

City Of Napoleon
FIELD SURVEY FORM

Apartment also

Premises Address: 830 N. Scott Company Name: Wesche Funeral Home
Contact Name: Rain Eninger Contact Phone No: 592-3010
Service No: 4335 Service Size: 1 1/2" Meter No: 3167967 Meter Size: 1 1/4" Date Installed: 11-23-92
Type of Inspection: Initial Follow-Up Date of Inspection: _____ Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: _____ System Pressure 65-70 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

*Softener
2 outside hose bibbs
eye wash
shower } Prep. room
aspirator }
Drinking fountain*

4-bathrooms altogether

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

BACKFLOW PREVENTION REQUIREMENTS

*need to install 1 1/2" RPZ, Backflow Device
expansion tank already in place*