## City Of Napoleon FIELD SURVEY FORM

このことの人ととの自動をある

Premises Address: Company Name: Company Name: Contact Name: Contact Phone No: 4/4-836-9068
Contact Name: Tom Cause Contact Phone No: 419-836-9065
Service No: 3936 Service Size: Meter No: Meter No: Meter Size: Meter Size: Date Installed:
Type of Inspection: Initial Follow-Up Date of Inspection: Inspector Name:
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
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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_X Air Gap at Supply: Yes_No_X Pumps Used: Yes_No_X Capacity
INSPECTOR COMMENTS/DIAGRAMS
1- Hot Water Tank
1- Washing Washine
12- bathrooms
12. Garbage disposal's
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 a expansion Tank
BACKFLOW PREVENTION REQUIREMENTS
need to install a Reduced Pressure assembly in the
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Water Dist White Customer - Canary Building Dept Pink