

NAPOLEON WATER TAPPING PERMIT FORM

ISSUED: 01-26-99

OR

LOT #:

ONE:

TAP SIZE: 1

5"

2"

Plastic with tracking wire

OTHER

AMOUNT PAID:

YOKE SIZE:

PLUMBING CONTRACTOR:

PH:

DATE OF TAP: 6-7-95

OLD TAP #:

—

NEW TAP #:

95/20

SIZE AND KIND OF MAIN:

10" CIP

LOCATION OF MAIN:

10' West of West curb on Scott

DEPTH OF MAIN:

5 1/2'

DIST FROM HYDRANT

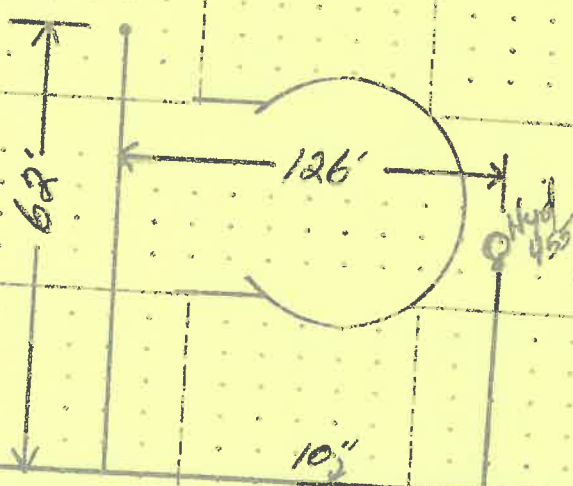
126' S of Hyd 455

DIST TO CURB STOP FROM CORP:

62'

607

Wood Dr.



10"

Scott St.

DATE APPROVED:

June 7, 1995

BY:

Jeffrey E. Mantel

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 99018

ISSUED: 01-26-99

JOB LOCATION: 607 WOOD DR

SUBDIVISION NAME: _____ LOT #: _____

OWNER: VACANT

ADDRESS:

CONTRACTOR: _____ PHONE: _____

TAP SIZE: 1" _____ 1.5" _____ 2" Plastic with tracking wire
OTHER _____

AMOUNT PAID: _____ YOKE SIZE: _____

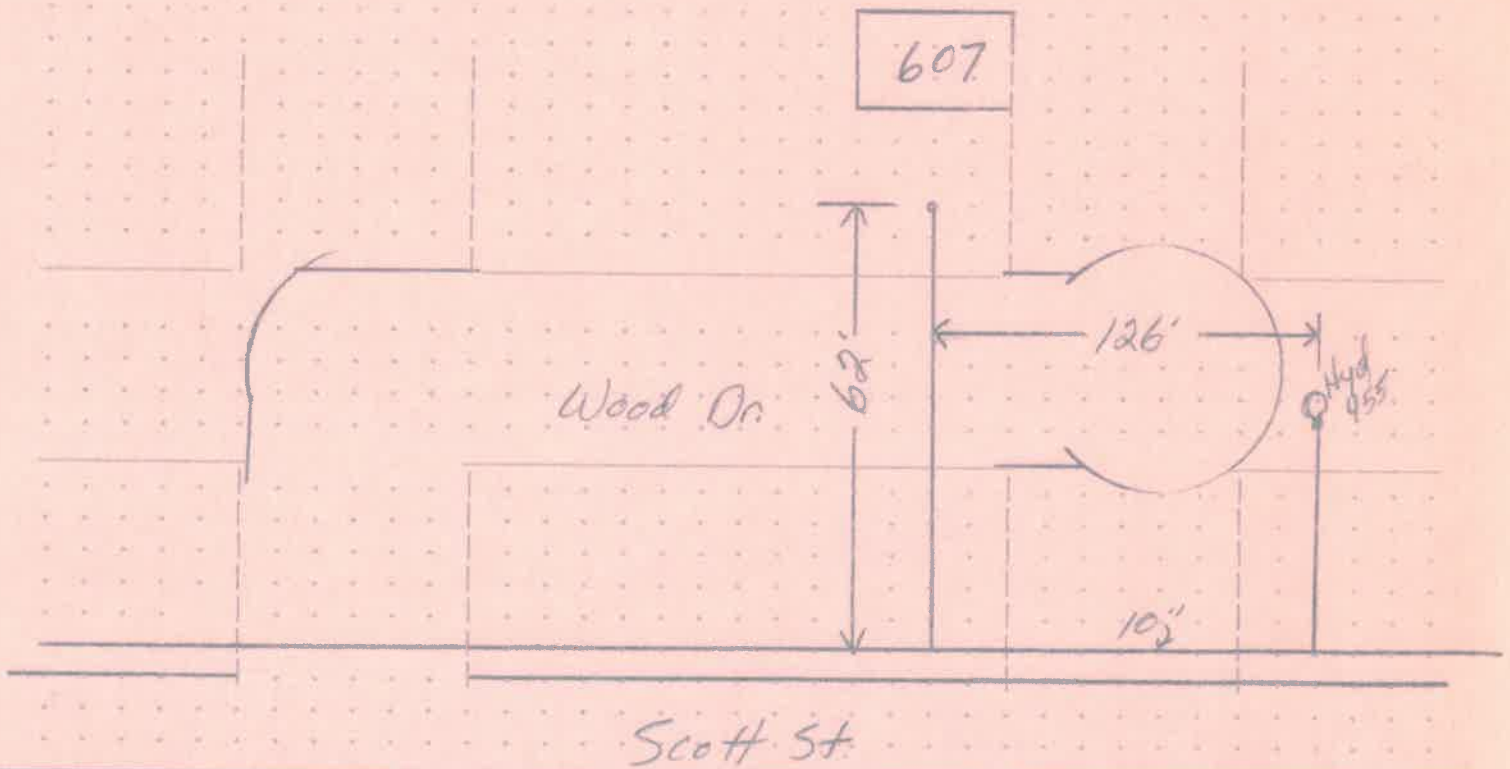
PLUMBING CONTRACTOR: _____ PH: _____

DATE OF TAP: 6-7-95 OLD TAP #: _____ NEW TAP #: 95120

SIZE AND KIND OF MAIN: 10" CIP

LOCATION OF MAIN: 10' West of West curb on Scott DEPTH OF MAIN: 5 1/2'

DIST FROM HYDRANT: ~~126'~~ 126' S of Hyd 455 DIST TO CURB STOP FROM CORP: 62'



DATE APPROVED: June 7, 1995 BY: Jeffrey E. Mantel

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 99018

ISSUED: 01-26-99

JOB LOCATION: 607 WOOD DR

SUBDIVISION NAME: _____ LOT #: _____

OWNER: VACANT

ADDRESS:

CONTRACTOR: _____ PHONE: _____

TAP SIZE: 1" _____ 1.5" _____ 2" Plastic with tapping wire
OTHER _____

AMOUNT PAID: _____ YOKE SIZE: _____

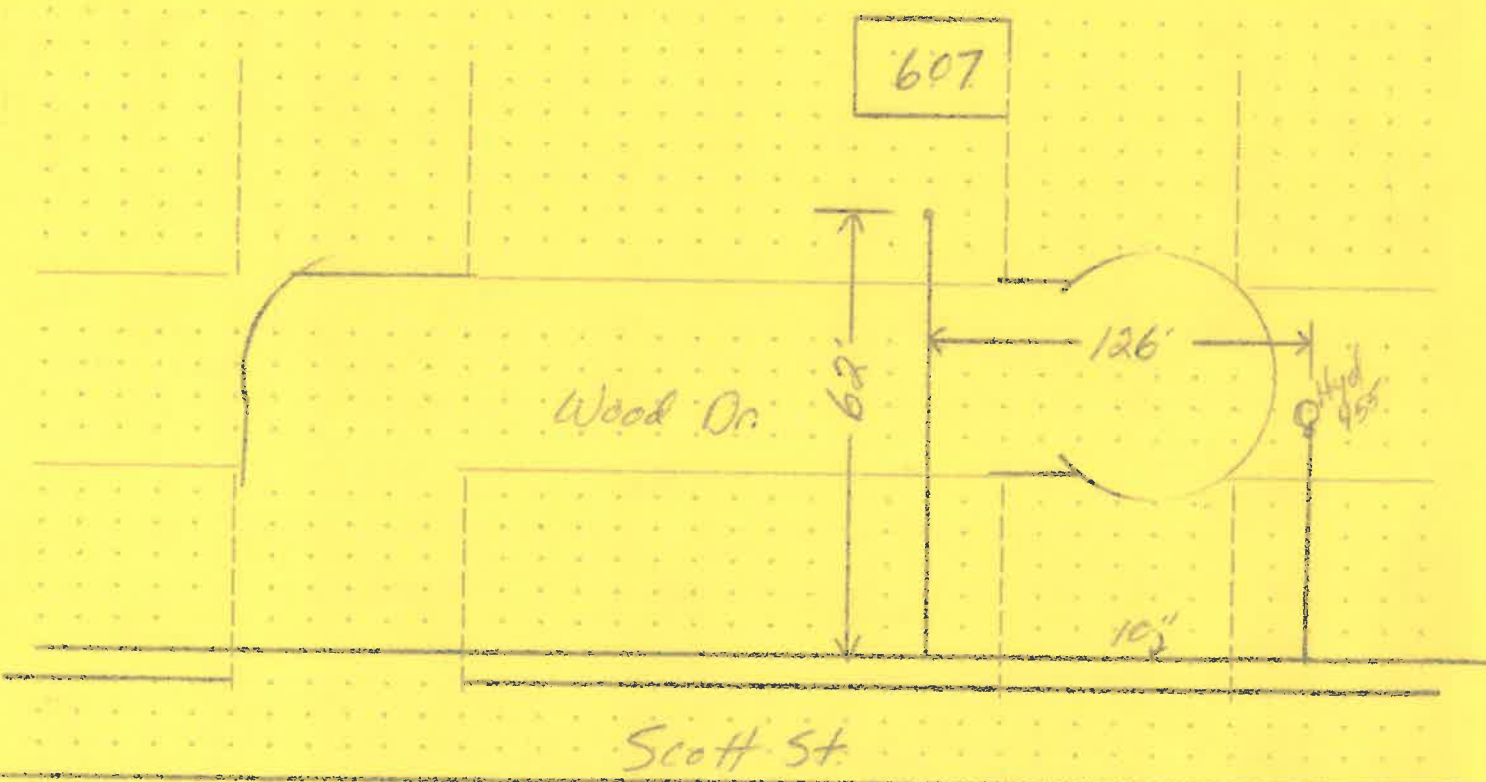
PLUMBING CONTRACTOR: _____ PH: _____

DATE OF TAP: 6-7-95 OLD TAP #: _____ NEW TAP #: 95120

SIZE AND KIND OF MAIN: 10" CIP

LOCATION OF MAIN: 10' West of West curb on Scott DEPTH OF MAIN: 5 1/2'

DIST FROM HYDRANT ~~126'~~ 126' S of Hyd ⁴⁵⁵ DIST TO CURB STOP FROM CORP: 62'



DATE APPROVED: June 7, 1995

BY: Jeffrey E. Mantzaga

MIDWEST WOOD TRIM

6" VIT

5" PVC

JACO BELL

8" VIT

WOOD DR.

SCOTT ST

10" VIT

4" F/SN

8" VIT

8" PVC

6" PVC

DANNY QUEEN

8" PVC

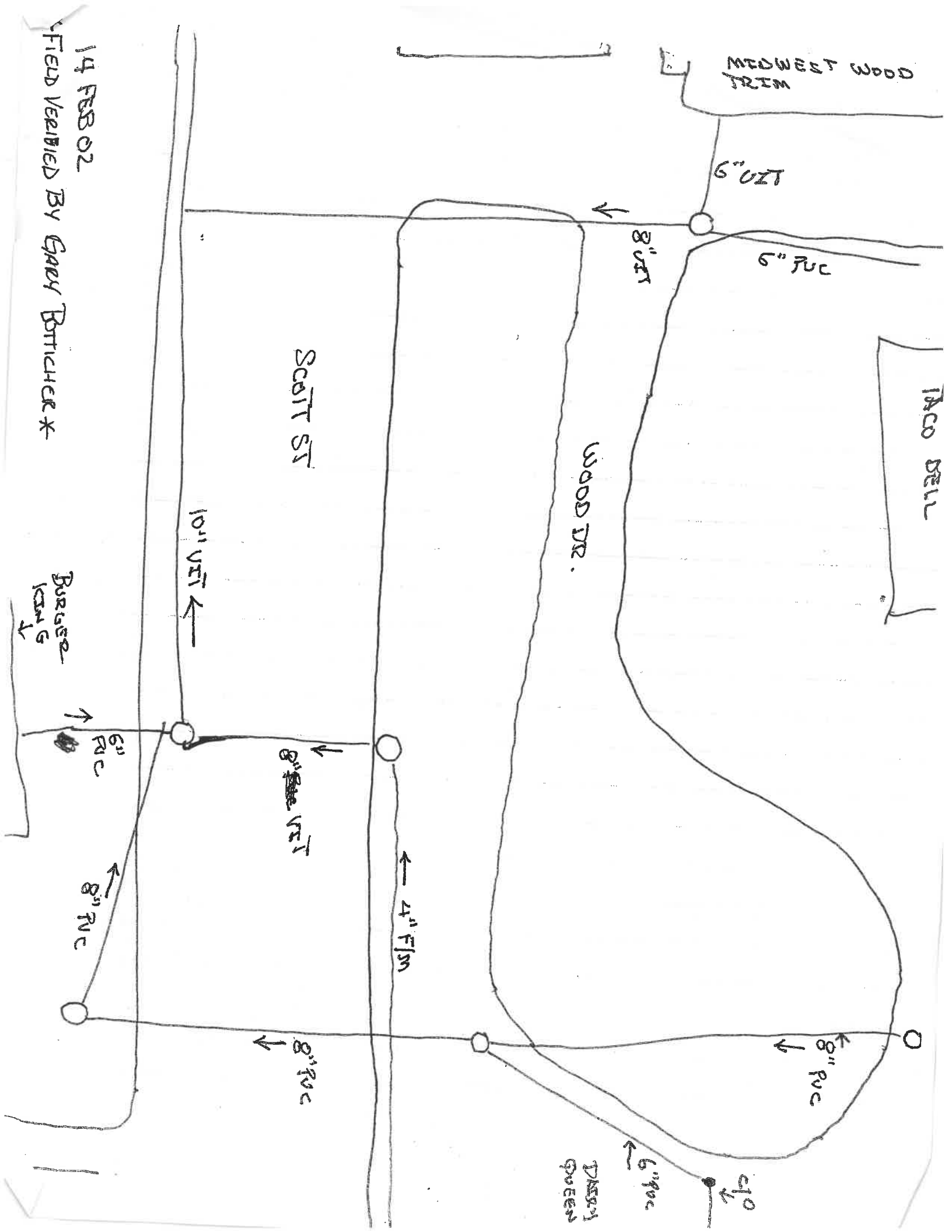
6" PVC

8" PVC

BURGER KING

14 FEB 02

FIELD VERIFIED BY GARY BOTTICHER *



Mail To
Marilyn Meyer
431 E. Maincross
Findlay, Oh, 45840

City Of Napoleon

FIELD SURVEY FORM

Premises Address: 605 Wood Dr. Company Name: Taco Bell
Contact Name: Marilyn Meyer Contact Phone No: 599-8558
Service No: _____ Service Size: 2" Meter No: 4733844 Meter Size: 1" Date Installed: 2-12-97
Type of Inspection: Initial Follow-Up _____ Date of Inspection: 1-19-99 Inspector Name: Charlie
Type of Use: Industrial _____ Commercial Residential _____ Water Main Size: 10" 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

map sink w/hose below flood rim
ice machine
3-sinks in cooking area
3-sinks dish washing area
Co2 To fountain machine
2-bathrooms

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

1" R.P. Z.A. already in place, and is sufficient
expansion tank already in place

BACKFLOW PREVENTION REQUIREMENTS

Backflow device needs tested ~~new~~ new + every 12 months
there after

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 605 Wood Dr. Zip: 43545
 Business Name: Taco Bell
 Contact Person: Connie Gorken Title: Manager
 Phone Number: 599-8558 Date of Test: 7-16-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Watts 909 Size: 1" Serial No.: 423879
 Location of Device: near water heater

Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
Holding <input checked="" type="checkbox"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results <u>Pass</u>	DC _____ psi <u>Apparent</u> RP <u>7.8</u> psi <u>Actual</u> RP <u>7.1</u> psi	DC _____ psi	Opened at <u>3.8</u> psi Did Not Open <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/>
Date: <u>7-16-99</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi RP _____ psi	DC _____ psi RP _____ psi	Opened At _____ psi Did Not Open <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/>	Held At _____ psi Leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: Bob Mullen Certification No. 3016

Owner/Representative Signature: Sandy Rollins