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**City Of Napoleon**  
**FIELD SURVEY FORM**

Premises Address: 1851 Oakwood Company Name: Walmart  
Contact Name: Bob Decant Contact Phone No: 599-1973  
Service No: \_\_\_\_\_ Service Size: \_\_\_\_\_ Meter No: \_\_\_\_\_ Meter Size: \_\_\_\_\_ Date Installed: \_\_\_\_\_  
Type of Inspection: Initial  Follow-Up \_\_\_\_\_ Date of Inspection: 4-15-99 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 \_\_\_\_\_  
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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  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**

4- bathrooms  
3- outside hose bibbs  
2- water feeds @ Fish Tanks below flood rim  
3- Drinking fountains  
Soap eductors for cleaning - floors, shelves, windows, + germicide  
utility sink in Janitor room hose below flood rim  
eye wash

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**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**

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**BACKFLOW PREVENTION REQUIREMENTS**

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