

City Of Napoleon
FIELD SURVEY FORM

Premises Address: 805 Interstate Company Name: Ulasia Farms
Contact Name: Kevin Ebling Contact Phone No: 599-6751
Service No: 9313 Service Size: 6" Meter No: _____ Meter Size: _____ Date Installed: 1985
Type of Inspection: Initial Follow-Up _____ Date of Inspection: 11-18-98 Inspector Name: Charlie
Type of Use: Industrial _____ Commercial Residential _____ Water Main Size: 8" System Pressure 45-75psi
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

*This is per fire system only, already has a 6" Ames
R.P.Z. Backflow Device.*

FIRE PROTECTION SYSTEMS

System Type: Dry Spinkler 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

BACKFLOW PREVENTION REQUIREMENTS

*What is installed is more than adequate, if tested in last 12 months
need test sheets, other wise needs to be tested*

City Of Napoleon
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Premises Address: 845 Interstate Company Name: Vlastic Farms
Contact Name: Kenn Eling Contact Phone No: 599-6751
Service No: 7711 Service Size: 3/4" Meter No: 4124852 Meter Size: 3/4 Date Installed: 5-2-96
Type of Inspection: Initial Follow-Up Date of Inspection: 11-19-99 Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: 8" System Pressure 45-75 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 Educators: 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

This service is used for office portion of building
1- hose bibb outside
2- hose bibbs inside
1- water heater
2 - bathrooms

FIRE PROTECTION SYSTEMS

System Type: Dry Spinkler 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

BACKFLOW PREVENTION REQUIREMENTS

will need to install a Double Check Assembly
all backflow devices must be installed in horizontal position

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

City Of Napoleon
FIELD SURVEY FORM

Premises Address: 5 Interstate Company Name: Ulasia Farms
Contact Name: Kevin Elling Contact Phone No: 599-6751
Service No: _____ Service Size: 3" Meter No: 403042 Meter Size: 3/4" Date Installed: 6-2-76
Type of Inspection: Initial Follow-Up _____ Date of Inspection: 11-18-98 Inspector Name: Charlie
Type of Use: Industrial _____ Commercial _____ Residential _____ Water Main Size: 8" 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

This water is used for 3-hose bibbs in rear of building + one portable eyewash. This service is already equipped w/ 3" w.k. riser RPZ Backflow preventer, feed off of fireline

FIRE PROTECTION SYSTEMS

System Type: Dry Spinkler _____ 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

BACKFLOW PREVENTION REQUIREMENTS

what is installed is more than adequate, if tested in last 12 months need a copy of test sheet, otherwise must be tested