

City Of Napoleon

FIELD SURVEY FORM

Premises Address: 1303 Oakwood Company Name: Fred H. Gerken Co.
Contact Name: Fred Gerken Contact Phone No: 572-2761
Service No: _____ Service Size: 3" Meter No: 6004422 Meter Size: 1 1/2" Date Installed: 4-4-97
Type of Inspection: Initial Follow-Up _____ Date of Inspection: 2-2-99 Inspector Name: Charlie
Type of Use: Industrial _____ Commercial Residential _____ Water Main Size: _____ System Pressure: 65-75psi
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

Concrete Batch Plant
1- bathroom w/ sink, urinal, toilet
step sink w/ 3 hose bibbs
2" Pipe outside for Mixer Truck
1- outside hose bibb
1- inside hose bibb
1- 1/2" quick connect hose fitting

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" P.C.A. Backflow Device already in place
Device is due to be tested

BACKFLOW PREVENTION REQUIREMENTS