

P.O. Box 166 Minot, ME 04256-0166
Tel: 207 998-2561 Fax: 207 998-4187

**Jerric Corp. D/B/A
High Tech Fire Protection**

Fax

CBUs 037-A-038

To: Mike Collins From: Jerry Borse
 Fax: (207) 874-8716 Pages: III
 Phone: _____ Date: _____
 Re: Salt Institute CC: _____

- Urgent For Review Please Comment Please Reply Please Recycle

Mike, this is the material Data sheet for the area we have completed at this time. This does not satisfy all of the work associated with the permit pulled for this address.

Thank you,
Jerry Borse

CONTRACTOR'S MATERIAL AND 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 contractors. 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.

PROPERTY NAME THE SALT INSTITUTE DATE 8/1/08

PROPERTY ADDRESS 651 CONGRESS STREET, PORTLAND, ME

ACCEPTED BY State Fire Marshal's Office
 PLANS ADDRESS 45 Commerce Drive, Suite 1 Augusta, ME 04330
 Installation conforms to accepted plans Yes No
 Equipment used is approved if no, explain deviations. Yes No

INSTRUCTIONS Has a person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? Yes No
 If no, explain?
 Has 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 (Owners Manual) Yes No

LOCATION OF SYSTEM Supplies buildings ENTIRE BUILDING

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>VICTAULIC</u>	<u>PEND/2708</u>	<u>2007</u>	<u>1/2</u>	<u>35</u>	<u>155°</u>
	<u>VICTAULIC</u>	<u>UPLIGHT/2709</u>	<u>2007</u>	<u>1/2</u>	<u>30</u>	<u>200°</u>

PIPING & FITTINGS Type of pipe STEEL
 Type of fittings CAST IRON

ALARM VALVE OR FLOW INDICT.	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds
	<u>4" Alarm</u> <u>Grinnel</u>	<u>POTTER PS 10</u>	<u>---</u>	<u>---</u>	<u>30</u>

DRY PIPE OPERATION TEST	Dry valve			Q.O.D.			
	Make	Model	Serial no.	Make	Model	Serial no.	
	Time to trip through test connection ¹	Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet ¹	Alarm operated properly	
Minutes	Seconds	Psi	Psi	Minutes	Seconds	Yes	No
Without Q.O.D.							
With Q.O.D.							

DELUSE & PREACTION VALVES Operation Pneumatic Electric Hydraulic
 Piping 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 of operate release	
		Yes	No	Yes	No	Minutes	Seconds

PRESSURE REDUCING VALVES	Location and floor	Make & Model	Setting	Static Pressure		Residual Pressure (flowing)		Flow rate
				Inlet (psi)	outlet (psi)	Inlet (psi)	outlet (psi)	Flow (gpm)

¹ Measured from time inspector's test connection is opened.

Contractor's Material and 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 contractors. 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.

PROPERTY NAME THE SALT INSTITUTE DATE 8/1/08

PROPERTY ADDRESS 651 CONGRESS STREET, PORTLAND, ME

ACCEPTED BY State Fire Marshal's Office
 PLANS ADDRESS 45 Commerce Drive, 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 valves and care and maintenance of this new equipment? Yes No
 If no, explain?
 Has copies of the following been left on the premises? Yes No
 1. System components instructions Yes No
 2. Care and maintenance instructions Yes No
 3. NFPA 25 (Owners Manual) Yes No

LOCATION OF SYSTEM Supplies buildings ENTIRE BUILDING

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>VICTAULIC</u>	<u>PEND</u>	<u>2708</u>	<u>2007</u>	<u>1/2</u>	<u>35</u>
<u>VICTAULIC</u>	<u>UPRIGHT</u>	<u>2709</u>	<u>2007</u>	<u>1/2</u>	<u>30</u>	<u>200°</u>

PIPING & FITTINGS Type of pipe STEEL
 Type of fittings CAST IRON

ALARM VALVE OR FLOW INDICT.	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds
<u>4" ALARM</u>	<u>POTTER</u>	<u>PS 10</u>	<u>—</u>	<u>—</u>	<u>30</u>

DRY PIPE OPERATION TEST	Dry valve			Q.O.D.		
	Make	Model	Serial no.	Make	Model	Serial no.

Operation Pneumatic Electric Hydraulic
 Piping 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 of operate release	
		Yes	No	Yes	No	Minutes	Seconds

PRESSURE REDUCING VALVES	Location and floor	Make & Model	Setting	Static Pressure		Residual Pressure (flowing)		Flow rate
				Inlet (psi)	outlet (psi)	Inlet (psi)	outlet (psi)	Flow (gpm)

1 Measured from time inspector's test connection is opened.



FAX

From:

- | | |
|---|--|
| <input type="checkbox"/> Joe Correia..... 207-347-5310 | <input checked="" type="checkbox"/> Kevin Bridgham..... 207-347-5309 |
| <input type="checkbox"/> Marilyn Leavitt..... 207-347-5323 | <input type="checkbox"/> Bob Scritchfield..... 207-347-5319 |
| <input type="checkbox"/> Jim Coyle..... 207-347-5325 | <input type="checkbox"/> Robin Russell..... 207-347-5327 |
| <input type="checkbox"/> Paul Deshaies..... 207-347-5316 | <input type="checkbox"/> Kevin Inman..... 207-347-5318 |
| <input type="checkbox"/> Bill Burke..... 207-347-5311 | <input type="checkbox"/> Kevin Hight... .. 207-347-5331 |
| <input type="checkbox"/> Peg Haydt..... 207-347-5301 | <input type="checkbox"/> Eric Colby..... 207-347-5326 |
| <input type="checkbox"/> Lois Gallant..... 207-347-5347 | <input type="checkbox"/> Spare..... 207-347-5314 |
| <input type="checkbox"/> Scott Thurlow..... 207-347-5340 | <input type="checkbox"/> Spare..... 207-347-5324 |
| <input type="checkbox"/> Millard Fillmore..... 207-347-5333 | <input type="checkbox"/> Spare..... 207-347-5305 |
| <input type="checkbox"/> Kathleen McLean..... 207-347-5315 | <input type="checkbox"/> Spare..... 207-347-5306 |
| <input type="checkbox"/> John Campbell..... 207-347-5322 | <input type="checkbox"/> |
| <input type="checkbox"/> Celeste Fraser..... 207-347-5302 | <input type="checkbox"/> |

Our Fax Number: 207-772-7355

Send To: MIKE COLLINS
Attention:
Office Location:
Fax Number: 207 874 8716

Date: 8-1-2008

**Total Pages,
Including Cover:** 5

Comments :

Mike - I was asked by Bob Pierce to send you something that shows that the Fire Alarm at SALT is in operation. I hope this works.

Kevin



10 Manuel Drive
Portland, ME 04103

FIRE ALARM SYSTEM
RECORD OF COMPLETION

Name of protected property: Venture Investment
Address: 565 Congress Portland ME 04101
Representative of protected property (name/phone): ~~Portland Fire~~ Dept Ronny Carver 207-774-5541
Authority having jurisdiction: Portland Fire Department
Address/telephone number: Middle St. Portland ME

	Organization name/phone	Representative name/phone
Installer	Protection One 207-347-5300	John Campbell 207-347-5322
Supplier	Protection One 207-347-5300	John Campbell 207-347-5322
Service organization	Protection One 207-347-5300	John Campbell 207-347-5322

Location of record (as-built) drawings: Protection One 10 Manuel Dr. Portland, ME 04103
Location of operation and maintenance manuals: 565 Congress St.
Location of test reports: 10 Manuel Dr. Portland, ME 04103
A contract for test and inspection in accordance with NFPA standard(s)
Contract No(s): _____ Effective date: 7/31/08 Expiration date: 7/31/2013

System Software

(a) Operating system (executive) software revision level(s): _____
(b) Site-specific software revision date: _____
(c) Revision completed by: _____
(name) (firm)

1. Type(s) of System or Service

NFPA 72, Chapter 6 — Local
If alarm is transmitted to location(s) off premises, list where received: _____

NFPA 72, Chapter 8 — Remote Station
Telephone numbers of the organization receiving alarm:
Alarm: 1-800-438-4357
Supervisory: 1-800-438-4357
Trouble: 1-800-438-4357
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____

Indicate how alarm is retransmitted: _____

NFPA 72, Chapter 8 — Proprietary
Telephone numbers of the organization receiving alarm:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____

Indicate how alarm is retransmitted: _____

NFPA 72, Chapter 8 — Central Station
Prime contractor: _____
Central station location: _____

Means of transmission of signals from the protected premises to the central station:

McCulloh Multiplex One-way radio
 Digital alarm communicator Two-way radio Others

Means of transmission of alarms to the public fire service communications center:

(a) _____
(b) _____

System location: _____

NFPA 72, Chapter 9 — Auxillary

Indicate type of connection: Local energy Shunt Parallel telephone

Location of telephone number for receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by _____ on _____, includes the devices shown in 5 and 6, and has been in service since _____.

NFPA 72, Chapters 1 ② ③ ④ ⑤ ⑥ ⑦ 8 9 ⑩ 11 (circle all that apply)

NFPA 70, National Electrical Code, Article 760

Manufacturer's instructions

Other (specify): _____

Signed: _____ Date: _____

Organization: _____

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached _____.

All operational features and functions of this system were tested by _____ date _____ and found to be operating properly in accordance with the requirements of:

NFPA 72, Chapters 1 ② ③ ④ ⑤ ⑥ ⑦ 8 9 ⑩ 11 (circle all that apply)

NFPA 70, National Electrical Code, Article 760

Manufacturer's instructions

Other (specify): _____

Signed: Joseph Corson Date: 8/1/08

Organization: Protection One, Inc.

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity: 1 Style: Z Class: 8

5. Alarm-Initiating Devices and Circuits

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

MANUAL

(a) Manual stations Noncoded _____ Transmitters _____ Coded _____ Addressable 3

(b) Combination manual fire alarm and guard's tour coded stations _____

AUTOMATIC

Coverage: Complete _____ Partial _____
 Selective _____ Nonrequired _____

(a) Smoke detectors _____ Ion _____ Photo _____ Addressable _____

(b) Duct detectors _____ Ion _____ Photo _____ Addressable _____

(c) Heat detectors _____ FT _____ RR _____ FT/RR _____ RC _____ Addressable _____

(d) Sprinkler waterflow indicators: Transmitters _____ Noncoded _____ Coded _____ Addressable _____

(e) The alarm verification feature is disabled _____ or enabled _____, changed from _____ seconds to _____ seconds.

(f) Other (list): _____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

(a) _____ Coded stations

(b) _____ Noncoded stations

(c) _____ Compulsory guard's tour system comprised of _____ transmitter stations and intermediate stations

Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour

SPRINKLER SYSTEM

Check if provided

(a) _____ Valve supervisory switches

(b) _____ Building temperature points

(c) _____ Site water temperature points

(d) _____ Site water supply level points

Electric fire pump:

(e) _____ Fire pump power

(f) _____ Fire pump running

(g) _____ Phase reversal

Engine-driven fire pump:

(h) _____ Selector in auto position

(i) _____ Engine or control panel trouble

(j) _____ Fire pump running

ENGINE-DRIVEN GENERATOR:

(a) _____ Selector in auto position

(b) _____ Control panel trouble

(c) _____ Transfer switches

(d) _____ Engine running

Other supervisory function(s) (specify): _____

7. Annunciator(s)

Number: _____ Type: _____ Location: _____

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 — Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

Quantity and the class of notification appliance circuits connected to system (see NFPA 72, Table 6.7):

Quantity: 1 Style: _____ Class: 3

Types and quantities of notification appliances installed:

(a) Bells _____ With Visible _____

(b) Speakers _____ With Visible _____

(c) Horns 6 With Visible 6

(d) Chimes _____ With Visible _____

(e) Other: _____ With Visible _____

(f) Visible appliances without audible: 3

9. System Power Supplies

(a) Fire Alarm Control Panel: Nominal voltage: 24VDC Current rating: 6 Amp
Overcurrent protection: Type: Circuit Breaker Current rating: 20 Amp
Location: _____

(b) Secondary (standby):
Storage battery: 24VDC Amp-hour rating: 7 Amp hr.
Calculated capacity to drive system, in hours: 24 hrs.
Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: _____

(c) Emergency system used as backup to primary power supply: _____
Emergency system described in NFPA 70, Article 700: _____

10. Comments

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

Annual

System deviations from the referenced NFPA standard(s) are: Present coverage consists of manual pulls and horns/strobes. Sprinkler not tied in at this time.

Lead Commercial Technician
(signed) for installation contractor/supplier (title) (date)
Joseph Cannon Lead Commercial Technician 8/1/08
(signed) for alarm service company (title) (date)
Lead Commercial Technician
(signed) for central station (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction (title) (date)