

# City Of Napoleon

## FIELD SURVEY FORM

#2

Premises Address: 1851 Oakwood Company Name: Walmart  
 Contact Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
 Service No: \_\_\_\_\_ Meter No: \_\_\_\_\_ Meter Size: \_\_\_\_\_ 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 \_\_\_\_\_  
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### 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

1- hose bibb in Automotive  
 Slip sink + eye wash in Automotive  
 Single basin sink in Pharmacy  
 ① 3-basin sink, Cappuccino machine  
 ② single basin sinks, fountain machine w/co2 } Snack Bar  
 icee machines, ice maker  
 coffee maker

### FIRE PROTECTION SYSTEMS

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

### INSPECTOR COMMENTS/DIAGRAMS

Due To antifreeze leg on fire system  
 a Reduced Pressure assembly should be installed A.S.A.P.

### BACKFLOW PREVENTION REQUIREMENTS

no expansion tank, should have one installed  
 Double check valve in place not ~~5~~ sufficient  
 must install a Reduced Pressure Assembly (Horizontal Position)

