

City Of Napoleon
FIELD SURVEY FORM

Premises Address: 2251 N. Scott Company Name: Subway
Contact Name: Deb Kent Contact Phone No: 599-8568
Service No: 8565 Service Size: 1" Meter No: 36896414 Meter Size: 1/2" Date Installed: 8-12-93
Type of Inspection: Initial Follow-Up Date of Inspection: 3-23-99 Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: 16" System Pressure 65-75 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

- 1- Hot Water Heater
- 1- utility sink
- 1- icemaker
- fountain w/co2
- 1- small basin in front
- 1- 3 basin sink in rear
- men + women restroom

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

already have expansion tank in place
watts #7 Dual Check that is in place, is not acceptable

BACKFLOW PREVENTION REQUIREMENTS

a Reduced Pressure assembly is required here, and
must be in the horizontal position