City Of Napoleon FIELD SURVEY FORM

The washing

Premises Address: Contact Name: Contact Phone No: Service No: Service Size: 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 *********************************
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
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aby such w/ Hore below flowed run for may har best
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
no expansion tanks
med to metals a R.P.Z.A Device, and Expansion Tank
BACKFLOW PREVENTION REQUIREMENTS
These devices need to be made accesible for testing