



State of Maine
Department of Public Safety



Fire Sprinkler System Permit

9988

Pearl Place II

Located at: 184 Pearl St. Portland, ME
In the Town of: Portland
Occupancy/Use: residence
Type of System: NFPA 13

Permission is hereby given to:

Maine Fire Protection Systems/PD Industries, Inc.
6 Dowd Road
Bangor, ME 04401
Contractor License # 1

to begin installation according to plans submittal approved by the Office of State Fire Marshal. The submittal is filed under log # 2121174, 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, Section 12004-I. 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 5/1/2012 for a fee paid of \$916.00

This permit will expire at midnight on Sunday, October 28, 2012

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.

John E. Morris
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 Office of State Fire Marshal 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 by date of 12-26-12

RMS for this job: Maheux Christopher E

RMS Signature



MAINE FIRE PROTECTION SYSTEMS

A Maine Company Serving Maine People

12-26-2012

Maine Fire Protection Systems
6 Dowd Road
Bangor, ME 04401
phone (201) 942-8809
fax (207) 941-1910

Re: Pearl Place II Wing A & B

All work has been done in accordance with the approved design documents and in accordance with all applicable codes and standards.

Regards,

Christopher E. Maheux, CET,RMS
Maine Fire Protection Systems
6 Dowd Road
Bangor, ME 04401

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

#0699

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 representatives signature in no way prejudices any claim against the contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME Pearl Place II	DATE 12/3/12
--	------------------------

PROPERTY ADDRESS 184 Pearl st., Portland Maine
--

PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES FIRE MARSHALS OFFICE
	ADDRESS 45 COMMERCE Drive Suite 1 Augusta, ME 04330
	INSTALLATION CONFORMS TO ACCEPTED PLANS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	EQUIPMENT USED IS APPROVED (IF NO, STATE DEVIATIONS BELOW) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND THE CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF NO, EXPLAIN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? IF NO, EXPLAIN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LOCATION OF SYSTEM	SUPPLIES BUILDINGS A-Bldg + All of Parking
--------------------	--

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
		TYCO	Concealed	2012	1/2"	338
	TYCO	ces upright	"	5/8"	318	175°
	TYCO	white Pend.	"	5/8"	50	155°
	TYCO	Brass upright	"	1"	20	155°
	TYCO	Brass upright	"	3/4"		200°

PIPE AND FITTINGS	PIPE CONFORMS TO _____ STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
	FITTINGS CONFORM TO _____ STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	Vein	Potter	WFD 30	0	52

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.					
	MAKE		MODEL	SERIAL NUMBER	MAKE		MODEL	SERIAL NUMBER		
	Tyco				NA					
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	Time Water Reached Test Outlet		Alarm Operated Properly		
MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	MIN.	SEC.		
WITHOUT Q.O.D.	0	58	108	45	20	1	10	0	55	
WITH Q.O.D.										

WRIGHT-RYAN
DEC 0 2012
CONSTRUCTION

RELIEF & REACTION VALVES	OPERATION: <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC								
	PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO				DETECTING MEDIA SUPERVISED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO								
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? <input type="checkbox"/> YES <input type="checkbox"/> 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.	
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 (10.3 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 1-1/2 psi (0.1 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 (0.1 bars) in 24 hours.								
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> Hrs.					IF NO, STATE REASON			
	DRY PIPING PNEUMATICALLY TESTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: <u>100</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>97</u> PSI			
	Underground mains and lead-in connections to system risers shall be flushed before connection made to sprinkler piping.								
	VERIFIED BY COPY OF THE FORM NUMBER 85B? <input type="checkbox"/> YES <input type="checkbox"/> NO					OTHER EXPLAIN			
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
BLANK TESTING GASKETS	NUMBER USED <u>N/A</u>	LOCATIONS					NUMBER REMOVED		
WELDING	WELDED PIPING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	IF YES.....								
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO								
	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED? IF NO, EXPLAIN:							<input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>A Bldg 12-3-12 Dry system 12-4-12</u>								
SIGNATURES	NAME OF INSTALLING CONTRACTOR								
	FOR PROPERTY OWNER (Signed)				TESTS WITNESSED BY				
	<u>Rob Paulson</u>				TITLE <u>Superintendent</u>		DATE <u>12-3-12</u>		
FOR INSTALLING CONTRACTOR (Signed)				TITLE		DATE			
<u>R DeCater</u>				<u>Foreman</u>		<u>12-3-12</u>			
ADDITIONAL EXPLANATION AND NOTES:									

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

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 representatives signature in no way prejudices any claim against the contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: Pearl Place II DATE: 12/21/12
 PROPERTY ADDRESS: 184 Pearl St. Portland, Me.

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: STATE OF MAINE FIRE MARSHAL'S OFFICE
 ADDRESS: 45 COMMERCE DR., SUITE 1, AUGUSTA, ME 04330
 INSTALLATION CONFORMS TO ACCEPTED PLANS: YES NO
 EQUIPMENT USED IS APPROVED (IF NO, STATE DEVIATIONS BELOW): YES NO

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND THE CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? YES NO
 IF NO, EXPLAIN:
 HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? YES NO
 IF NO, EXPLAIN:

LOCATION OF SYSTEM: ~~SUPPLIES BUILDINGS~~ Wing B Wet

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
TYCO	TY3531	2012	1/2"	272	155
TYCO	TY3189	2012	1/2"	224	175
TYCO	TY3231	2012	1/2"	33	155
TYCO	TY3131	2012	1/2"	9	155

PIPE CONFORMS TO ASTM 795 STANDARD: YES NO
 FITTINGS CONFORM TO ANSI B16.4 STANDARD: YES NO
 IF NO, EXPLAIN:

ALARM VALVE OR FLOW INDICATOR: ALARM DEVICE TYPE: Paddle MAKE: Potter MODEL: USR
 MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.: 0 SEC.: 53

DRY VALVE				Q.O.D.																																								
MAKE	MODEL	SERIAL NUMBER	MAKE	MODEL	SERIAL NUMBER																																							
<table border="1"> <thead> <tr> <th colspan="2">TIME TO TRIP THRU TEST PIPE</th> <th>WATER PRESSURE</th> <th>AIR PRESSURE</th> <th>TRIP POINT AIR PRESSURE</th> <th>Time Water Reached Test Outlet</th> <th colspan="2">Alarm Operated Properly</th> </tr> <tr> <th>MIN.</th> <th>SEC.</th> <th>PSI</th> <th>PSI</th> <th>PSI</th> <th>MIN.</th> <th>SEC.</th> <th>MIN.</th> <th>SEC.</th> </tr> </thead> <tbody> <tr> <td colspan="2">WITHOUT Q.O.D.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">WITH Q.O.D.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	Time Water Reached Test Outlet	Alarm Operated Properly		MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	MIN.	SEC.	WITHOUT Q.O.D.										WITH Q.O.D.													
				TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	Time Water Reached Test Outlet	Alarm Operated Properly																																		
MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	MIN.	SEC.																																				
WITHOUT Q.O.D.																																												
WITH Q.O.D.																																												
IF NO, EXPLAIN:																																												

DELUGE & PREACTION VALVES	OPERATION: <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC								
	PIPING SUPERVISED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DETECTING MEDIA SUPERVISED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO								
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: N/A								
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.	
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 (10.3 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 1-1/2 psi (0.1 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 (0.1 bars) in 24 hours.									
TESTS ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> Hrs. IF NO, STATE REASON DRY PIPING PNEUMATICALLY TESTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DRAIN TEST READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>92</u> PSI <u>95</u> PSI Underground mains and lead-in connections to system risers shall be flushed before connection made to sprinkler piping. VERIFIED BY COPY OF THE FORM NUMBER 85B? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
BLANK TESTING GASKETS NUMBER USED: <u>0</u> LOCATIONS: _____ NUMBER REMOVED: _____									
WELDING WELDED PIPING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES..... DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? <input type="checkbox"/> YES <input type="checkbox"/> NO									
HYDRAULIC DATA NAMEPLATE NAMEPLATE PROVIDED? IF NO, EXPLAIN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
REMARKS DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>December 21, 2012</u>									
SIGNATURES NAME OF INSTALLING CONTRACTOR <u>MAINE FIRE PROTECTION SYSTEMS</u> FOR PROPERTY OWNER (Signed) TESTS WITNESSED BY TITLE DATE <u>[Signature]</u> <u>Supervisor</u> <u>Supervisor</u> <u>12/24/12</u> FOR INSTALLING CONTRACTOR (Signed) TITLE DATE <u>[Signature]</u> <u>Fitter/Installer</u> <u>12/21/12</u>									
ADDITIONAL EXPLANATION AND NOTES: 									