City Of Napoleon

FIELD SURVEY FORM

Company Name: Contact Name: Service No: Service No: Service Size: Meter No: Meter No: Meter Size: Date Installed: Type of Inspection: Initial 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 *********************************
INSPECTOR COMMENTS/DIAGRAMS
1- Het Water Heater 1- Washing Machine
12- bathrooms
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
Will need to install expansion Tank
BACKFLOW PREVENTION REQUIREMENTS
Read to install Reduced Pressure assembly in the Herizontal Position, immediatly after water mater
Water Dist White Customer - Canary Building Dept Pink

Building Dept. - Pink