Mailing address: Dr. Relett Harray 3536 Glendale Ave

City Of Napoleon **FIELD SURVEY FORM**

THE CONTRACTOR OF THE PERSON O

	101 de, 01 0 43614 - 419-385-7777
	Premises Address: 812 N Perry Company Name: Dr. Robert Name
	Premises Address: S12 N. Perry Company Name: Dr. Robert Name: Contact Name: Contact Phone No: 419-599-0337 - 419-599-2791
	Service No: 9377 Service Size: Meter No: 400 Meter No: 400 Meter Size: Meter Size: Date Installed: 3-30-98
	Type of Inspection: Initial Follow-Up Date of Inspection: Inspector Name: Charles
	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

	DOMESTIC SYSTEMS
	Type of Use: Processing Product Potable Sanitary Irrigation Limited Area Fire
	Type of Heating: Forced Air <u>X</u> Electric Solar Boilers Chemical Treatment: Yes No
	Type of Cooling: Cooling Tower_Chiller_Chemical Treatment: Yes_No_ Direct Conn: Yes_No_
	Dishwasher: Yes_No_X Eductors: Yes_No_X Garbage Disposal: Yes_No_X Jacuzzi: Yes_No_X
	Swimming Pool: Yes_No_X Air Gap at Supply: Yes_No_ Pumps Used: Yes_No_ Capacity
	DIGDEGEOR COLUMNIES DA CRANC
	INSPECTOR COMMENTS/DIAGRAMS
	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
	a Double Check Velve assembly needs to be installed a sail.
	must be but the first the
	must be installed immediately after water meter in horizontal
	Position, also an expansion must be installed on Cold water side of water bout

BACKFLOW PREVENTION REQUIREMENTS