

City Of Napoleon
FIELD SURVEY FORM

Premises Address: 828 W. Washington Company Name: Dr. John Burns D.D.S.
Contact Name: _____ Contact Phone No: 419-592-1981
Service No: 1061 Service Size: 3/8 Meter No: 4079556 Meter Size: 3/4" Date Installed: 12-23-73
Type of Inspection: Initial Follow-Up _____ Date of Inspection: 3-12-02 Inspector Name: Charlie
Type of Use: Industrial _____ Commercial Residential _____ Water Main Size: 4" 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

*2- Vacuum pumps, with water to cool or lubricate motor
Binder w/water hooked to it*

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

*Need to install a Reduced Pressure Assembly, also will
need a expansion tank installed*

BACKFLOW PREVENTION REQUIREMENTS