City Of Napoleon FIELD SURVEY FORM

SCANNED

Market Andrew

Premises Address: Company Name: Contact Name: Contact Phone No: Contact Phone No: Date Installed: Type of Inspection: Initial Follow-Up Date of Inspection: Inspector Name: Type of Use: Industrial Commercial Residential Water Main Size: System Pressure 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- serven pumps 2 feeds to Cool packing I has overflow to drain no air gap, I with air gap - step sink what gap, I have bibb raside 2 outside no encount breaking Iteratiss steel took for generator content fill below flood from eye wash a emergency shower Sulfaric Acid tank fill below flood from Sedium Chireste Tonk fill below flood from Sedium Chireste Tonk fill below flood from 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
note: all devices to be installed shall be in Horizontal Praction
BACKFLOW PREVENTION REQUIREMENTS

Water Dist. - White

R.P.Z. Assembly needs to be installed here

Customer - Canary

Building Dept. - Pink