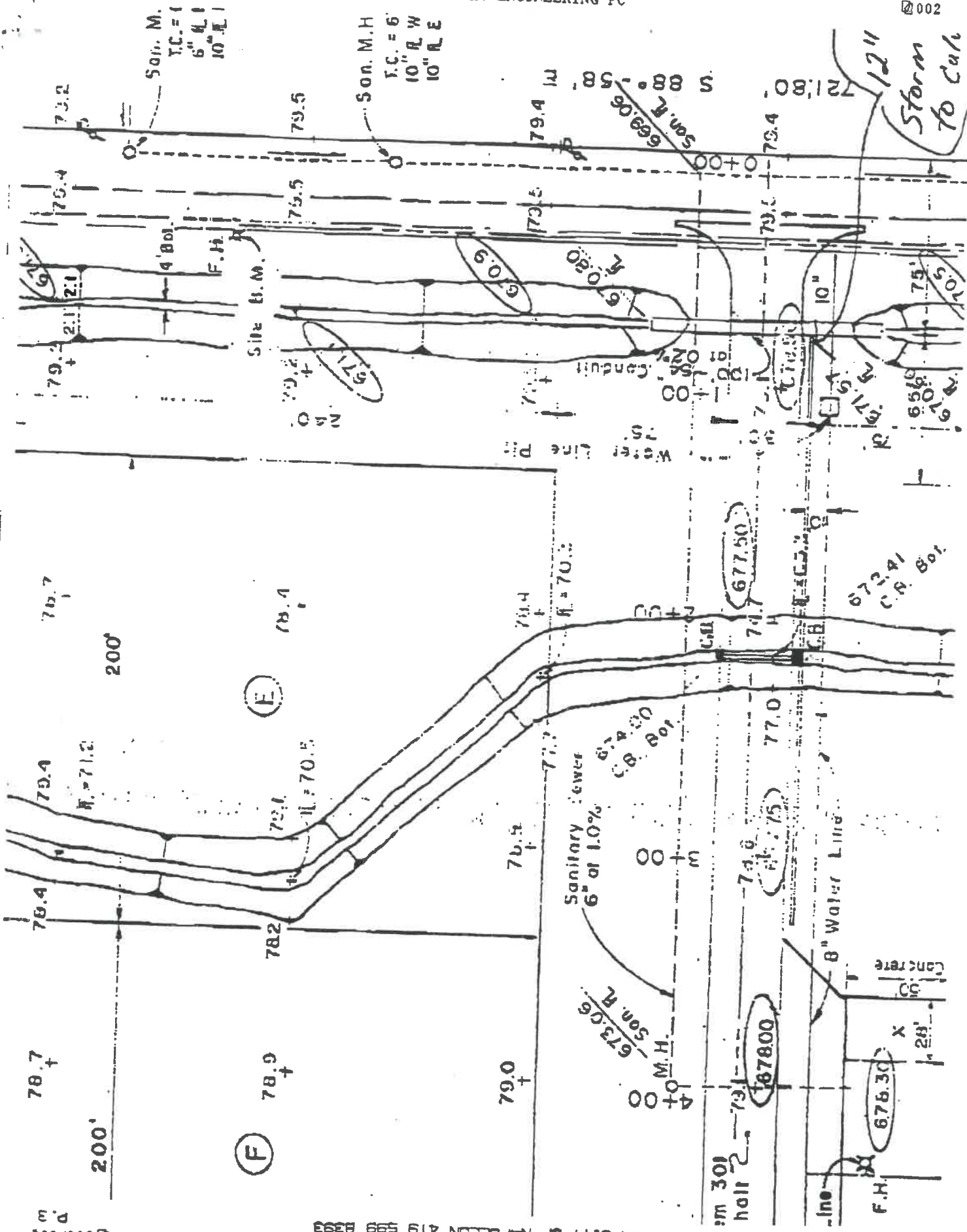
Solve For Full Flow Capacity

Given Input Data:

Diameter.....	4.50 ft
Slope.....	0.0020 ft/ft
Manning's n.....	0.024
Discharge.....	47.64 cfs

Computed Results:

Full Flow Capacity.....	47.64 cfs
Full Flow Depth.....	4.50 ft
Velocity.....	3.00 fps
Flow Area.....	15.90 sf
Critical Depth....	2.00 ft
Percent Full.....	100.00 %
Full Capacity.....	47.64 cfs
QMAX @.94D.....	51.24 cfs
Froude Number.....	FULL



004/004
D.3

FROM CITY OF NAPOLEON 419 599 8393
MAX-YCC-GCI

05/18/98 18:10
4-19-1998 1:24PM

712 277 5301

301
hole 2-731

67800

67750

67750

67630

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

67750

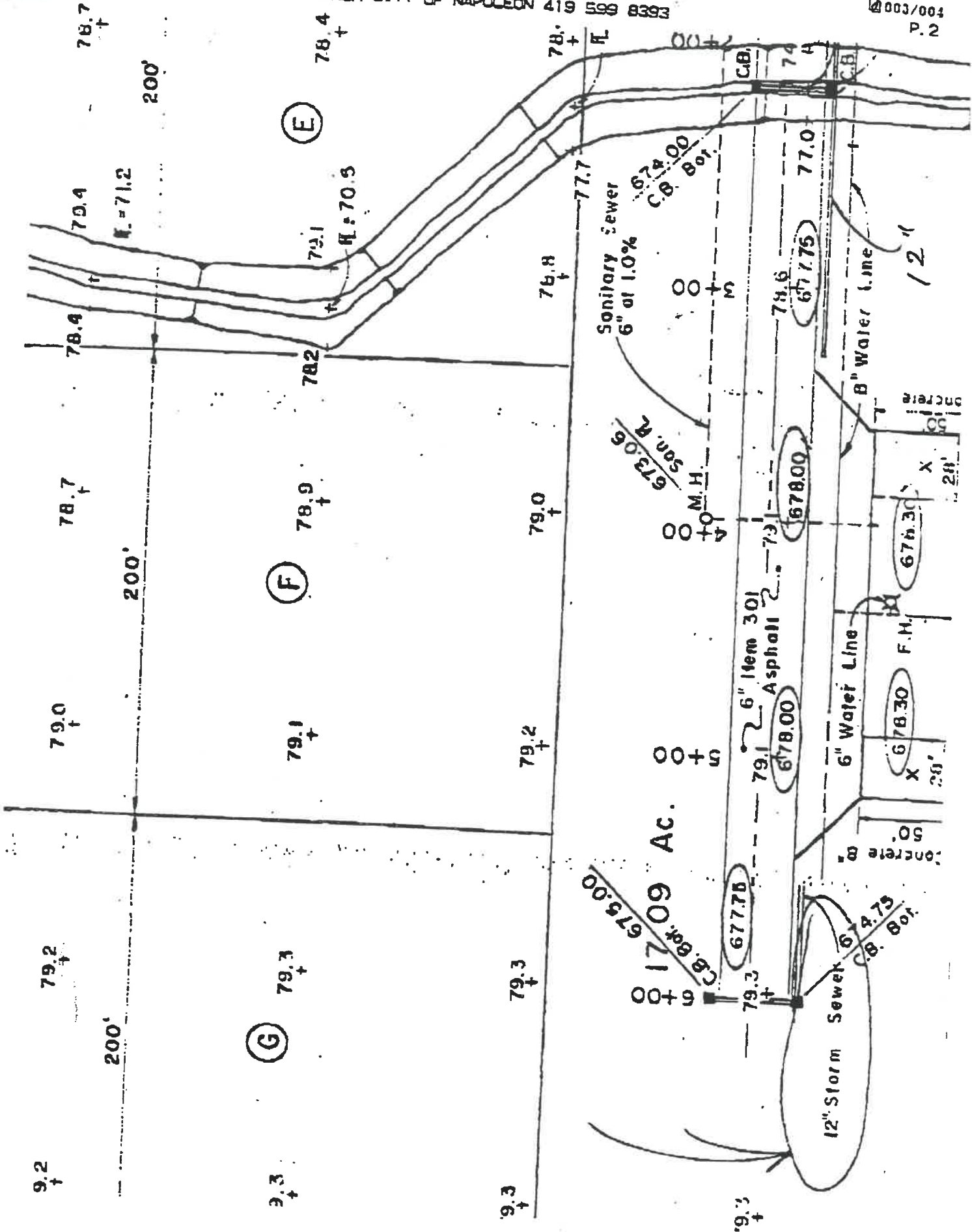
67750

67750

67750

67750

67750



W.A. KLINGER, INC.
CONSTRUCTOR
2015 E. SEVENTH ST.
P.O. BOX 8800
SIOUX CITY, IOWA 51102

PHONE (712) 277-3900
FAX (712) 277-5300

7/14/00

TO: CITY OF NAPOLEON
INSPECTIONS

ATTN: BRENT DAMMAN

RE: CLOVERLEAF 1600092
ADDITION

JOB # _____

Gentlemen:

We are enclosing 1 prints of:

Sheet # C1 A1.1, A4.1 From: KC ENGR RE: PLANS

Sheet # A5.1, A6.1 From: _____ RE: _____

Sheet # S1.1, S2.1 From: _____ RE: _____

Sheet # 1- From: DBR RE: STORM RUN OFF
CALCS

These prints are:

- For _____ approval. Please return _____ corrected prints.
- For revision and return to us. Please return _____ corrected prints.
- Approved as noted _____. Please return _____ corrected prints for job and office use.
- For file and distribution.
- For job use.

Remarks: FOR REVIEW

thanks
W.A. KLINGER, INC.

By: Steve Kozg

Member



SKILL
INTEGRITY
RESPONSIBILITY

BUILD TO ENDURE

MONDAY

W.A. KLINGER, INC.
CONSTRUCTOR
2015 E. SEVENTH ST.
P.O. BOX 8800
SIOUX CITY, IOWA 51102

PHONE (712) 277-3900
FAX (712) 277-5300

7/14/00

TO: CLOVELLEAF COLD STORAGE

ATTN: STEVE KLOOS

RE: ADDITION

JOB # _____

Gentlemen:

We are enclosing 1 prints of: PLANS FOR CITY-PERMIT

Sheet # _____ From: _____ RE: _____

Sheet # _____ From: _____ RE: _____

Sheet # _____ From: _____ RE: _____

Sheet # _____ From: _____ RE: _____

These prints are:

1. For _____ approval. Please return _____ corrected prints.
2. For revision and return to us. Please return _____ corrected prints.
3. Approved as noted _____. Please return _____ corrected prints for job and office use.
4. For file and distribution.
5. For job use.

Remarks:

Member



SKILL
INTEGRITY
RESPONSIBILITY

W.A. KLINGER, INC.

By: Steve Kloos

BUILD TO ENDURE

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1165 Independence Zip: 413545
 Business Name: Clow-leaf Cold Storage
 Contact Person: Steve Kloos Title: _____
 Phone Number: _____ Date of Test: 2-4-99

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA
 Manf/Model: ZURN-Wilkins 975 Size: 4" Serial No.: 25468
 Location of Device: Mechanical Room New Building
 Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>					
Test Results	DC _____ psi <u>Apparent</u> RP _____ psi <u>Actual</u> RP <u>8.2</u> psi	DC _____ psi	Opened at <u>3.5</u> psi Did Not Open <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/>
Date: <u>2-4-99</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials	<u>NA</u>				
Test After Repairs	DC _____ psi RP <u>8.2</u> psi	DC _____ psi RP <u>7.8</u> psi	Opened At <u>3.5</u> psi Did Not Open <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/>	Held At _____ psi Leaked <input type="checkbox"/>
Date: <u>2-4-99</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: [Signature] Certification No. 2572
 Owner/Representative Signature: [Signature]

CITY OF NAPOLEON

ZONING PERMIT

Zoning Permit No. 0014

Issued 8-19-91

By BND

Zoning Inspector

Filing Fee 5.00

Amount

Date Paid

Issued To: Pastor & Beilharz Assoc. Inc
70 1/2 West First St. Defiance Oh 43512

Lot Information:

Street Address 1165 + 1175 Industrial Dr.

Lot No. _____ Subdivision N.E. 1/4 Sec. 7 Twp 5 North, Range 7 east
(or Legal Description)

Lot Dimensions irregular

Yard Set Back: Front 60 Rear 40

Lot Area 17 Sq. Ft.

Side 40 Side 40

Zoning District I-1 Industrial Description of Use Storage Warehousing

Lot Coverage 60% Max Off Street Parking Spaces Required as is

Height 40' Max Loading Spaces Required _____

Petition or Appeal Required no

Approved By: Zoning Inspector 8-19-91

Board of Zoning Appeals _____

Date _____ Applicant Signature _____

White - Applicant

Owner-Agent

Pink - Engineering

Yellow - Board of Zoning Appeals

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1165 Independence Dr. Zip: 43545
 Business Name: CLEVERLEAF COOL STORAGE
 Contact Person: Ron Frane Title: Maintenance
 Phone Number: 599-5015 Date of Test: 1-20-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Wilkins 2001 Size: 2" Serial No.: 656975
 Location of Device: METER SOUTH OLD Engine Room
 Type of Test Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Holding <input type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Test Results Date: <u>1-20-99</u>	Apparent RP <u>10.6</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Actual RP <u>10.6</u> psi	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs Date:	DC _____ psi	DC _____ psi	Opened At _____ psi	Opened At _____ psi	Held At _____ psi
	RP _____ psi	RP _____ psi	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: Donald R. Brown Certification No. 528
 Owner/Representative Signature: Ron Frane