



## **City of Portland E-911 Addressing Officer**

Charles W. Wordell, Jr.  
Department of Public Works  
55 Portland St., Portland, ME 04101  
(207) 874-8803  
[cww@portlandmaine.gov](mailto:cww@portlandmaine.gov)

October 12, 2016

To whom it may concern:

The purpose of this letter is to verify that the official E-911 street address for the building located on assessor parcel 16-D-010 owned by Laurence Gross and Barbara Colby is:

**93 St Lawrence St, Portland, ME 04101**

Please feel free to contact me if you have any questions regarding this notice.

Sincerely,

Charles W. Wordell, Jr.

# FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.  
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

## 1. PROPERTY INFORMATION

Name of property: 93 St Lawrence St.  
Address: 93 St Lawrence St. Portland, Me  
Description of property: 4 story wood frame  
Occupancy type: Dwelling (4-unit)  
Name of property representative:  
Address:  
Phone: Fax: E-mail:  
Authority having jurisdiction over this property:  
Phone: Fax: E-mail:

## 2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: Energize Me Inc.  
Address: 16 Young's way Gorham, Me  
License or certification number:  
Phone: Fax: E-mail:  
Service organization for this equipment:  
Address:  
License or certification number:  
Phone: Fax: E-mail:  
A contract for test and inspection in accordance with NFPA standards is in effect as of:  
Contracted testing company:  
Address:  
Phone: Fax: E-mail:  
Contract expires: Contract number: Frequency of routine inspections:

## 3. DESCRIPTION OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)  
 Fire alarm with in-building fire emergency voice alarm communication system (EVACS)  
 Mass notification system (MNS)  
 Combination system, with the following components:  
 Fire alarm     EVACS     MNS     Two-way, in-building, emergency communication system  
 Other (specify):

3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: \_\_\_\_\_ Additional description of system(s):

3.1 Control Unit

Manufacturer: Honeywell

Model number: MS-9200 uPLS

3.2 Mass Notification System

This system does not incorporate an MNS

3.2.1 System Type:

- In-building MNS—combination
 In-building MNS—stand-alone
 Wide-area MNS
 Distributed recipient MNS
 Other (specify):

3.2.2 System Features:

- Combination fire alarm/MNS
 MNS autonomous control unit
 Wide-area MNS to regional national alerting interface
 Local operating console (LOC)
 Direct recipient MNS (DRMNS)
 Wide-area MNS to DRMNS interface
 Wide-area MNS to high-power speaker array (HPSA) interface
 In-building MNS to wide-area MNS interface
 Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the numbered record drawings are stored on site. Location:

3.4 System Software

This system does not have alterable site-specific software.

Operating system (executive) software revision level:

Site-specific software revision date:

Revision completed by:

A copy of the site-specific software is stored on site. Location:

3.5 Off-Premises Signal Transmission

This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Centra Alarm

Phone: 1800 639 2066

Supervisory: Centra Alarm

Phone: " "

Trouble: Centra Alarm

Phone: " "

Entity to which alarms are retransmitted: Portland Fire Dept.

Phone: 874 8576

Method of retransmission:

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

If Chapter 27, specify the type of auxiliary alarm system:  Local energy  Shunt  Wired  Wireless

## 4. CIRCUITS AND PATHWAYS

### 4.1 Signaling Line Pathways

#### 4.1.1 Pathways Class Designations and Survivability

Pathways class: \_\_\_\_\_ Survivability level: \_\_\_\_\_ Quantity: \_\_\_\_\_  
(See NFPA 72, Sections 12.3 and 12.4)

#### 4.1.2 Pathways Utilizing Two or More Media

Quantity: \_\_\_\_\_ Description: \_\_\_\_\_

#### 4.1.3 Device Power Pathways

- No separate power pathways from the signaling line pathway
- Power pathways are separate but of the same pathway classification as the signaling line pathway
- Power pathways are separate and different classification from the signaling line pathway

#### 4.1.4 Isolation Modules

Quantity: \_\_\_\_\_

### 4.2 Alarm Initiating Device Pathways

#### 4.2.1 Pathways Class Designations and Survivability

Pathways class: \_\_\_\_\_ Survivability level: \_\_\_\_\_ Quantity: \_\_\_\_\_  
(See NFPA 72, Sections 12.3 and 12.4)

#### 4.2.2 Pathways Utilizing Two or More Media

Quantity: \_\_\_\_\_ Description: \_\_\_\_\_

#### 4.2.3 Device Power Pathways

- No separate power pathways from the initiating device pathway
- Power pathways are separate but of the same pathway classification as the initiating device pathway
- Power pathways are separate and different classification from the initiating device pathway

### 4.3 Non-Voice Audible System Pathways

#### 4.3.1 Pathways Class Designations and Survivability

Pathways class: \_\_\_\_\_ Survivability level: \_\_\_\_\_ Quantity: \_\_\_\_\_  
(See NFPA 72, Sections 12.3 and 12.4)

#### 4.3.2 Pathways Utilizing Two or More Media

Quantity: \_\_\_\_\_ Description: \_\_\_\_\_

#### 4.3.3 Device Power Pathways

- No separate power pathways from the notification appliance pathway
- Power pathways are separate but of the same pathway classification as the notification appliance pathway
- Power pathways are separate and different classification from the notification appliance pathway

**5. ALARM INITIATING DEVICES**

**5.1 Manual Initiating Devices**

**5.1.1 Manual Fire Alarm Boxes**

This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: 4 Conventional: Coded: Transmitter:

Other (specify):

**5.1.2 Other Alarm Boxes**

This system does not have other alarm boxes.

Description:

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

**5.2 Automatic Initiating Devices**

**5.2.1 Smoke Detectors**

This system does not have smoke detectors.

Type and number of devices: Addressable: 8 Conventional:

Other (specify):

Type of coverage:  Complete area  Partial area  Nonrequired partial area

Other (specify):

Type of smoke detector sensing technology:  Ionization  Photoelectric  Multicriteria  Aspirating  Beam

Other (specify):

**5.2.2 Duct Smoke Detectors**

This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology:  Ionization  Photoelectric  Aspirating  Beam

**5.2.3 Radiant Energy (Flame) Detectors**

This system does not have radiant energy detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

**5.2.4 Gas Detectors**

This system does not have gas detectors.

Type of detector(s):

Number of devices: Addressable: Conventional:

Type of coverage:

**5.2.5 Heat Detectors**

This system does not have heat detectors.

Type and number of devices: Addressable: 2 Conventional:

Type of coverage:  Complete area  Partial area  Nonrequired partial area  Linear  Spot

Type of heat detector sensing technology:  Fixed temperature  Rate-of-rise  Rate compensated

**5. ALARM INITIATING DEVICES (continued)**

**5.2.6 Addressable Monitoring Modules**

Number of devices: 9

This system does not have monitoring modules.

**5.2.7 Waterflow Alarm Devices**

Type and number of devices: Addressable: 1 Conventional: Coded: Transmitter:

This system does not have waterflow alarm devices.

**5.2.8 Alarm Verification**

Number of devices subject to alarm verification:

This system does not incorporate alarm verification.

Alarm verification set for: seconds

**5.2.9 Presignal**

Number of devices subject to presignal:

This system does not incorporate pre-signal.

Describe presignal functions:

**5.2.10 Positive Alarm Sequence (PAS)**

Describe PAS:

This system does not incorporate PAS.

**5.2.11 Other Initiating Devices**

Describe:

This system does not have other initiating devices.

**6. SUPERVISORY SIGNAL-INITIATING DEVICES**

**6.1 Sprinkler System Supervisory Devices**

Type and number of devices: Addressable: 6 Conventional: Coded: Transmitter:

This system does not have sprinkler supervisory devices.

Other (specify):

**6.2 Fire Pump Description and Supervisory Devices**

Type fire pump:  Electric pump  Engine

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

This system does not have a fire pump.

Other (specify):

**6.2.1 Fire Pump Functions Supervised**

Power  Running  Phase reversal  Selector switch not in auto  Engine or control panel trouble  Low fuel

Other (specify):

**6.3 Duct Smoke Detectors (DSDs)**

Type and number of devices: Addressable: Conventional:

This system does not have DSDs causing supervisory signals.

Other (specify):

Type of coverage:

Type of smoke detector sensing technology:  Ionization  Photoelectric  Aspirating  Beam

**6.4 Other Supervisory Devices**

Describe: garage CO

This system does not have other supervisory devices.

**7. MONITORED SYSTEMS**

**7.1 Engine-Driven Generator**

This system does not have a generator.

**7.1.1 Generator Functions Supervised**

- Engine or control panel trouble     Generator running     Selector switch not in auto     Low fuel
- Other (specify):

**7.2 Special Hazard Suppression Systems**

This system does not monitor special hazard systems.

Description of special hazard system(s):

**7.3 Other Monitoring Systems**

This system does not monitor other systems.

Description of special hazard system(s):

**8. ANNUNCIATORS**

This system does not have annunciators.

**8.1 Location and Description of Annunciators**

Location 1: ANN-80 Front Entry

Location 2:

Location 3:

**9. ALARM NOTIFICATION APPLIANCES**

**9.1 In-Building Fire Emergency Voice Alarm Communication System**

This system does not have an EVACS.

Number of single voice alarm channels:

Number of multiple voice alarm channels:

Number of speakers:

Number of speaker circuits:

Location of amplification and sound-processing equipment:

Location of paging microphone stations:

Location 1:

Location 2:

Location 3:

**9.2 Nonvoice Notification Appliances**

This system does not have nonvoice notification appliances.

Horns: 13

With visible: 03

Bells:                      With visible:

Chimes:                      With visible:

Visible only:                      Other (describe):

**9.3 Notification Appliance Power Extender Panels**

This system does not have power extender panels.

Quantity:

Locations:

**10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS**  This system does not have an MNS.

**10.1 MNS Local Operating Consoles**

Location 1:

Location 2:

Location 3:

**10.2 High-Power Speaker Arrays**

Number of HPSA speaker initiation zones:

Location 1:

Location 2:

Location 3:

**10.3 Mass Notification Devices**

Combination fire alarm/MNS visible appliances:

MNS-only visible appliances:

Textual signs:

Other (describe):

Supervision class:

**10.3.1 Special Hazard Notification**

This system does not have special suppression predischARGE notification.

MNS systems DO NOT override notification appliances required to provide special suppression predischARGE notification.

**11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS**

**11.1 Telephone System**

This system does not have a two-way telephone system.

Number of telephone jacks installed:

Number of warden stations installed:

Number of telephone handsets stored on site:

Type of telephone system installed:  Electrically powered  Sound powered

**11.2 Two-Way Radio Communications Enhancement System**

This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way radio service: Critical areas: % General building areas: %

Amplification component locations:

Inbound signal strength: dBm Outbound signal strength: dBm

Donor antenna isolation is: dB above the signal booster gain

Radio frequencies covered:

Radio system monitor panel location:



**11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS (continued)**

**11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems**

This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Number of stations: \_\_\_\_\_ Location of central control point: \_\_\_\_\_

Days and hours when central control point is attended: \_\_\_\_\_

Location of alternate control point: \_\_\_\_\_

Days and hours when alternate control point is attended: \_\_\_\_\_

**11.4 Elevator Emergency Communications Systems**

This system does not have an elevator emergency communications system.

Number of elevators with stations: \_\_\_\_\_ Location of central control point: \_\_\_\_\_

Days and hours when central control point is attended: \_\_\_\_\_

Location of alternate control point: \_\_\_\_\_

Days and hours when alternate control point is attended: \_\_\_\_\_

**11.5 Other Two-Way Communication Systems**

Describe: \_\_\_\_\_

**12. CONTROL FUNCTIONS**

This system activates the following control functions:

- Hold-open door releasing devices
- Smoke management
- HVAC shutdown
- F/S dampers
- Door unlocking
- Elevator recall
- Fuel source shutdown
- Extinguishing agent release
- Elevator shunt trip
- Mass notification system override of fire alarm notification appliances

Other (specify): \_\_\_\_\_

**12.1 Addressable Control Modules**

This system does not have control modules.

Number of devices: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**13. SYSTEM POWER**

**13.1 Control Unit**

**13.1.1 Primary Power**

Input voltage of control panel: *120 VAC*

Control panel amps: *2*

Overcurrent protection: Type: *breaker*

Amps: *20*

Location (of primary supply panel board): \_\_\_\_\_

Disconnecting means location: *House Electrical Panel in utility rm.*

**13.1.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_

Type of fuel: \_\_\_\_\_

**13. SYSTEM POWER (continued)**

**13.1.3 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

**13.1.4 Batteries**

Location: *In panel* Type: *sealed* Nominal voltage: *12x2* Amp/hour rating: *12x2*

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture  Battery calculations are attached

**13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS system.

**13.2.1 Primary Power**

Input voltage of EVACS or MNS panel:

EVACS or MNS panel amps:

Overcurrent protection: Type:

Amps:

Location (of primary supply panel board):

Disconnecting means location:

**13.2.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

**13.2.3 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

**13.2.4 Batteries**

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture  Battery calculations are attached

**13. SYSTEM POWER (continued)**

**13.3 Notification Appliance Power Extender Panels**

This system does not have power extender panels.

**13.3.1 Primary Power**

Input voltage of power extender panel(s):

Power extender panel amps:

Overcurrent protection: Type:

Amps:

Location (of primary supply panel board):

Disconnecting means location:

**13.3.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

**13.3.3 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

**13.3.4 Batteries**

Location:

Type:

Nominal voltage:

Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture

Battery calculations are attached

**14. RECORD OF SYSTEM INSTALLATION**

*Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before confucting operational acceptance tests.*

This is a:  New system     Modification to an existing system    Permit number:

The system has been installed in accordance with the following requirements: (Note any or all that apply.)

NFPA 72, Edition:

NFPA 70, National Electrical Code, Article 760, Edition:

Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed:

Printed name:

Date:

Organization:

Title:

Phone:

**15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST**

New system

All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following:

Modifications to an existing system

All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:

NFPA 72, Edition:

NFPA 70, National Electrical Code, Article 760, Edition:

Manufacturer's published instructions

Other (specify):

Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed:

Printed name:

Date:

Organization:

Title:

Phone:

**16. CERTIFICATIONS AND APPROVALS**

**16.1 System Installation Contractor:**

This system, as specified herein, has been installed and tested according to all NFPA standards cited herein.

Signed:

Printed name:

Date:

Organization:

Title:

Phone:

**16.2 System Service Contractor:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed:

Printed name:

Date:

Organization:

Title:

Phone:

**16.3 Supervising Station:**

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed:

Printed name:

Date:

Organization:


Title:

Phone:

**16. CERTIFICATIONS AND APPROVALS (continued)**

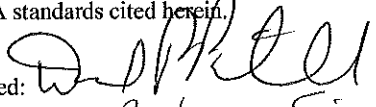
**16.4 Property or Owner Representative:**

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed:  Printed name: Jeffrey F. Barker Date: 10/31/2010  
Organization: Great Falls Const Title: Project Manager Phone: 707 699 2789

**16.5 Authority Having Jurisdiction:**

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed:  Printed name: David Petrucci Date: 10/31/2010  
Organization: Portlane Fire Title: Captain Phone:

# WET SYSTEM

## Contractor's Material and Test Certificate for Aboveground Piping

### A. Procedure (Conforms to NFPA 13-1994)

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances. All "No" answers shall be explained in the Comments portion of this form.

Property Name: ST. LAWRENCE ST. APT  
Property Address: 93 ST. LAWRENCE ST. Date: \_\_\_\_\_  
PORTLAND, ME. 04101

### B. Plans

- Accepted by Approving Authorities (Names): S.F.M.O.
- Address: 52 SFS, SUITE 1, AUGUSTA, ME. 04333
- Installation conforms to accepted plans  Yes  No
- Equipment used is approved  Yes  No

### C. Instructions

- Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment  Yes  No
- Have copies of the following been left on the premises:
  - System components instructions  Yes  No
  - Care and maintenance instructions  Yes  No
  - NFPA 25  Yes  No

D. Location of system - Supplies building: ALL HEATED AREAS

### E. Sprinklers

Make	Model	Year Made	Orifice	Quantity	Temperature
VIKING	VKA60	2016	7/16"	45	155°
VIKING	VKA86	" "	7/16"	4	155°

### F. Pipe and Fittings

- Type of Pipe: LVPC
- Type of Fittings: LVPC

### G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate Through Insp. Test
VANE	ROTOR	VR12	

### H. Dry-Pipe Valve

- Make and Model: \_\_\_\_\_
- Serial Number: \_\_\_\_\_

### I. Quick Opening Device (Q.O.D.)

- Make and Model: \_\_\_\_\_
- Serial Number: \_\_\_\_\_

### J. Dry-Pipe System Operating Test Without Q.O.D.

- Time to trip through test connection\*: \_\_\_\_\_
- Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.
- Trip point air pressure \_\_\_\_\_ psi.
- Time water reached test outlet\*: \_\_\_\_\_
- Alarm operated properly  Yes  No

### K. Dry-Pipe System Operating Test With Q.O.D.

- Time to trip through test connection\*: \_\_\_\_\_
- Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.
- Trip point air pressure \_\_\_\_\_ psi.
- Time water reached test outlet\*: \_\_\_\_\_
- Alarm operated properly  Yes  No

### L. Deluge and Preaction Valves

- Make and Model: \_\_\_\_\_
- Operation:  Pneumatic  Electric  Hydraulic
- Piping and detecting media supervised  Yes  No
- Does valve operate from manual trip and/or remote control stations  Yes  No

### N. Test Description

**Hydrostatic:** Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

**Pneumatic:** Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs.

### O. Tests

- All piping hydrostatically tested at 200 psi for 2 hours
- Dry piping pneumatically tested  Yes  No
- Equipment operates properly  Yes  No
- Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?  Yes  No
- Drain Test:
  - Static pressure reading of gage located near water supply connection 40 psi.
  - Residual pressure with valve in test connection open wide 30 psi.
- Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U  Yes  No
- Flushed by installer of underground piping  Yes  No
- If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed?  Yes  No

### P. Blank Testing Gaskets

- Number used: 0
- Locations: \_\_\_\_\_
- Number removed: \_\_\_\_\_

### Q. Welded Piping - If welded piping was used in the system, complete the following:

- Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3  Yes  No
- Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3  Yes  No
- Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated  Yes  No

### R. Cutouts (Disks)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved?  Yes  No

### S. Hydraulic Data Nameplate Provided

Yes  No

T. Date left in service (with all control valves open): 10-26-16

### U. Signatures

- Name of sprinkler contractor: RESIDENTIAL FIRE PROTECTION
- Tests witnessed by:  
For property owner (Signed): [Signature]  
Title: DIAGNOSTIC MANAGER Date: 10-26-16  
For sprinkler contractor (Signed): [Signature]  
Title: Master Fitter Date: 10-26-16

V. Comments (This section is for additional explanation and notes. All "No" answers must be explained here.) \_\_\_\_\_

# DRY SYSTEM

## Contractor's Material and Test Certificate for Aboveground Piping

### A. Procedure (Conforms to NFPA 13-1994)

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances. All "No" answers shall be explained in the Comments portion of this form.

Property Name: ST. LAWRENCE ST. APT

Property Address: 93 ST. LAWRENCE ST. Date: \_\_\_\_\_

### B. Plans

1. Accepted by Approving Authorities (Names): S.F.M.O.
2. Address: 52 SHS, SUITE 1, AUGUSTA, ME. 04333
3. Installation conforms to accepted plans  Yes  No
4. Equipment used is approved  Yes  No

### C. Instructions

1. Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment  Yes  No
2. Have copies of the following been left on the premises:
  - a. System components instructions  Yes  No
  - b. Care and maintenance instructions  Yes  No
  - c. NFPA 25  Yes  No

D. Location of system - Supplies building: GARAGE & DECKS

### E. Sprinklers

Make	Model	Year Made	Orifice	Quantity	Temperature
VIKING	VK300	2016	1/2"	9	155°
" "	VK305	" "	1/2"	2	155°

### F. Pipe and Fittings

1. Type of Pipe: BLK STEEL
2. Type of Fittings: D.I.

### G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate Through Insp. Test

### H. Dry-Pipe Valve

1. Make and Model: VICTAULIC FIRELOCK "NXT"
2. Serial Number: \_\_\_\_\_

### I. Quick Opening Device (Q.O.D.)

1. Make and Model: \_\_\_\_\_
2. Serial Number: \_\_\_\_\_

### J. Dry-Pipe System Operating Test Without Q.O.D.

1. Time to trip through test connection\*: \_\_\_\_\_
2. Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.
3. Trip point air pressure \_\_\_\_\_ psi.
4. Time water reached test outlet\*: \_\_\_\_\_
5. Alarm operated properly  Yes  No

### K. Dry-Pipe System Operating Test With Q.O.D.

1. Time to trip through test connection\*: \_\_\_\_\_
2. Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.
3. Trip point air pressure \_\_\_\_\_ psi.
4. Time water reached test outlet\*: \_\_\_\_\_
5. Alarm operated properly  Yes  No

### L. Deluge and Preaction Valves

1. Make and Model: \_\_\_\_\_
2. Operation:  Pneumatic  Electric  Hydraulic
3. Piping and detecting media supervised  Yes  No
4. Does valve operate from manual trip and/or remote control stations  Yes  No

### N. Test Description

**Hydrostatic:** Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

**Pneumatic:** Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs.

### O. Tests

1. All piping hydrostatically tested at 200 psi for 2 hours
2. Dry piping pneumatically tested  Yes  No
3. Equipment operates properly  Yes  No
4. Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?  Yes  No
5. Drain Test:
  - a. Static pressure reading of gage located near water supply connection 49 psi.
  - b. Residual pressure with valve in test connection open wide 40 psi.
6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U  Yes  No
7. Flushed by installer of underground piping  Yes  No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed?  Yes  No

### P. Blank Testing Gaskets

1. Number used: 0
2. Locations: \_\_\_\_\_
3. Number removed: \_\_\_\_\_

### Q. Welded Piping - If welded piping was used in the system, complete the following:

1. Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3  Yes  No
2. Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3  Yes  No
3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated  Yes  No

### R. Cutouts (Disks)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved?  Yes  No

### S. Hydraulic Data Nameplate Provided

T. Date left in service (with all control valves open): 10-26-16

### U. Signatures

1. Name of sprinkler contractor: RESIDENTIAL FIRE PROTECTION

2. Tests witnessed by: \_\_\_\_\_

For property owner (Signed): [Signature] Date: 10-26-16

Title: PROJECT MANAGER

For sprinkler contractor (Signed): [Signature] Date: 10-26-16

Title: MAKER FITTER

V. Comments (This section is for additional explanation and notes. All "No" answers must be explained here.) \_\_\_\_\_

2. Address: \_\_\_\_\_  
 3. Installation conforms to accepted plans  Yes  No  
 4. Equipment used is approved  Yes  No

**C. Instructions**

1. Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment  Yes  No  
 2. Have copies of the following been left on the premises:  
 a. System components instructions  Yes  No  
 b. Care and maintenance instructions  Yes  No  
 c. NFPA 25  Yes  No

D. Location of system - Supplies building: GARAGE & DECKS

**E. Sprinklers**

Make	Model	Year Made	Orifice	Quantity	Temperature
VIKING	VR300	2016	1/2"	9	155°
" "	VR305	" "	1/2"	2	155°

**F. Pipe and Fittings**

1. Type of Pipe: BLK STEEL  
 2. Type of Fittings: D.I.

**G. Alarm Valve or Flow Indicator**

Type	Make	Model	Max. Time to Operate Through Insp. Test

**H. Dry-Pipe Valve**

1. Make and Model: VICTAULIC FIRELOCK "NXT"  
 2. Serial Number: \_\_\_\_\_

**I. Quick Opening Device (Q.O.D.)**

1. Make and Model: \_\_\_\_\_  
 2. Serial Number: \_\_\_\_\_

**J. Dry-Pipe System Operating Test Without Q.O.D.**

1. Time to trip through test connection\*: \_\_\_\_\_  
 2. Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.  
 3. Trip point air pressure \_\_\_\_\_ psi.  
 4. Time water reached test outlet\*: \_\_\_\_\_  
 5. Alarm operated properly  Yes  No

**K. Dry-Pipe System Operating Test With Q.O.D.**

1. Time to trip through test connection\*: \_\_\_\_\_  
 2. Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.  
 3. Trip point air pressure \_\_\_\_\_ psi.  
 4. Time water reached test outlet\*: \_\_\_\_\_  
 5. Alarm operated properly  Yes  No

**L. Deluge and Preaction Valves**

1. Make and Model: \_\_\_\_\_  
 2. Operation:  Pneumatic  Electric  Hydraulic  
 3. Piping and detecting media supervised  Yes  No  
 4. Does valve operate from manual trip and/or remote control stations  Yes  No  
 5. Is there an accessible facility in each circuit for testing  Yes  No  
 6. Does each circuit operate supervision loss alarm  Yes  No  
 7. Does each circuit operate valve release  Yes  No  
 8. Maximum time to operate release: \_\_\_\_\_

**M. Pressure Reducing Valve**

1. Location and Floor: \_\_\_\_\_  
 2. Make and Model: \_\_\_\_\_  
 3. Setting: \_\_\_\_\_  
 4. Static Pressure: Inlet \_\_\_\_\_ psi, Outlet \_\_\_\_\_ psi  
 5. Residual Pressure (Flowing): Inlet \_\_\_\_\_ psi, Outlet \_\_\_\_\_ psi  
 6. Flow Rate: \_\_\_\_\_ gpm

\*measured from time inspectors test connection is opened

additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?  Yes  No

**5. Drain Test:**

- a. Static pressure reading of gage located near water supply connection 49 psi.  
 b. Residual pressure with valve in test connection open wide 40 psi.

6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U  Yes  No

7. Flushed by installer of underground piping  Yes  No  
 8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed?  Yes  No

**P. Blank Testing Gaskets**

1. Number used: 0  
 2. Locations: \_\_\_\_\_  
 3. Number removed: \_\_\_\_\_

**Q. Welded Piping - If welded piping was used in the system, complete the following:**

1. Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3  Yes  No  
 2. Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3  Yes  No  
 3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated  Yes  No

**R. Cutouts (Disks)**

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved?  Yes  No

**S. Hydraulic Data Nameplate Provided**  Yes  No

T. Date left in service (with all control valves open): 10-26-16

**U. Signatures**

1. Name of sprinkler contractor: RESIDENTIAL FIRE PROTECTION  
 2. Tests witnessed by:  
 For property owner (Signed): [Signature]  
 Title: PROPERTY MANAGER Date: 10-26-16  
 For sprinkler contractor (Signed): [Signature]  
 Title: MASTER FITTER Date: 10-26-16

**V. Comments (This section is for additional explanation and notes. All "No" answers must be explained here.)**

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