

PERMIT

CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 3861 Issued 04/23/96

Job Location 550 Independence

Lot _____

Issued by Brent N. Damman

Owner Maumee Valley Bottlers 592-7936

Address 833 N. Perry St.

Agent _____

Address _____

Use Type - Residential _____

Other - Describe Commercial

No. Dwelling Units _____

New Replacement _____

Add'n. Alter Remodel _____

ixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ N/A

ZONING INFORMATION

district	lot dimensions	area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for Demo. Permit) _____

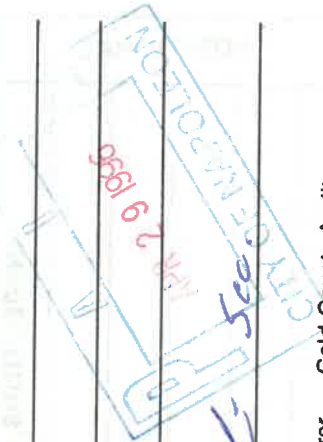
Electrical: _____

Plumbing: New water processing facility.

Mechanical: _____

Additional Information: _____

Date 4/29/96 Applicant Signature [Signature] Fee 500



White-Building Department Yellow-Applicant Pink-Electrical Inspector Green-Clerk-Treasurer Gold-County Auditor

WATER TAPPING PERMIT

issued by
The Napoleon Water Distribution Department
255 West Riverview Ave. Napoleon, Ohio 43545 Ph. 592-4010

Permit No. W-0235 Issued _____ Received of _____ (\$ _____) .00

(Charge for tapping permit to supply water service to) Lot No. _____ Sub Div. _____

Street No. _____ Tap Size _____ Cost \$ _____ .00 Plumber _____

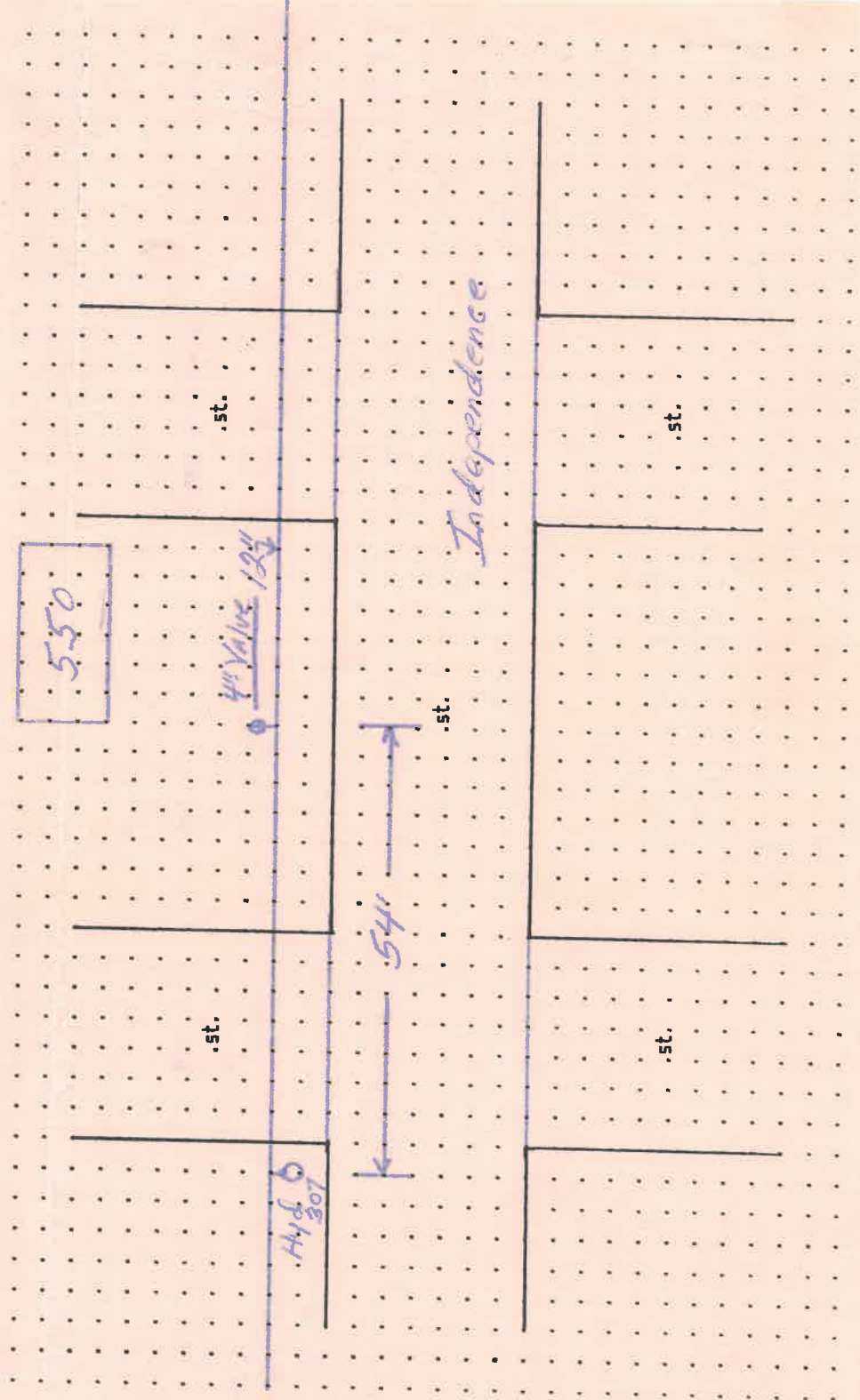
Date completed _____ Approved by Jeffrey E. Mantz finance director
water distribution dept.

Name Culligan Bldg Size of tap 4" Date 7-23-96 Street and No. 550 Independence

Old Tap No. _____ New Tap No. 9650 Size and Kind of Main 12" AC

Location of Main 26' North of North pavement Depth of Main 5'

Distance from Hydrant/Valve 54' East of Hyd 307 Distance to Curb Stop from Corp. 1'



APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. 3861 ISSUED 4-23-96 Base Plus Total

JOB LOCATION 550 Independence () Building \$ _____ \$ _____

LOT _____ () Electrical \$ _____ \$ _____

ISSUED BY BTD (Subdivision or Legal Description) () Plumbing \$ _____ \$ _____

() Mechanical \$ _____ \$ _____

() Demolition \$ _____ \$ _____

OWNER Maura Valley-Bathas PHONE 592-1936 (X) Zoning \$ 25.00 \$ _____ \$ 25.00

ADDRESS 833 N. Perry Napoleon () Sign \$ _____ \$ _____

AGENT _____ (X) Water Tap \$ 4696.05 \$ _____ \$ 4696.05

ADDRESS _____ (X) Sewer Tap \$ 100.00 \$ 30.00 \$ 130.00

USE: () Residential (X) Commercial () Industrial (X) Temp Water \$ 5.00 \$ _____ \$ 5.00

WORK: (X) New () Addition () Replacement () Remodel (X) Temp Elec. \$ 10.00 \$ _____ \$ 10.00

ESTIMATED COST = \$ N/A

Additional Structure _____ Hours _____

Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 4866.05

Less Fees Paid \$ _____

BALANCE DUE \$ _____

District _____ Lot Dimensions _____ Area _____ Front Yard _____ Side Yard _____ Rear Yard _____

Max Height _____ No. Pkg. Spaces _____ No. Ldg. Spaces _____ Max Cover _____ Petition or Appeal Required-Date _____

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: New water processing facility.

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: () New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

WATER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Water Dist. Pipe _____

SANITARY SEWER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____

STREET SEWER TAP REQUIRED - () Yes () No Type of Pipe _____ STREET TO BE OPENED - () Yes () No

Main Building Drain Size = _____ Main Vent Pipe Size = _____

LIST NUMBER OF PLUMBING FIXTURES BELOW:

Water Closets = _____ Bathtubs = _____ Showers = _____ Lavatories = _____ Kitchen Sinks = _____ Disposal = _____

Clothes Washer = _____ Floor Drains = _____ Dishwasher = _____ Other _____ Total = _____

Description of Work: _____

MECHANICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

HEATING SYSTEM - () Forced Air () Gravity () Hot Water () Steam () Unit Heaters () Radiant () Baseboard

TYPE OF FUEL - () Electric () Natural Gas () Propane () Wood () Coal () Solar () Geothermal Other _____

NUMBER OF HEAT ZONES = _____ HOT WATER - () One (1) Pipe () Two (2) Pipes () Series Loop _____

ELECTRIC HEAT - Number of Circuits _____ Number of Furnaces _____ Number of Hot Air Runs _____

Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____

LOCATION OF HEATING UNITS - () Crawl Space () Floor level () Attic () Suspended () Roof () Outside

Description of Work: _____

DRAWINGS REQUIRED: All applications must be accompanied by two (2) complete sets of Drawings including Site Plans, Foundation Plans, Floor Plans, Structural Framing Plans, Exterior Elevations, Section and Details, Stair Details, Electrical layout, Plumbing Isometric, Heating layout, etc. All Plans shall be drawn to scale, show all existing structure on the Site Plans, and show electric panel and furnace locations.

READ AND SIGN BELOW: The undersigned hereby makes application for a Permit for all work described herein and agrees to complete the work in strict accordance with all applicable provisions of the current edition of the C.A.B.O. Building Code, the Napoleon Building and Zoning Codes, the Napoleon Engineering Department Rules and Regulations, standard Specifications and other pertinent sections of the Napoleon Code of Ordinances.

Signature of Applicant _____ Date _____

WATER TAPPING PERMIT

issued by
The Napoleon Water Distribution Department
255 West Riverview Ave. Napoleon, Ohio 43545 Ph. 592-4010

Permit No. W-0235 Issued _____ Received of _____ (\$ _____) .00

(Charge for tapping permit to supply water service to) Lot No. _____ Sub Div. _____

Street No. _____ Tap Size _____ Cost \$ _____ .00 Plumber _____

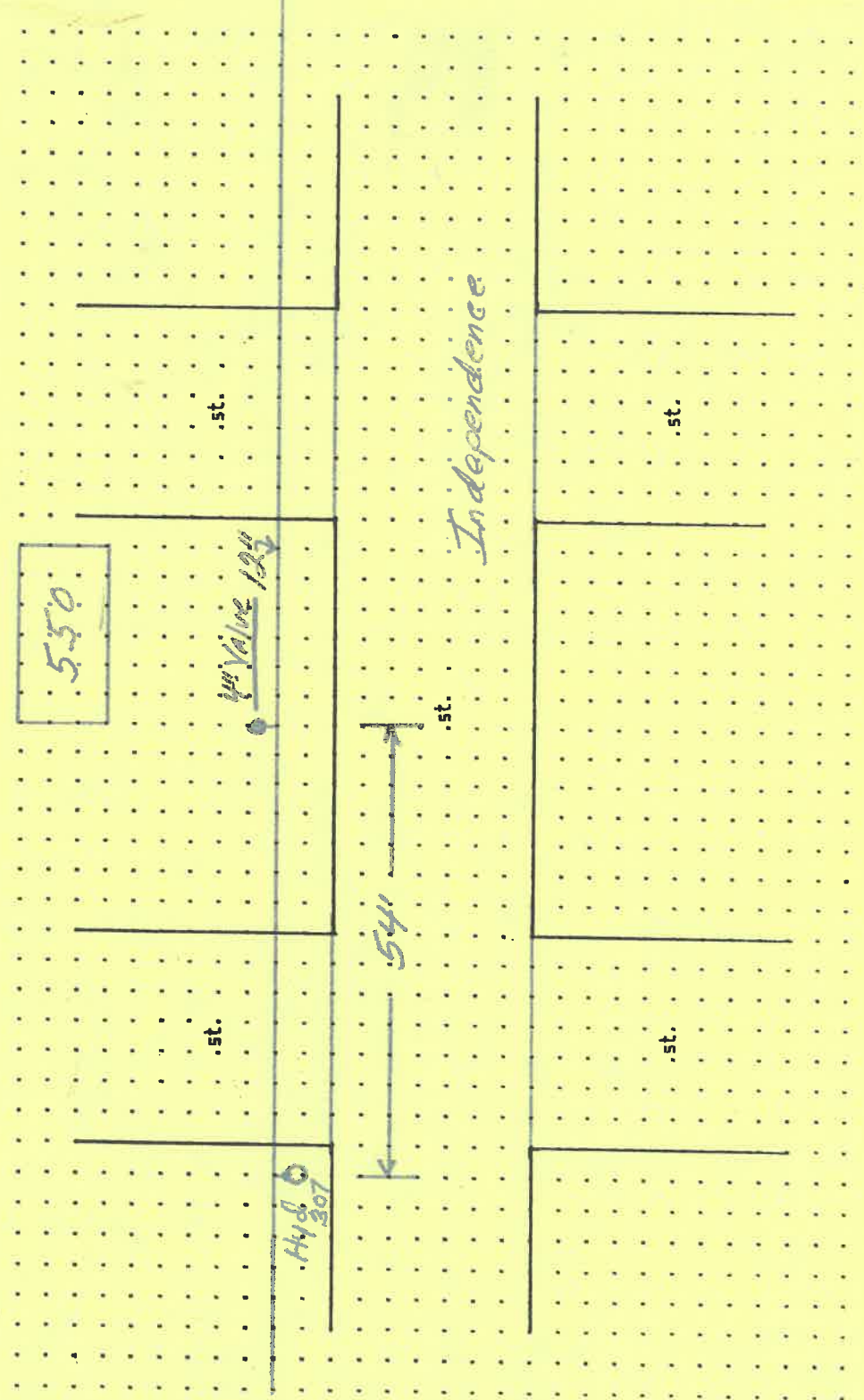
Date completed _____ Approved by Jeffrey C. Mantel finance director
water distribution dept.

Name Culligan Bldg Size of tap 4" Date 7-23-96 Street and No. 550 Independence

Old Tap No. _____ New Tap No. 9650 Size and Kind of Main 12" AC

Location of Main 26' North of North pavement Depth of Main 5'

Distance from Hydrant/Valve 54' East of Hyd 307 4" Valve MAIN Distance to curb/stop from Corp. 1'



City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 550 Independence M.V.B. Zip: 43545
 Business Name: Manassas Valley Bottling
 Contact Person: Bob Reipers Title: Manager
 Phone Number: 592-7936 Date of Test: 3-24-99

DEVICE INFORMATION

Type (circle one) RP DC VB RPD DCDA
 Manf/Model: Wilkins 975 XL Size: 2" Serial No.: 377337
 Location of Device: furnace Room

Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve	2nd Check		Air Inlet	Check Valve
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>					
DC _____ psi Apparent RP <u>8.6</u> psi Actual RP <u>8.4</u> psi	DC _____ psi	DC _____ psi	Opened at <u>2.4</u> psi	Opened at _____ psi Held at _____ psi	Held at _____ psi Leaked <input type="checkbox"/>
Date: <u>3-24-99</u>	Pass <input 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					
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: Brian Testa Certification No. 611
 Owner/Representative Signature: Robert Risher

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 550 Independence Dr. Culligan Zip: 43545
 Business Name: Culligan Water
 Contact Person: Bob Rieffer Title: Manager
 Phone Number: 592-7936 Date of Test: 3-24-99

DEVICE INFORMATION

Type (circle one) RP DC VB RPD DCDA
 Manf/Model Wilkins 975 XL Size: 2" Serial No.: 399338
 Location of Device: Furnace Room on Top
 Type of Test Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve	2nd Check		Air Inlet	Check Valve
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>			Opened at _____ psi Did Not Open <input type="checkbox"/>		
Test Results <u>Pass</u> DC _____ psi <u>Apparent</u> RP <u>8.8</u> psi <u>Actual</u> RP <u>8.6</u> psi Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Opened at <u>3.2</u> psi Did Not Open <input type="checkbox"/> Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Date: <u>3-24-99</u> Repairs & Materials					
Test After Repairs DC _____ psi RP _____ psi Pass <input type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi RP _____ psi Pass <input type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi RP _____ psi Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Held At _____ psi Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Date:					

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

City Of Napoleon FIELD SURVEY FORM

Premises Address: 550 Independence Company Name: Alumina Valley Bitthers
Contact Name: Bob Refect Contact Phone No: 572-7936
Service No: 9650 Service Size: 4" Meter No: 2001266 Meter Size: 2" Date Installed: 11-14-96
Type of Inspection: Initial Follow-Up * Date of Inspection: 2-2-99 Inspector Name: Charlie
Type of Use: Industrial Commercial * Residential Water Main Size: 12" System Pressure
Type of Service: Domestic Fire * Combined Any Other Water Source: Yes No X
If Yes, Other Type: Additional City Service Auxiliary Source Interconnected: Yes No

DOMESTIC SYSTEMS

Type of Use: Processing X Product Potable Sanitary Irrigation Limited Area Fire
Type of Heating: Forced Air X Electric Solar Boilers Chemical Treatment: Yes No
Type of Cooling: Cooling Tower Chiller Chemical Treatment: Yes No Direct Conn: Yes No
Dishwasher: Yes X No Eductors: Yes No Garbage Disposal: Yes No Jacuzzi: Yes No X
Swimming Pool: Yes No X Air Gap at Supply: Yes No X Pumps Used: Yes No Capacity

INSPECTOR COMMENTS/DIAGRAMS

Processing bottled water
1- bathroom Bottle washer
breakroom w/sink sheet on file for processing procedure
lab w/sink
shop sink
sink in bottling room

FIRE PROTECTION SYSTEMS

System Type: Dry Sprinkler Wet Sprinkler Dry Riser Wet Riser Hydrants: Yes No
Hydrants Self-Draining: Yes No Storage Provided: Yes No Antifreeze Legs: Yes No
Auxiliary Water Storage: Yes No Pumps Used: Yes No Capacity: (GPM) Pressure:

INSPECTOR COMMENTS/DIAGRAMS

Expansion Tank in place
2" zinc-wilkins 975 R.P.2.A. in place and sufficient

BACKFLOW PREVENTION REQUIREMENTS

Last Tested 1-24-98 by Robert Barker Cert # 2475
Due To be Tested

Water Dist. - White

Customer - Canary

Building Dept. - Pink

City Of Napoleon FIELD SURVEY FORM

Premises Address: 550 Independence Dr Company Name: Culligan
Contact Name: Bob Ruffels Contact Phone No: 593-7936
Service No: 9650 Service Size: 4" Meter No: 700476 Meter Size: 2" Date Installed: 10-14-96
Type of Inspection: Initial Follow-Up Date of Inspection: 2-2-99 Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: 12" System Pressure: 65-75 psi
Type of Service: Domestic Fire Combined Any Other Water Source: Yes No
If Yes, Other Type: Additional City Service Auxiliary Source Interconnected: Yes No

DOMESTIC SYSTEMS

Type of Use: Processing Product Potable Sanitary Irrigation Limited Area Fire
Type of Heating: Forced Air Electric Solar Boilers Chemical Treatment: Yes No
Type of Cooling: Cooling Tower Chiller Chemical Treatment: Yes No Direct Conn: Yes No
Dishwasher: Yes No Eductors: Yes No Garbage Disposal: Yes No Jacuzzi: Yes No
Swimming Pool: Yes No Air Gap at Supply: Yes No Pumps Used: Yes No Capacity

INSPECTOR COMMENTS/DIAGRAMS

2- hose bibbs outside
2- bathrooms Men & Women
Breakroom w/sink
Slop sink
Backwash water
rinsing colligan equipment
Several hose bibbs inside

FIRE PROTECTION SYSTEMS

System Type: Dry Sprinkler Wet Sprinkler Dry Riser Wet Riser Hydrants: Yes No
Hydrants Self-Draining: Yes No Storage Provided: Yes No Antifreeze Legs: Yes No
Auxiliary Water Storage: Yes No Pumps Used: Yes No Capacity: _____ (GPM) Pressure: _____

INSPECTOR COMMENTS/DIAGRAMS

expansion tank in place
2" Zurn-Wilkins 975 R.P.Z.A. in place and sufficient
last Tested 1-24-98 Robert Barker Cert. # 2475
Due To be Tested

BACKFLOW PREVENTION REQUIREMENTS

Water Dist. - White Customer - Canary Building Dept. - Pink

2" capacity Charge - \$49.04 min

4" TAP FOR CULLIGAN BOTTLER'S

12" X 4" TAP SLEEVE.....	\$253.19
4" TAP VALVE.....	\$225.51
VALVE BOX.....	\$76.00
4" TAP.....	\$300.00
1 1/2" METER.....	\$289.00
1 1/2" COPPERSETTER.....	\$265.00
2" COMPOUND METER.....	\$1185.00
2" COPPERSETTER.....	\$297.00
BACKHOE W/OPERATOR..... 2 HR.....	\$120.00
2 - MEN GENERAL LABOR..... 3 HR.....	\$120.00
TOTAL.....	\$3130.70
PLUS 50%.....	\$1565.35
GRAND TOTAL.....	\$4696.05

$928.00 \times .25 = 1160.00$



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010
FAX (419) 599-8393

April 26, 1996

Mayor
Donald M. Stange

Members of Council
Michael J. DeWit, President
Sarah J. Peper
John E. Church
James Hershberger
Terri A. Williams
Travis B. Sheaffer
Dennis Filgor

City Manager
Marc S. Gerken, P.E.

Finance Director
Gregory J. Heath

Law Director
David M. Grahn

City Engineer
Adam C. Hoff, P.E.

Mr. John Hesselswartz
E.C. Gerken & Associates
701 ½ West First Street
Defiance, Ohio 43512

Re: Maumee Valley Bottlers
Proposed Industrial Park Facility

Dear Mr. Hesselswartz:

Based upon review of the plans submitted and stormwater runoff calculations for the referenced project by City personnel, we hereby approve the plans as submitted.

If you should have any questions, please call me.

Yours truly,

Adam C. Hoff, P.E.
City Engineer

ACH:rd

cc: Mr. Brent Damman, Building & Zoning Administrator
Mr. Sonny Helberg, Construction Inspector
Mr. Jeff Marihugh, Operations Superintendent
Mr. Lynn Watchmann, Maumee Valley Bottlers

C:\AMIP\PRO\CITY\ENGR\LETTERS\HSL\SWRTZ.SAM April 26, 1996 4:29 PM



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010
FAX (419) 599-8393

March 29, 1996

Mr. John Hazelswartz
E.C. Gerken & Associates
701½ West First Street
Defiance, Ohio 43512

Mayor
Donald M. Stange

Members of Council
Michael J. DeWit, President
Sarah J. Peper
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Terri A. Williams
Travis B. Sheaffer
Dennis Fligor

City Manager
Marc S. Gerken, P.E.

Finance Director
Gregory J. Heath

Law Director
David M. Grahm

City Engineer
Adam C. Hoff, P.E.

Re: Maumee Valley Bottlers
Proposed Industrial Park Facility

Dear Mr. Hazelswartz:

In response to your recent telephone conversation with the City Manager, Marc Gerken, we hereby agree to allow for the excavation of the proposed retention and pond plus subsequent placement of fill to reach the required floor elevation to begin. This letter in no way constitutes the approval of any preliminary or final plan. Such plans are required to be submitted for review by the Engineering Department. Any modifications to the plans and subsequent field modifications, deemed necessary by this department, must be completed prior to the connection of any City utilities.

If you should have any questions, please call me.

Yours truly,

Adam C. Hoff, P.E.
City Engineer

ACH:ka

cc: Mr. Marc Gerken, P.E.
Mr. Brent Damman
Mr. Lynn Wachtmann, Maumee Valley Bottlers

C:\AUPRO\ADAM\LETTERS\USPBRK\SAM77.dwg, March 29, 1996 11:17 AM



City of NAPOLEON, OHIO

255 RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010

December 22, 1995

Mayor
Robert G. Heft

Members of Council
John E. Church, President
Michael J. DeWit
James Hershberger
Sarah Peper
Terri A. Williams
Travis B. Sheaffer
Dennis Fligor

City Manager
Marc S. Gerken

Finance Director
Gregory J. Heath

Law Director
David M. Grah

City Engineer
Adam C. Hoff, P.E.

Attn. Mr. Lynn R. Wachtmann
Culligan Bottled Water
833 N. Perry
Napoleon, Ohio 43545

Dear Lynn

This letter is to confirm our conversation on December 19th, 1995 regarding your proposal on land usage in the I-2 Industrial Zoning District.

The vacant lot of land located just east of the Ford Dealership at 500 Independence Dr. is in the I-2 Industrial District and may be used for your proposed water processing facility as well as the Culligan Water Service business. This is in accordance to City Zoning Code sections 151.85.10.4.1 & 151.85.10.4.12 entitled Table of Permissible Uses.

Once you have completed your drawings, submit four (4) copies to me so I may pass them to other City Departments for review. (please allow 10 business days for review). Upon completion of City review a zoning certificate will be issued, this certificate will need to accompany the construction drawings you submit to Wood County Building Inspection Department for your state building permit.

If you have questions please call me at 592-4010.

Sincerely

Brent N Damman
Building & Zoning
Administrator

CC. Adam C. Hoff, P.E. City Engineer
Marc S. Gerken, P.E. City Manager

C:\AMPROD\DOC\COMMERC\TMAB\CULL.SAM

**INFORMATION AND PLAN REVIEW CHECK LIST
FOR COMMERCIAL DEVELOPMENT PROJECTS**

I. GENERAL INFORMATION

Date Drawings Submitted _____ No. of Sets _____

For Quick Review, four (4) sets of Drawings are needed.

Owner's Name _____

Owner's Address _____

Owner's Phone No. _____

Subdivision Name _____ Lot No. _____

Business Name _____

Job Address _____

General Contractor's Name _____

Address _____

General Contractor's Phone No. _____

II. ZONING ISSUES AND INFORMATION

1.) Zoning District _____ Occupancy Type _____

a.) Flood Zone involved in this Development Yes _____ No _____

b.) Elevations shown on Drawings Yes _____ No _____

2.) Use _____ Permissible Yes _____ No _____

3.) Occupancy Load expected _____

4.) Survey and Property Description o.k. Yes _____ No _____

SUBJECT	MIN. REQUIRED	PROPOSED
5.) Lot - s.f.	_____	_____
6.) Lot Width	_____	_____
7.) Setback - Left	_____	_____
8.) Setback - Right	_____	_____
9.) Setback - Rear	_____	_____
10.) Setback - Front	_____	_____
11.) Parking Spaces (minimum size 9' x 20') (Parallel 9' x 24')	_____	_____
12.) Handicapped Spaces (minimum size 12' x 20')	_____	_____
13.) Loading spaces (minimum size 12' x 45')	_____	_____
14.) Building Height	_____	_____
15.) Green Belt - Front	_____	_____
16.) Green Belt - Left	_____	_____
17.) Green Belt - Right	_____	_____
18.) Green Belt - Rear	_____	_____
19.) Sign Size - s.f.	_____	_____
20.) Sign Setback	_____	_____
21.) Handicapped Ramps Shown	_____	Yes _____ No _____
22.) Is there an Accessible Route	_____	Yes _____ No _____
23.) Doors and Hall Clearances o.k.	_____	Yes _____ No _____
24.) Restrooms accessible	_____	Yes _____ No _____

- 25.) Handicapped Signage shown Yes ___ No ___
- 26.) Elevator needed Yes ___ No ___
- 27.) Water Fountain accessible Yes ___ No ___
- 28.) Special Use Permit required Yes ___ No ___
- 29.) Conditional Use Permit required Yes ___ No ___
- 30.) Zoning Variance required Yes ___ No ___

III. ENGINEERING REVIEW

- 31.) Engineer Name _____
- 32.) Engineer Phone _____
- 33.) Utility Easements shown on Drawings Yes ___ No ___
- 34.) Land Drainage shown on Drawings Yes ___ No ___
- 35.) Land Drainage shown o.k. Yes ___ No ___
- 36.) Number of Drive Approaches _____
Width Drive No. 1 _____
Width Drive No. 2 _____
- 37.) Type of Curb High ___ Low ___
- 38.) Curb Cut necessary Yes ___ No ___
- 39.) Proposed Driveway Approaches o.k. Yes ___ No ___

IV. PARKING LOT AND STORM DRAINAGE INFORMATION

- 40.) Contractor Name _____
- 41.) Contractor Phone _____
- 42.) Parking Lot Surface Type and Thickness _____
- 43.) Parking Lot Calculations shown Yes ___ No ___

- 44.) Dumpster Pad and Enclosure shown Yes _____ No _____
- 45.) Material Type and Thickness of D/P _____
- 46.) Parking Lot o.k. for Semi and Fire Equipment Traffic Yes _____ No _____
- 47.) Drainage Calculations shown on Drawings Yes _____ No _____
- 48.) Proposed Storm Drain Pipe Size and Type _____
- 49.) Proposed Storm Drain o.k. Yes _____ No _____
- 50.) Public Storm Sewer available Yes _____ No _____
- 51.) City Storm Sewer Location Street Name _____
- 52.) Which Side of Street - North _____; South _____; East _____; West _____
- 53.) Storm Drain Street Crossover needed Yes _____ No _____
- 54.) Minimum Size and Type of Crossover _____
- 55.) Right-of-Way Entry - Bond Amount required _____

V. SANITARY SEWER INFORMATION

- 56.) Contractor Name _____
- 57.) Contractor Phone _____
- 58.) Sanitary Service Line Size and Type shown _____
- 59.) Proposed Sanitary Sewer Service Line o.k. Yes _____ No _____
- 60.) Grease Trap required Yes _____ No _____
- 61.) City Sanitary Sewer Location Street Name _____
- 62.) Which side of Street - North _____; South _____; East _____; West _____
- 63.) Sanitary Drain Street Crossover needed Yes _____ No _____
- 64.) Right-of-Way Entry - Bond Amount required _____

VI. WATER SERVICE AND FIRE SUPPRESSION SYSTEM INFORMATION

- 65.) Contractor Name _____
- 66.) Contractor Phone _____
- 67.) Master Water Meter required Yes ___ No ___
- 68.) Developer to Install Water Taps Yes ___ No ___
- 69.) Type of Back Flow required _____
- 70.) Water Service Line Size and Type shown _____
- 71.) Water Service Tap Size required _____
- 72.) City Water Main Size and Type _____
- 73.) City Water Main Location Street Name _____
- 74.) Which Side of Street - North ___; South ___; East ___; West ___
- 75.) Water Service Line Street Crossover needed Yes ___ No ___
- 76.) Fire Hydrant Location o.k. Yes ___ No ___
- 77.) Type of Fire Suppression System _____
- 78.) Kitchen Hood and Suppression shown Yes ___ No ___
- 79.) Sprinkler System Supply Line Size _____

VII. ELECTRICAL SERVICE AND SUPPLY INFORMATION

- 80.) Contractor Name _____
- 81.) Contractor Phone _____
- 82.) Underground ___ Overhead _____
- 83.) Voltage and Phase _____
- 84.) Ampacity of Service Entrance _____

85.) Located on which Side of Structure - North ____; South ____; East ____;
West ____

COMMENTS _____

86.) Protection around Pad Transformer needed Yes ____ No ____

87.) Does Proposed Structure Location show adequate Clearance from High Voltage Lines Yes ____ No ____

88.) Do any Existing Power Poles cause an obstruction to the Proposed Development based on the Drawings Submitted Yes ____ No ____

89.) Developer to provide Underground Conduit for Service Conductors Yes ____ No ____

90.) Size and Type Conduit _____
Other Needs or Concerns _____

VIII. ITEMS OF CONCERN FOR ZONING REVIEW

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

IX. ITEMS OF CONCERN FOR ENGINEERING REVIEW

- 1.) _____
- 2.) _____

- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

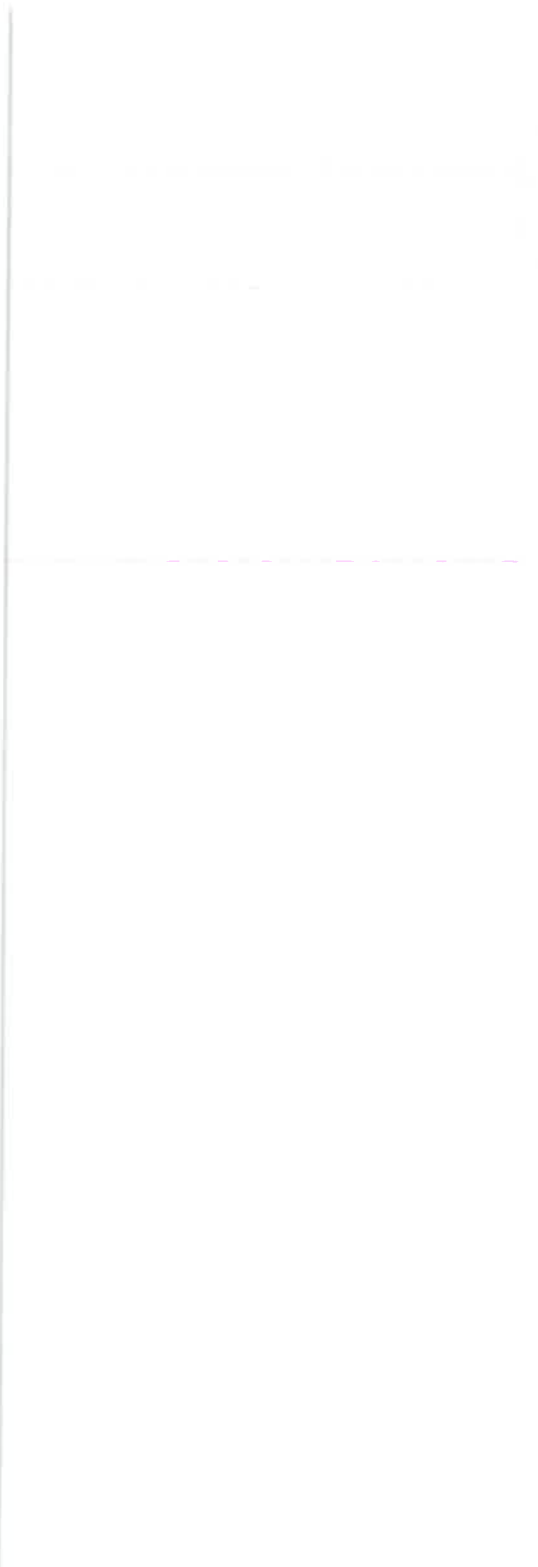
X. ITEMS OF CONCERN FOR CONSTRUCTION INSPECTOR

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

XI. ITEMS OF CONCERN FOR OPERATIONS DEPARTMENT REVIEW

- 1.) *Should have drawn for R.P.A. installed after meters*
- 2.) *City will provide meter yokes with lockable bypass*
- 3.) *as per pad of top cost, city crews will set meters*
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

XII. ITEMS OF CONCERN FOR ELECTRICAL OPERATIONS REVIEW



- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

XIII. ITEMS OF CONCERN FOR FIRE DEPARTMENT REVIEW

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

If you approve of the provisions shown on the Drawings submitted, which pertain to your Department, please sign and date below.

If you have any concerns, please express them on this form or you may submit a Memo to the Engineering Department.



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010
FAX (419) 599-8393

Fax Transmission

Mayor
Donald M. Stange

Members of Council
Michael J. DeWit, President
Sarah J. Peper
John E. Church
James Hershberger
Terri A. Williams
Travis B. Sheaffer
Dennis Filgor

City Manager
Marc S. Gerken, P.E.

Finance Director
Gregory J. Heath

Law Director
David M. Grahn

City Engineer
Adam C. Hoff, P.E.

To: Bob / Mike

Fax Number: 354-9344

Number of Pages, Including This One: 1

From: Dave Lammann

Date: _____ **Time:** _____

Operator: _____

Comments:
Please note th Maurice Valley
Roller Plans have been
approved.

Shank

Dunt

Please call (419) 592-4010 if you have any trouble receiving this Transmission or you did not receive the number of pages shown above.

CITY OF NAPOLEON

ZONING CERTIFICATE

Issued To: Maumee Valley Bottlers

Lot Information:

Street Address 550 Independence Drive

Lot No. Meets & Bounds

Subdivision

(or Legal Description)

Lot Dimensions

Yard Set Back:

Front per plan Side per plan Rear per plan

Sq. Ft.

5 + acres

Side per plan Side per plan

Zoning District I-2 Industrial Drive

Description of Use Water Processing

Lot Coverage

70% Maximum

Off Street Parking Spaces Required 20

Height

100' Maximum

Loading Spaces Required 1

Petition or Appeal Required

No

Approved By: Zoning Inspector

04/26/96

Board of Zoning Appeals

N/A

Date

Applicant Signature

(Owner-Agent)

White - Applicant

Yellow - Board of Zoning Appeals

Pink - Engineering

Certificate No. 317

Issued May 2, 1996

By Brent N. Damman

Zoning Inspector

Amount 25.00

Filing Fee

Date Paid

04/29/96



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010
FAX (419) 599-8393

October 24, 1996

Mayor
Donald M. Stange

Members of Council
Michael J. DeWit, President
Dennis Filgor
James Hershberger
Sarah J. Paper
Travis B. Sheaffer
Char Weber
Terri A. Williams

City Manager
Marc S. Gerken, P.E.

Finance Director
Gregory J. Heath

Law Director
David M. Grahn

City Engineer
Adam C. Hoff, P.E.

Mr. Lynn Watchmann
Maumee Valley Bottlers
515 Independence
Suite 100
Napoleon, Ohio 43545

Re: Maumee Valley Bottlers
Sanitary Service Connection

Dear Mr. Watchmann:

It has come to my attention that two (2) cleanouts were installed on the sanitary service connection for the new facility instead of one (1), as shown on the approved plans. Although this is not necessarily a bad idea, the second cleanout is located in the middle of the yard area and extends roughly one (1) foot above grade. It is our concern, due to past experience, that the cleanout will eventually get broken off during mowing operations leaving an opening for surface runoff to enter the sanitary sewer system.

Enclosed is a copy of a page from the East Jordan Iron Works catalog showing various castings which may be placed over the cleanout to protect it and provide access in the future. It is our recommendation that you purchase either the model 1577 or 1578 casting, cut off the cleanout to a point just below grade, replace the cap and install the casting over the pipe. The approximate cost of the casting will be \$60.00.

If you have any questions, please call me.

Yours truly,

Adam C. Hoff, P.E.
City Engineer

ACH:rd
Enclosure

cc: Mr. Marc S. Gerken, P.E.; City Manager
Mr. Sonny Helberg, Construction Inspector
Mr. Brent Damman, Bldg/Zoning Administrator
Mr. Jeff Marihugh, Operations Superintendent

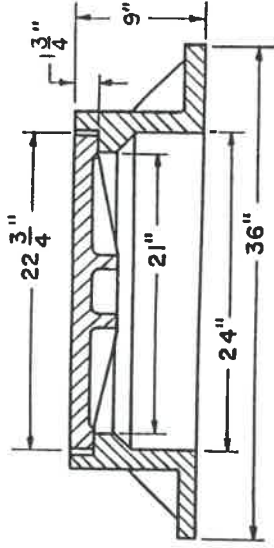
C:\AMIPRO\CITY\ENGR\LETTERS\MVB\TLSAN.SAM\October 24, 1996 8:24 AM

SECTION 2 BASE FLANGE MANHOLE AND CATCH BASIN COVERS

Heavy Duty

1560

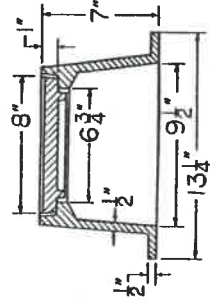
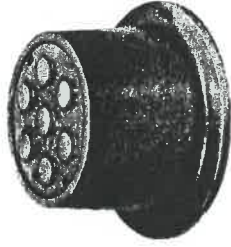
Machined horizontal & vertical bearing surfaces
525 pounds total weight
Type C 4 hole cover has 4 - 3/4" diameter holes
Type B perforated cover has 23 - 3/4" diameter holes



Heavy Duty

1570

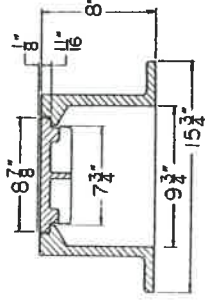
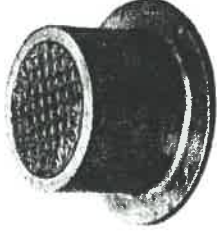
50 pounds total weight



Heavy Duty

1574

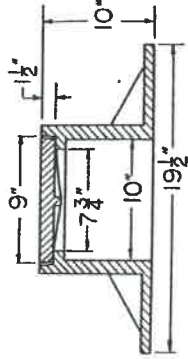
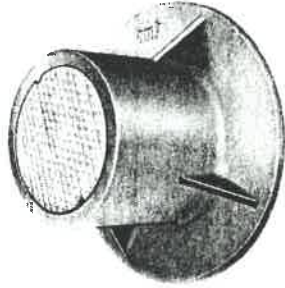
80 pounds total weight



Heavy Duty

1575

130 pounds total weight



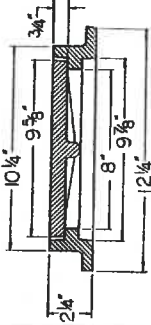
Light Duty

1577

30 pounds total weight

Unit is reversible
For slab construction,
reference unit 2885

41.45

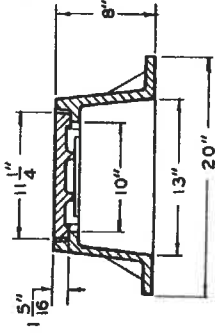
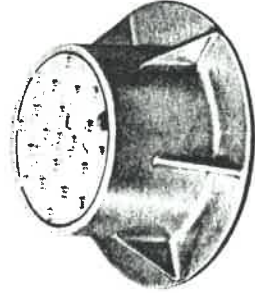


Heavy Duty

1578

95 pounds total weight

59.00

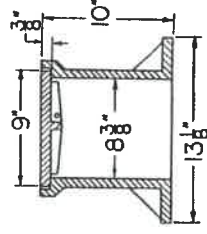


Light Duty

1579

45 pounds total weight

159.30



OPTIONS: Watertite assy. Frame has 2 cast lugs & grooved seat

Always Specify EJIW Number



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4070
FAX (419) 599-8393

June 25, 1996

Mayor

Donald M. Stange

Members of Council

Michael J. DeWit, President

Sarah J. Peper

John E. Church

James Hershberger

Terri A. Williams

Travis B. Sheaffer

Dennis Filgor

City Manager

Marc S. Gerken, P.E.

Finance Director

Gregory J. Heath

Law Director

David M. Grahm

City Engineer

Adam C. Hoff, P.E.

Mr. Lynn Watchman
Maumee Valley Bottlers
833 North Perry Street
Napoleon, Ohio 43545

Re: Water and Sewer Services
To 833 North Perry Street

Dear Mr. Watchman:

The four (4) inch and six (6) inch sanitary sewer service connections to your property located at 833 North Perry Street have been disconnected and capped off to the satisfaction of the City for the present time. However, depending upon the final decision as to the use of the property, the City may require that the services be removed and plugged at the main. This work would then be done at the owner's expense.

If you have any questions, please call me.

Yours truly,

Adam C. Hoff, P.E.
City Engineer

ACH:rd

cc: Mr. Marc S. Gerken, P.E.; City Manager
Mr. Brent N. Damman, Bldg./Zoning Administrator

C:\AMIP\CITY\ENGR\LETTERS\32NPERY.SAM\June 25, 1996 2:06 PM



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010
FAX (419) 599-8393

May 8, 1996

Mayor
Donald M. Stange

Members of Council
Michael J. DeWit, President
Sarah J. Peper
John E. Church
James Hershberger
Terri A. Williams
Travis B. Sheaffer
Dennis Filgor

City Manager
Marc S. Gerken, P.E.

Finance Director
Gregory J. Heath

Law Director
David M. Grahn

City Engineer
Adam C. Hoff, P.E.

Mr. Donald W. Hayes
Senior Designer
Rightmyer, Johnson & Associates
5855 Monroe Street
Sylvania, Ohio 43560

Dear Don:

In response to your letter dated May 3, 1996, please find below the information you requested.

1. The hydrant flow test was performed on Wednesday, May 8, 1996 from hydrant #59, the static pressure was 70 psi., the residual was 60 psi., the hydrant was flowing at 1319 gpm., at this time the Water Treatment Plant had a 2,000 gpm. pump running and the elevated tank level was 23½ feet.
2. Please find attached the drawing as per your request for backflow requirements of the fire system booster pump.
3. The City will allow you to propose the use of the fire line for domestic water with the following provisions (1) that the City crews will tap the fire line and a curb stop shall be installed outside the building near the right-of-way; (2) the tap shall be subject to all usual tap fees normally charged by the City; (3) the 2" copper setter with bypass will be reused; (4) a reduced press backflow device shall be installed immediately after the copper setter, with proper drainage system.

Should you require additional information, please feel free to contact my office.

Sincerely,

Jeffrey C. Marinhugh
Operations Superintendent

Enclosure

cc: Marc S. Gerken, City Manager
Adam C. Hoff P.E. City Engineer
Charles L. Heinze, Water Distribution Foreman
Brent Damman, Building and Zoning Administrator
C:\MIPRO\OPERATIO\LETTERS\HAYES.SAM May 8, 1996 2:42 PM

**CITY OF NAPOLEON, OHIO
STORM WATER ABATEMENT CHARGE CREDIT APPLICATION**

SERVICE ADDRESS: 550 Independence Dr Suite A ACCOUNT NUMBER: 43-17100-1
 STREET NUMBER: 550 STREET NAME: Independence Dr

SERVICE CLASS: RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER _____ START DATE: / /

ARE YOU THE PROPERTY OWNER: YES NO IF NO, THEN COMPLETE PROPERTY OWNER INFORMATION

RESIDENT TENANT **PROPERTY OWNER**

NAME: (LAST, FIRST, MIDDLE INITIAL) Maurice Valley Costello

ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS) 550 Independence Dr. Ste B

CITY, STATE, ZIP: Napoleon OH 43545

HOME PHONE: _____ WORK PHONE: 592-7936

DRIVER'S LICENSE #: _____ BIRTHDATE: 34-11-00-28

TID OR SOCIAL SECURITY NO. (OPTIONAL) _____ TID OR SOCIAL SECURITY NO. (OPTIONAL) 34-11-00-28

BIRTHDATE: _____

Total Area Of Property/Lot: 123498 s.f.
 Impervious Area: 35937 s.f.

Signature [Signature] Date 12/22/06
 TENANT/AUTHORIZED AGENT OF OWNER OR TENANTS

FOR CITY USE ONLY

E.R.U. Credit* 11.9 % 80 %

E.R.U. Credit: 9.5 (if zero, see explanation below.)

Net Billable E.R.U. 2.4

*Multi-level resident IAL units are eligible for up to a 50% credit.

APPROVED EFFECTIVE DATE: 01/08/07

DENIED EXPLANATION, IF APPLICABLE:

SEE DAMAGE CALCULATIONS IN ADDRESS FILE

[Signature] Date 01/08/07
 CITY ENGINEER

RETURN COMPLETED APPLICATION TO ENGINEERING DEPARTMENT

CITY OF NAPOLEON, OHIO
STORM WATER ABATEMENT CHARGE CREDIT APPLICATION

SERVICE ADDRESS: 550 Independence Dr Suite B ACCOUNT NUMBER: 43-17200-1
STREET NAME

SERVICE CLASS: RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER START DATE: / /

ARE YOU THE PROPERTY OWNER: YES NO IF NO, THEN COMPLETE PROPERTY OWNER INFORMATION

RESIDENT TENANT PROPERTY OWNER
NAME: (LAST, FIRST, MIDDLE INITIAL)

ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS) ADDRESS:

CITY, STATE, ZIP: CITY, STATE, ZIP:

HOME PHONE: DRIVER'S LICENSE #: HOME PHONE: WORK PHONE:

TID OR SOCIAL SECURITY NO. (OPTIONAL) BIRTHDATE: TID OR SOCIAL SECURITY NO. (OPTIONAL) BIRTHDATE:

Total Area Of Property/Lot: 123,496 s.f.
Impervious Area: 35,937 s.f.

Signature Lynn B.W. Ackman Date 12, 27, 06
TENANT/AUTHORIZED AGENT OF OWNER OR TENANTS

FOR CITY USE ONLY

E.R.U. Credit* 11.9 80 %

E.R.U. Credit: 9.5 (if zero, see explanation below.)

Net Billable E.R.U. 2.4

*Multi-level resident IAL units are eligible for up to a 50% credit.

APPROVED EFFECTIVE DATE: 01, 08 / 2007

DENIED EXPLANATION, IF APPLICABLE:

DRAINAGE CALCULATIONS ARE ALREADY IN THE ADDRESS FILE

[Signature] Date 01, 08, 07
CITY ENGINEER

RETURN COMPLETED APPLICATION TO ENGINEERING DEPARTMENT

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 550 Independence Dr. ZIP: 43545
 Business Name: Culligans Clausee Valley Batters

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPD A DCDA

Manf/Model: Willkins 975 XL Size: 2" Serial No. 399337

Location of Device: Entrance Room
 Type of Test: Differential Gauge Sight Tube

Outlet valve holding RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓		Relief Valve ↓		Pressure Vacuum Breaker	
	Double Check Valve ↓	2nd Check	DC _____ psi	opened at _____ psi	Air Inlet	Check Valve
Test Results <u>Pass</u>	DC _____ psi RP <u>8.6</u> psi		DC _____ psi	opened at <u>2.2</u> psi	opened at _____ psi	held at _____ psi
Date: <u>4-24-02</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>		DC _____ psi	did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	leaked <input type="checkbox"/>
Repairs & Materials	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>		DC _____ psi	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"/>
Test After Repairs	DC _____ psi RP _____ psi		DC _____ 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"/>		DC _____ psi	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: Brian Tella Certification No. 611
 Owner/Representative Signature: Robert Kefers

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 550 Independence Dr. ZIP: 43545
 Business Name: Culligan

DEVICE INFORMATION

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

Manf/Model: Wilkins 975 XL Size: 2" Serial No. 399338

Location of Device: Furnace Room
 Type of Test: Differential Gauge Sight Tube

Outlet valve	Reduced Pressure Assembly ↓		Relief Valve ↓		Pressure Vacuum Breaker	
	Double Check Valve ↓				Air Inlet	Check Valve
	1st Check	2nd Check				
holding RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	DC <u>9.0</u> psi RP _____ psi	DC _____ psi	opened at <u>3.0</u> psi did not open <input type="checkbox"/>	opened at _____ psi did not open <input type="checkbox"/>	opened at _____ psi held at _____ psi	leaked <input type="checkbox"/>
Date: <u>4-24-02</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"/>	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"/>	opened at _____ psi 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"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: Brian Todd Certification No. 611
 Owner/Representative Signature: Robert A. King

