

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

## BUILDING PERMIT

This is to certify that BAYSIDE II, LLC

Located At 185 LANCASTER ST (175)

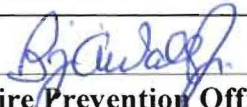
Job ID: 2011-04-774-FAFS

CBL: 025 - - F - 001 - - - -

has permission to fit up a supervised, automatic sprinkler system  
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of  
the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of  
the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured  
before this building or part thereof is lathed or otherwise  
closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner  
before this building or part thereof is occupied. If a  
certificate of occupancy is required, it must be

 (58)  
Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.  
PENALTY FOR REMOVING THIS CARD**

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-04-774-FAFS

Located At: 185 LANCASTER ST CBL: 025 - - F - 001 - 001 - - - -  
(175)

## **Conditions of Approval:**

### **Fire**

There are 3 sprinkler risers in the building. A sprinkler zone map shall be mounted at the fire alarm panel. Each riser and FDC shall be labeled to match fire alarm nomenclature.

Application requires State Fire Marshal approval.

The sprinkler system shall be installed in accordance with NFPA 13. A compliance letter is required.

Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

The Fire Department will require Knox locking caps on all Fire Department Connections on the exterior of the building.

System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

Installation of a sprinkler or fire alarm system requires a Knox Box to be installed per city ordinance.

Private fire mains and fire hydrants shall be maintained, tested and painted in accordance with NFPA 25 and City Code Chapter 10, Art IV.

# City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2011-04-774-FAFS	Date Applied: 4/11/2011	CBL: 025 - - F - 001 - 001 - - - -	
Location of Construction: 175 LANCASTER STREET	Owner Name: BAYSIDE II, LLC	Owner Address: ONE CANAL PLAZA PORTLAND, ME 04101	Phone:
Business Name:	Contractor Name: Scott Garland - Sprinkler Systems Inc.	Contractor Address: P.O. Box 1285 LEWISTON MAINE 04240	Phone: (207) 782-0104
Lessee/Buyer's Name:	Phone:	Permit Type: FIRE SYS WB - Fire Suppression Water Based	Zone: B-7
Past Use: Community Counseling Center	Proposed Use: Community Counseling Center - install water based fire suppression system	Cost of Work: 8000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type:
		Signature: <i>Bj. [Signature]</i>	Signature:
Proposed Project Description: 175/185 Lancaster Street - fire suppression system		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	<b>Zoning Approval</b>		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: OK <i>4/12/11 ABM</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>ABM</i>

## CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHON



# Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, ME 04243-1285

TO: CITY OF PORTLAND  
INSPECTIONS  
PORTLAND, ME

## Letter of Transmittal

DATE 4-11-11

JOB # 10093

ATTENTION: INSPECTIONS

RE: COMMUNITY COUNSELING CTR  
175 LANCASTER ST.  
PORTLAND, ME

### WE ARE SENDING YOU:

☒ Attached

☐ Under separate cover via \_\_\_\_\_ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications ☐ Wavier or Liens

☐ Copy of letter ☐ Change order ☐ Signed Contracts ☐ \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION
2c	4-8-11	-	SPRINKLER PERMIT APPLICATION
2c	3-28-11	-	FLOW TEST MAP
2c	1-31-11	9382	STATE OF MAINE SPRINKLER PERMIT
2c	1-19-11	-	LETTER TO STATE

### THESE ARE TRANSMITTED as checked below:

☒ For your approval

☐ Approved as submitted

☐ Resubmit \_\_\_\_\_ copies for approval

☒ For your use

☐ Approved as noted

☐ Submit \_\_\_\_\_ copies for distribution

### REMARKS:

PLEASE RETURN 1 PERMIT. PLEASE FORWARD ONE PACKAGE TO THE FIRE DEPT.

THANK YOU,  
SLOTT E. GALLAND, SGT, FMS

SIGNED:

PROS. MUR

**Job Summary Report**  
**Job ID: 2011-04-774-FAFS**

*Bayside II LLC*  
*One Level Plaza*  
*040101*

Report generated on Apr 12, 2011 8:24:26 AM

Page 1

<b>Job Type:</b>	Fire Alarm / Suppression	<b>Job Description:</b>	175/185 Lancaster Street	<b>Job Year:</b>	2011
<b>Building Job Status Code:</b>	Initiate Plan Review	<b>Pin Value:</b>	1102	<b>Tenant Name:</b>	
<b>Job Application Date:</b>		<b>Public Building Flag:</b>	N	<b>Tenant Number:</b>	
<b>Estimated Value:</b>	8,000	<b>Square Footage:</b>			
<b>Related Parties:</b>		BAYSIDE		<i>Property Owner</i>	
		Sprinkler Systems Inc - Scott Garland		<i>FIRE ALARM INSTALLER</i>	

**Job Charges**

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
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**Location ID: 3470**

**Location Details**

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
003902	025 F 001 001		M				-70.26131	43.661105

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				185 LANCASTER STREET WEST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
OFFICE & BUSINESS SERVICE		URBAN COMMERCIAL	B-7.				DISTRCT 4	CENTRAL BUSINESS DISTRICT

**Structure Details**

**Structure: Electric for permit#101176**

**Occupancy Type Code:**

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Office & Professional Buildings	0			185 LANCASTER STREET WEST

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference
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User Defined Property	Value
Alarms Commercial	0
Alarms Commercial	1

**Structure: freestanding & wall sign**

**Occupancy Type Code:**



## Water-Based Fire Suppression System Permit

If you or the property owner owes real estate or property taxes or user charges on any property within the city, payment arrangements must be made before permits of any kind are accepted.

Installation address: 175 Lancaster Street CBL: QS-F-1  
Exact location: (within structure) Community Counseling Center  
Type of occupancy(s) (NFPA & ICC): Light Hazard - Offices  
Building owner: Community Counseling  
Managing Supervisor (RMS): Scott E. Garland License No: 278  
Supervisor phone: 207-775-1521 E-mail: scottssi@maine.rr.com  
Installing contractor: Sprinkler Systems Inc. License No: 093  
Contractor phone: 207-782-0104 E-mail: \_\_\_\_\_  
The suppression work to be done will be: New: ☐ Renovation: ☒ Addition to existing system: ☐  
This is an amendment to an existing permit: Yes: ☐ NO ☐ Permit no: \_\_\_\_\_  
NFPA Standard this system is designed to: NFPA #13 Edition: 2007

\*Non-NFPA systems are not approved for use within the City of Portland.

Download a new copy of this document from  
[www.portlandmaine.gov/fire](http://www.portlandmaine.gov/fire) for every submittal. Attach all working documents and complete approved submittals as may be required by the State Fire Marshal's Office on electronic PDF's in addition to full sized plans.

Contractor shall verify location and type of all FDCs shall be approved in writing by the Fire Prevention Bureau.

**COST OF WORK:** \$8,000.00

**PERMIT FEE:** \$100.00

(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

**RECEIVED**  
APR 11 2011  
Dept. of Building Inspections  
City of Portland Maine

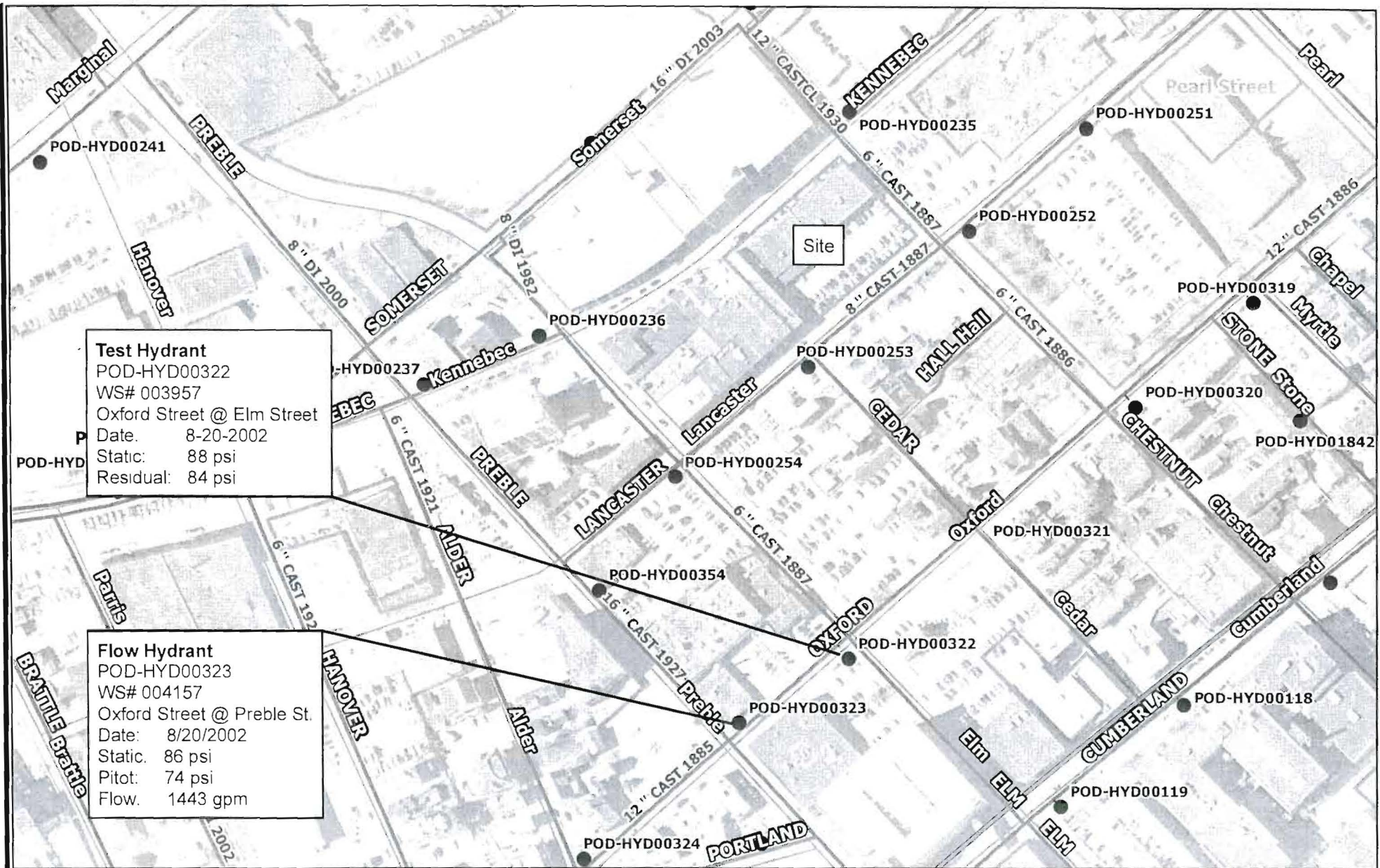
Submit all information to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire protection system, a complete commissioning and acceptance test must be coordinated with all fire system contractors and the Fire Department, and proper documentation of such test(s) provided.

All installation(s) must comply with NFPA and the Fire Department Technical Standard(s).

Applicant signature: [Signature] Date: 4-8-2011





165 Lancaster Street

Portland

**PORTLAND WATER DISTRICT**  
 225 Douglass Street  
 Portland, ME 04104

**Scale** 0 200 Feet  
 1 inch = 200 feet

**Legend**

- |                |                   |                   |            |
|----------------|-------------------|-------------------|------------|
| ⊖ Blow Off     | ⊕ Fire Service    | ⊕ Air Valve       | ● Sleeve   |
| ⊕ By Pass      | ● Hydrant Control | ⊕ Date Change     | ● Tee      |
| ⊗ Distribution | ⊕ Service         | ● Material Change | ● Hydrants |
| ⊖ End of Main  | ● Transmission    | ▲ Reducer         |            |



Disclaimer: This map is suitable for preliminary study and analysis and is based on PWD record information. PWD is not liable for any damages whatsoever resulting from inaccurate data or from errors made in the location and marking of its infrastructure.

Drawn By: SBM

Prepared for: Sprinkler Systems Inc.

Scale: As Noted

Date: 3-28-2011





**State of Maine**  
**Department of Public Safety**  
**Fire Sprinkler System Permit**



# 9382

**Community Counseling Center**

Located at: 1665 Lancaster Street  
In the Town of: Portland  
Occupancy/Use: Offices  
Type of System: NFPA 13

Permission is hereby given to:

**Sprinkler Systems, Inc.**  
PO Box 1285  
Lewiston, ME 042431285  
Contractor License # 93

to begin installation according to plans submittal approved by the Office of State Fire Marshal.  
The submittal is filed under log # **2111028**, and no departure from the application submittal shall be made without prior approval in writing. This permit is issued under the provisions of Title 32, Chapter 20. Nothing herein shall excuse the holder of this permit from failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. This permit shall be displayed at the construction site or be made readily available.

This permit was issued on **1/31/2011** for a fee paid of **\$110.00**

*This permit will expire at midnight on **Saturday, July 30, 2011***

The expiration date applies only if the installation has not begun by that date and no permission has been granted to extend the date. Once installation begins, then the permit is valid for however long it takes to complete the installation, assuming that the work is fairly continuous.

  
Anne H. Jordan  
Commissioner

***The type of Fire Department Connection and its location is to be according to the Local Fire Department***

Within 30 days of the completion of a new fire sprinkler system or an addition to an existing fire sprinkler system, a fire sprinkler system contractor shall provide to the Licensing and Inspections Unit a copy of this permit signed and dated by the certified Responsible Managing Supervisor representing that the fire sprinkler system has been installed according to specifications of the approved plan to the best of the supervisor's knowledge, information, and belief. This requirement is part of the sprinkler law, and neglect of this duty is grounds to not renew the contractor's license to do work in the State of Maine. All renewed sprinkler licenses are good for two years and expire on a June 30th.

Job completed, tested and verified on date of \_\_\_\_\_

RMS for this job: Garland Scott E.

RMS Signature: \_\_\_\_\_

# Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, Maine 04243-1285

Ph. (207) 782-0104 Fax (207) 783-4865

*Fire Protection Professionals Since 1973*

☆**Portland Office**☆

Phone (207) 775-1521 Fax (207) 879-1387

Maine State Fire Marshal's Office  
Attn: Eric J. Ellis  
1-19-2011

Re: Community Counseling Center  
165 Lancaster Street  
Portland, Maine

Eric,

I recently visited the Community Counseling Center, 165 Lancaster Street, Portland, Maine. Originally this section of the building where the owner plans to do their renovations was part of another office space tenant, which was predominantly a Light Hazard occupancy. This area is protected by a wet, pipe schedule, tree sprinkler system consisting of feed mains ranging in size from 2" to 6", feeding branch lines 2" and smaller. There will be 220 existing sprinklers relocated to meet new ceiling and partition layouts. This system is fed by city water. Sprinkler heads are 155 Degree, quick-response recessed pendants below the existing ceilings, and will remain so when the new ceiling grid has been installed. This new area that is being created will be office spaces, which will be rated at a Light Hazard occupancy.

Basically, we are going to demo the arm-overs currently in the space and replace them with new arm-overs fitting the new ceiling layout. The existing piping layout will remain intact. The only changes being made are sprinkler head locations, which will require installing armovers. Please feel free to contact me with any questions. Thank you.

Sincerely,

Scott E. Garland, SET, RMS  
System Designer

# Sprinkler Systems, Inc.

184 Read Street

Portland, ME 04103

Ph. (207) 775-1521 Fax (207) 879-1387

*Fire Protection Professionals Since 1973*

March 31, 2011

Portland Fire Department  
380 Congress Street  
Portland, ME 04101

Attn: Captain Keith Gautreau


Re: Community Counseling Center  
165 Lancaster Street  
Portland, Maine

Dear Captain Gautreau,

This letter is to certify that the sprinkler system in the renovated tenant space in the aforementioned location is active and is designed and installed in accordance with NFPA #13 and all other state and local codes.

If there are any questions or concerns please do not hesitate to call.

Very truly yours,  
Sprinkler Systems, Inc.



Scott E. Garland, SET, RMS  
Project Manager



# Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, Maine 04243-1285

Ph. (207) 782-0104 Fax (207) 783-4865

*Fire Protection Professionals Since 1973*

April 12, 2011

Landry/ French Construction Company  
68 Mussey Road  
Scarborough, Maine 04074

ATTN: Jeff Barker

RE: Lancaster Street  
C.C.C.

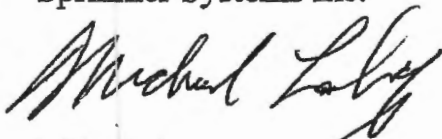
Dear Jeff,

Please be advised that on 4/12/11, Sprinkler Systems Inc. conducted a private hydrant test in accordance with NFPA 25.

The hydrant was located on the Kennebec Street side of C.C.C. and was flowed for more than one minute with all working parts in good order.

As always, if you have any questions please call.

Very Truly Yours  
Sprinkler Systems Inc.



Mike Lahey  
General Manager

# Sprinkler Systems, Inc.

## Contractor's Material & Test Certificate for Aboveground Pipe

### Procedure

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 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.

<b>Property Name</b> <u>COMMUNITY COUNSELING CENTER</u>	<b>Date</b> <u>4-12-11</u>
---	----------------------------

<b>Property Address</b> <u>175 LANCASTER STREET, PORTLAND, ME 04101</u>
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<b>Plans</b>	Accepted by approving authorities (Names) <u>STATE FIRE MARSHAL'S OFFICE</u> Address <u>45 COMMERCIAL DRIVE, SUITE "1", AUGUSTA, ME 04330</u> Installation conforms to accepted plans <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> Equipment used is approved, if no, explain deviations <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>						
<b>Instructions</b>	Has person in charge of fire equipment been instructed as to location of control valve and care and maintenance of this new equipment? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> If no, explain: Have copies of the following been left on the premises? 1. System components instructions <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> 2. Care and maintenance instructions <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> 3. NFPA 25 <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>						
<b>Location of System</b>	Supplies Buildings: <u>SYSTEM "1" CHESTNUT ST. M145</u>						
<b>Sprinklers</b>	Make	Model	Year of Mfg.	Orifice Size	Quantity	Temp Rating	
	<u>RELIABLE</u>	<u>RELIABLE</u>	<u>R1R2</u>	<u>2011</u>	<u>1/2"</u>	<u>130</u>	<u>155°</u>
<b>Pipe and Fittings</b>	Type of pipe <u>NFPA &amp; ASTM</u>			Type of fittings <u>NFPA &amp; ASTM</u>			
<b>Alarm Valve or Flow Indicator</b>	<b>Alarm Device</b>					Maximum time to operate through test connection	
	Type	Make	Model	Min	Sec		
	<u>ALARM VALVE</u>						
<b>Dry Pipe Operating Test</b>	<b>Dry Valve</b>			<b>QOD</b>			
	Make	Model	Serial #	Make	Model	Serial #	
	Time to trip through test connection		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Properly
	With QOD	MIN SEC	PSI	PSI	PSI	MIN SEC	YES NO
	W/O QOD	MIN SEC	PSI	PSI	PSI	MIN SEC	YES NO
	If no, explain:						

# Sprinkler Systems, Inc.

## Contractor's Material & Test Certificate for Aboveground Pipe

### Procedure

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 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.

**Property Name** COMMUNITY COUNSELING CENTER **Date** 4-12-11

**Property Address** 175 LANCASTER STREET, PORTLAND, ME 04101

<b>Plans</b>	Accepted by approving authorities (Names) <u>STATE FIRE MARSHAL'S OFFICE</u> Address <u>45 COMMERCIAL DRIVE, SUITE "1", AUGUSTA, ME 04330</u> Installation conforms to accepted plans <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> Equipment used is approved, if no, explain deviations <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>					
<b>Instructions</b>	Has person in charge of fire equipment been instructed as to location of control valve and care and maintenance of this new equipment? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> If no, explain:					
	Have copies of the following been left on the premises? 1. System components instructions <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> 2. Care and maintenance instructions <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> 3. NFPA 25 <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>					
<b>Location of System</b>	Supplies Buildings: <u>SYSTEM "2" G 101 M41-48</u>					
<b>Sprinklers</b>	Make	Model	Year of Mfg.	Orifice Size	Quantity	Temp Rating
	<u>RELIANT RELIANT</u>	<u>RT-1</u>	<u>2011</u>	<u>1/2"</u>	<u>50</u>	<u>155°</u>
<b>Pipe and Fittings</b>	Type of pipe <u>NFPA &amp; ASTM</u>			Type of fittings <u>NFPA &amp; ASTM</u>		
<b>Alarm Valve or Flow Indicator</b>	<b>Alarm Device</b>				Maximum time to operate through test connection	
	Type	Make	Model	Min	Sec	
	<u>ALARM VALVE</u>					
<b>Dry Pipe Operating Test</b>	<b>Dry Valve</b>			<b>QOD</b>		
	Make	Model	Serial #	Make	Model	Serial #
	Time to trip through test connection	Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Properly
	With QOD	MIN SEC	PSI	PSI	MIN SEC	YES NO
	W/O QOD	MIN SEC	PSI	PSI	MIN SEC	YES NO
If no, explain:						



# Sprinkler Systems, Inc.

## Contractor's Material & Test Certificate for Aboveground Pipe

### Procedure

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 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.

**Property Name** COMMUNITY LOUNGBURG CENTER **Date** 4-12-11

**Property Address** 175 LANCASTER STREET, PORTLAND, ME 04101

**Plans** Accepted by approving authorities (Names) STATE FIRE MARSHAL'S OFFICE  
 Address 45 COMMERCIAL DR, SUITE 1, AUGUSTA, ME 04330  
 Installation conforms to accepted plans ☒ Yes ☐ No  
 Equipment used is approved, if no, explain deviations ☒ Yes ☐ No

**Instructions** Has person in charge of fire equipment been instructed as to location of control valve and care and maintenance of this new equipment? ☒ Yes ☐ No  
 If no, explain:  
 Have copies of the following been left on the premises?  
 1. System components instructions ☒ Yes ☐ No  
 2. Care and maintenance instructions ☒ Yes ☐ No  
 3. NFPA 25 ☒ Yes ☐ No

**Location of System** Supplies Buildings: System 3 M1-17

Sprinklers	Make	Model	Year of Mfg.	Orifice Size	Quantity	Temp Rating
	RELIABLE	RELIABLE	2011	1/2"	40	155°

**Pipe and Fittings** Type of pipe NFPA & ASTM Type of fittings NFPA & ASTM

Alarm Valve or Flow Indicator	Alarm Device			Maximum time to operate through test connection	
	Type	Make	Model	Min	Sec
	ALARM VALVE				

Dry Pipe Operating Test	Dry Valve			QOD		
	Make	Model	Serial #	Make	Model	Serial #
	Time to trip through test connection	Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Properly
	With QOD	MIN SEC	PSI	PSI	MIN SEC	YES NO
	W/O QOD	MIN SEC	PSI	PSI	MIN SEC	YES NO
	If no, explain:					

## 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: Community Counseling  
Address: 175 Lancaster St. Portland ME  
Description of property: Steel and concrete fully sprinkled  
Occupancy type: Existing office space  
Name of property representative: Landry / French Construction Jeffry Barker  
Address: 68 Munssey Rd Scarborough ME 04074  
Phone: 207-730-5566 Fax: E-mail:  
Authority having jurisdiction over this property: PFD  
Phone: Fax: E-mail:

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

Installation contractor for this equipment: BH Milliken  
Address: Same  
License or certification number:  
Phone: Fax: E-mail:  
Service organization for this equipment: SimplexGrinnell  
Address: 20 Thomas Dr Westbrook Maine  
License or certification number: MS60019217  
Phone: 842-6440 Fax: E-mail:  
A contract for test and inspection in accordance with NFPA standards is in effect as of: 3-11-11  
Contracted testing company: Simplexgrinnell  
Address: 20 Thomas Drive Westbrook ME  
Phone: 207-842-6440 Fax: E-mail:  
Contract expires: 3-11-12 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: 2010

Additional description of system(s): Changed out Existing FACP and added some new devices

#### 3.1 Control Unit

Manufacturer: SimplexGrinnell LP

Model number: 4100U

#### 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: R8 P14.01.05

Site-specific software revision date: 3-11-2011

Revision completed by: JBH

☒ A copy of the site-specific software is stored on site. Location: Fire Alarm Document Box

#### 3.5 Off-Premises Signal Transmission

☐ This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Protection One

Phone: 1-800-341-0107

Supervisory: Same AS Above

Phone:

Trouble: Same As Above

Phone:

Entity to which alarms are retransmitted:

Phone:

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: Class B      Survivability level: 2      Quantity: 1  
(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: Existing      Survivability level:      Quantity: 26 Existing  
(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: Class B      Survivability level: 2      Quantity: 8 new  
(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: 7 new 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: 3 new 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: 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

☐ This system does not have monitoring modules.

Number of devices: 6 New

### 5.2.7 Waterflow Alarm Devices

☐ This system does not have waterflow alarm devices.

Type and number of devices: Addressable: 3 Conventional: Coded: Transmitter:

### 5.2.8 Alarm Verification

☒ This system does not incorporate alarm verification.

Number of devices subject to alarm verification: Alarm verification set for: seconds

### 5.2.9 Presignal

☒ This system does not incorporate pre-signal.

Number of devices subject to presignal:

Describe presignal functions:

### 5.2.10 Positive Alarm Sequence (PAS)

☒ This system does not incorporate PAS.

Describe PAS:

### 5.2.11 Other Initiating Devices

☐ This system does not have other initiating devices.

Describe:

## 6. SUPERVISORY SIGNAL-INITIATING DEVICES

### 6.1 Sprinkler System Supervisory Devices

☐ This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: 3 Conventional: Coded: Transmitter:

Other (specify):

### 6.2 Fire Pump Description and Supervisory Devices

☒ This system does not have a fire pump.

Type fire pump: ☐ Electric pump ☐ Engine

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

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)

☐ This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: 9 Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric ☐ Aspirating ☐ Beam

### 6.4 Other Supervisory Devices

☒ This system does not have other supervisory devices.

Describe:



## 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:

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:                      With visible:    28 new

Bells:                      With visible:

Chimes:                      With visible:

Visible only:    83 new    Other (describe):

### 9.3 Notification Appliance Power Extender Panels

☐ This system does not have power extender panels.

Quantity:    2

Locations:    room C131 and room A110

**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

Control panel amps: 12

Overcurrent protection: Type: breaker

Amps: 20

Location (of primary supply panel board): House Panel

Disconnecting means location: Ckt 17

#### 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: Panel

Type: SLA

Nominal voltage: 24

Amp/hour rating: 36

Calculated capacity of batteries to drive the system:

In standby mode (hours): 60

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): 2 added

Power extender panel amps: 10

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 conducting 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: 2010

☒ NFPA 70, National Electrical Code, Article 760, Edition: 2008

☒ Manufacturer's published instructions

Other (specify): Changed out FACP and Added some new devices

System deviations from referenced NFPA standards: None noted

Signed: *Bud Woodcock*

Printed name: Fred Woodcock

Date: 3-11-11

Organization: BH Milliken

Title: Foreman

Phone: 207-415-2998

## 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 Barker

Date: 3-11-11

Organization: Landry/ French

Title: Superintendent

Phone: 207-730-5566

### 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:

Date:

Organization:

Title:

Phone:

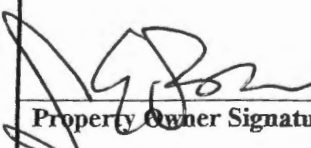
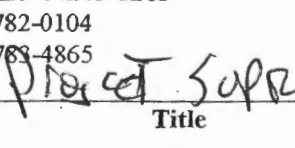
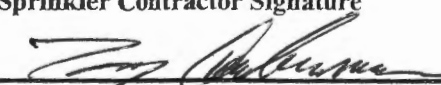
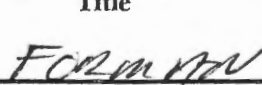
Test Report						
Address	DEVICE TYPE	Description			Alarm	Trouble
M1-10	PHOTO	SMOKE	OVER MAIN FIRE ALARM PANEL	M1-10	OK	OK
M1-11	PHOTO	SMOKE	ROOM A110	M1-11	OK	OK
M1-12	RPHOTO	LSDUCT	RTU-2 ROOM A112	M1-12	OK	OK
M1-13	ADRPUL	PULL	CORRIDOR 16 EXIT	M1-13	OK	OK
M1-14	RPHOTO	LSDUCT	RTU-1 CORRIDOR 15	M1-14	OK	OK
M1-15	4009A4	SIGNAL	PE 5 ROOM A110	M1-15	OK	OK
M1-15-1	MSIGB	SQALERT			OK	OK
M1-15-2	MSIGB	SQALERT			OK	OK
M1-15-3	MSIGB	SQALERT			OK	OK
M1-15-4	MSIGB	SQALERT			OK	OK
#3 M1-16	IAM	SO	SPRINKLER RISER 3 TAMPER	M1-16	OK	OK
M1-17	IAM	WATER	SPRINKLER RISER 3 WATER FLOW	M1-17	OK	OK
M1-20	RPHOTO	LSDUCT	RTU-3 ROOM C164	M1-20	OK	OK
M1-21	ADRPUL	PULL	EXIT BY ROOM C167	M1-21	OK	OK
M1-22	ADRPUL	PULL	EXIT CORRIDOR 3	M1-22	OK	OK
M1-23	RPHOTO	LSDUCT	RTU-5	M1-23	OK	OK
M1-24	ADRPUL	PULL	EXIT CORRIDOR 3	M1-24	OK	OK
M1-25	PHOTO	SMOKE	ROOM C131	M1-25	OK	OK
M1-26	RPHOTO	LSDUCT	RTU-6 ROOM A104	M1-26	OK	OK
M1-27	RPHOTO	LSDUCT	RTU-7 ROOM A102	M1-27	OK	OK
M1-28	4009A4	SIGNAL	PE-6 ROOM C131	M1-28	OK	OK
M1-28-1	MSIGB	SQALERT			OK	OK
M1-28-2	MSIGB	SQALERT			OK	OK
M1-28-3	MSIGB	SQALERT			OK	OK
M1-28-4	MSIGB	SQALERT			OK	OK
M1-40	RPHOTO	LSDUCT	RTU-4 LOFT ROOM G105	M1-40	OK	OK
M1-41	ADRPUL	PULL	VESTIBULE EXIT G103	M1-41	OK	OK
M1-42	ADRPUL	PULL	FOYER EXIT A101	M1-42	OK	OK
M1-43	RPHOTO	LSDUCT	RTU-8 ROOM C127	M1-43	OK	OK
M1-44	RPHOTO	LSDUCT	RTU-9 ROOM C114	M1-44		
M1-45	IAM	WATER	MAIN ELECT. RM BASEMENT WATER FLOW	M1-45	OK	OK
M1-46	IAM	SO	MAIN ELECT. RM BASEMENT SPRNK. TAMP	M1-46	OK	OK
M1-47	ADRPUL	PULL	EXIT BY ROOM C100 A	M1-47	OK	OK
#2 M1-48	IAM	WATER	SPRINKLER WATER FLOW ROOM G101	M1-48	OK	OK
M1-49	IAM	SO	SPRINKLER TAMPER ROOM G101	M1-49	OK	OK
SIG9	SIGB	RVISUAL	PE-4 SILENT KNIGHT	SIG9	OK	OK
ZN1	SMONB	FIRE	185 LANCASTER ST BSEMNT ELEV MACH RM	ZN1	OK	OK
ZN2	SMONB	FIRE	JOB SERVICES MAIN FRONT	ZN2	OK	OK
ZN3	SMONB	FIRE	VR ANNEX 1ST FLOOR	ZN3	OK	OK
ZN4	SMONB	FIRE	JOB SERVICES MIDDLE	ZN4	OK	OK
ZN5	SMONB	FIRE	JOB SERVICES REAR	ZN5	OK	OK
ZN6	SMONB	FIRE	JOB SERVICES BREAKROOM	ZN6	OK	OK
ZN7	SMONB	FIRE	SUITE 123	ZN7	OK	OK
ZN8	SMONB	FIRE	SUITES 140 AND 150	ZN8	OK	OK
ZN9	SMONB	FIRE	SUITE 155	ZN9	OK	OK
ZN10	SMONB	FIRE	SUITE 160	ZN10	OK	OK
ZN11	SMONB	FIRE	2ND FLR HALL TRAINING RESOURCES	ZN11	OK	OK
ZN12	SMONB	FIRE	ROOM 206	ZN12	OK	OK

ZN13	SMONB	FIRE	ROOM 210	ZN13		OK	OK
ZN14	SMONB	FIRE	ROOM 213	ZN14		OK	OK
ZN15	SMONB	FIRE	2ND FLOOR HALLWAY	ZN15		OK	OK
ZN16	SMONB	FIRE	SUITE 216	ZN16		OK	OK
ZN17	SMONB	FIRE	SUITE 214	ZN17		OK	OK
ZN18	SMONB	FIRE	SUITES 208E AND 212	ZN18		OK	OK
ZN19	SMONB	FIRE	SUITES 205M AND 208 S	ZN19		OK	OK
ZN20	SMONB	FIRE	PENTHOUSE SUITES 300-309	ZN20		OK	OK
ZN21	SMONB	FIRE	ELM ST 2ND FLOOR SUITE 205 G	ZN21		OK	OK
ZN22	SMONB	FIRE	SUITE 221	ZN22		OK	OK
ZN23	SMONB	FIRE	SUITES 219 AND 220	ZN23		OK	OK
ZN24	SMONB	FIRE	SUITES 217 AND 218	ZN24		OK	OK
ZN25	SMONB	FIRE	ROOM 209	ZN25		OK	OK
ZN26	SMONB	FIRE	107 ELM STREET 1ST FLR SUITE 205 G	ZN26		OK	OK
ZN27	SMONB	FIRE	175 LANCASTER STREET	ZN27		OK	OK
ZN28	SMONB	FIRE	169 LANCASTER STREET	ZN28		OK	OK
#1 - ZN29	SMONB	WATER	98 CHESTNUT STREET WATER FLOW	ZN29		OK	OK
ZN30	SMONB	FIRE	SUITES 221 AND 124	ZN30		OK	OK
ZN31	SMONB	FIRE	SUITES 126 -136	ZN31		OK	OK
ZN32	SMONB	FIRE	175 LANCASTER STREET BASEMENT	ZN32		OK	OK
AUX7	RELAY	DHOLDER	DOOR HOLDER AUX RELAY CARD 9	AUX5		OK	OK
AUX8	RELAY	RRELAY	HVAC-1 SHUTDOWN	AUX6		OK	OK
AUX9	RELAY	RRELAY	HVAC- 2 SHUTDOWN	AUX7		OK	OK
New							
VISUALS		83	New Devices			OK	OK
A/V's		28	New Devices			OK	OK
Existing							
Visuals		10	Existing Zones			OK	OK
A/V's		10	Existing Zones			OK	OK



<b>Deluge &amp; Preaction Valve</b>	Operation: <u>Circle One:</u> Pneumatic Electric Hydraulic							
	Piping Supervised		Yes No		Detecting Media Supervised		Yes No	
	Does valve operate from the manual trip, remote, or both control stations?						Yes No	
	Is there an accessible facility in each circuit for testing?						Yes No	
	If no, explain.							
	Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release	
			Yes No		Yes No		Min Sec	
<b>Pressure Reducing Valve</b>	Location & Floor		Make & Model		Setting		Static Pressure	
							Inlet (psi) Outlet (psi)	
							Residual Pressure	
							Inlet (psi) Outlet (psi)	
							Flow Rate	
							Flow (gpm)	
<b>Test Description</b>	<p><b>HYDROSTATIC:</b> Hydrostatic tests shall be made at not less than 200 psi (13.6 bars for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p><b>PNEUMATIC:</b> Establish 40 psi (2.7 bars) air pressure and drop, which will not exceed 1 1/2 psi (.01 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (.01 bars) in 24 hours.</p>							
<b>Tests</b>	All piping hydrostatically tested at <u>N/A</u> psi ( <u>    </u> bars) for <u>    </u> hours						If no, state reason:	
	Dry piping pneumatically tested (circle one) <u>N/A</u> Yes No							
	Equipment operates properly (circle one) <u>Yes</u> No							
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives or sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?						<u>Yes</u> Circle one: No	
	<b>Drain Test:</b> Reading of gauge located near water supply test connection: <u>110</u> psi ( <u>    </u> bars)						Residual pressure with valve in test connection open wide: <u>105</u> psi ( <u>    </u> bars)	
<b>Hydraulic Data Nameplate</b>	Nameplate provided: Yes <u>No</u>		If no, explain: <u>Pipe Schedule</u>					
<b>Remarks</b>	Date left in service with all control valves open: <u>4-12-11</u>							
<b>Signatures</b>	<b>Sprinkler Contractor:</b> Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, Maine 04243-1285 Phone: 207-782-0104 Fax: 207-783-4865							
	Property Owner Signature		Title		Date			
	<u>[Signature]</u>		<u>Project Superintendent</u>		<u>04/12/2011</u>			
	Sprinkler Contractor Signature		Title		Date			
<u>[Signature]</u>		<u>FORMAN</u>		<u>4/12/11</u>				

Additional Explanations and Notes:

<b>Deluge &amp; Preaction Valve</b>	Operation: <u>Circle One:</u> Pneumatic Electric Hydraulic							
	Piping Supervised		Yes	No	Detecting Media Supervised		Yes	No
	Does valve operate from the manual trip, remote, or both control stations?						Yes	No
	Is there an accessible facility in each circuit for testing? If no, explain.						Yes	No
	Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release	
		Yes	No	Yes	No	Min ____ Sec ____		
<b>Pressure Reducing Valve</b>	Location & Floor	Make & Model	Setting	Static Pressure Inlet (psi)    Outlet (psi)		Residual Pressure Inlet (psi)    Outlet (psi)		Flow Rate Flow (gpm)
<b>Test Description</b>	<p><u>HYDROSTATIC:</u> Hydrostatic tests shall be made at not less than 200 psi (13.6 bars for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p><u>PNEUMATIC:</u> Establish 40 psi (2.7 bars) air pressure and drop, which will not exceed 1 1/2 psi (.01 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (.01 bars) in 24 hours.</p>							
<b>Tests</b>	All piping hydrostatically tested at <u>N/A</u> psi (____ bars) for ____ hours						If no, state reason:	
	Dry piping pneumatically tested (circle one) <u>N/A</u> Yes No							
	Equipment operates properly (circle one) <u>Yes</u> No							
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives or sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?						<u>Yes</u> (Circle one) No	
	<u>Drain Test:</u> Reading of gauge located near water supply test connection: <u>110</u> psi ( <u>8</u> bars)						Residual pressure with valve in test connection open wide: <u>104</u> psi (____ bars)	
<b>Hydraulic Data Nameplate</b>	Nameplate provided: Yes <u>No</u>		If no, explain: <u>Pipe Schedule</u>					
<b>Remarks</b>	Date left in service with all control valves open: <u>4-12-11</u>							
<b>Signatures</b>	<u>Sprinkler Contractor:</u> Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, Maine 04243-1285 Phone: 207-782-0104 Fax: 207-783-4865							
							<u>4/12/2011</u>	
	Property Owner Signature		Title				Date	
							<u>4/12/2011</u>	
	Sprinkler Contractor Signature		Title				Date	

Additional Explanations and Notes:

<b>Deluge &amp; Preaction Valve</b>	Operation: <u>Circle One:</u> Pneumatic Electric Hydraulic							
	Piping Supervised		Yes	No	Detecting Media Supervised		Yes	No
	Does valve operate from the manual trip, remote, or both control stations?						Yes	No
	Is there an accessible facility in each circuit for testing? If no, explain.						Yes	No
	Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release	
		Yes	No	Yes	No	Min	Sec	
<b>Pressure Reducing Valve</b>	Location & Floor	Make & Model	Setting	Static Pressure Inlet (psi)    Outlet (psi)		Residual Pressure Inlet (psi)    Outlet (psi)		Flow Rate Flow (gpm)
<b>Test Description</b>	<p><u>HYDROSTATIC:</u> Hydrostatic tests shall be made at not less than 200 psi (13.6 bars for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p><u>PNEUMATIC:</u> Establish 40 psi (2.7 bars) air pressure and drop, which will not exceed 1 1/2 psi (.01 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (.01 bars) in 24 hours.</p>							
<b>Tests</b>	All piping hydrostatically tested at <u>N/A</u> psi (____ bars) for ____ hours						If no, state reason:	
	Dry piping pneumatically tested ( <u>circle one</u> ) <u>N/A</u> Yes No							
	Equipment operates properly ( <u>circle one</u> ) <u>Yes</u> No							
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives or sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?						<u>Circle one:</u> <u>Yes</u> No	
	<u>Drain Test:</u> Reading of gauge located near water supply test connection: <u>105</u> psi (____ bars)						Residual pressure with valve in test connection open wide: <u>110</u> psi (____ bars)	
<b>Hydraulic Data Nameplate</b>	Nameplate provided: Yes <u>No</u>			If no, explain: <u>PIPB SCHEDULE</u>				
<b>Remarks</b>	Date left in service with all control valves open: <u>4-12-11</u>							
<b>Signatures</b>	<b>Sprinkler Contractor:</b> Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, Maine 04243-1285 Phone: 207-782-0104 Fax: 207-783-4865							
	<u>JS Burt</u> Property Owner Signature				<u>Project Superintendent</u> Title		<u>04/12/2011</u> Date	
	<u>[Signature]</u> Sprinkler Contractor Signature				<u>FORMAN</u> Title		<u>4/12/11</u> Date	

Additional Explanations and Notes: