

City Of Napoleon
FIELD SURVEY FORM

Premises Address: 612 N. Peory Company Name: Title Dept.
Contact Name: Dorothy Taylor Contact Phone No: _____
Service No: 9166 Service Size: 1" Meter No: 37117319 Meter Size: 5/8 Date Installed: 11-19-92
Type of Inspection: Initial Follow-Up Date of Inspection: 2-2-99 Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: 2" System Pressure 45-25 PSI
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

*Small sink - Break room
2. bathrooms
expansion tank in place*

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

*Watts 807 M2 QT 3/4" DCA in place
Device is sufficient, needs tested a.s.a.p.*

BACKFLOW PREVENTION REQUIREMENTS