



EASTERN FIRE SERVICES INCORPORATED



**FIRE SUPPRESSION AND DETECTION
SAVE LIVES AND PROPERTY**

FIRE SPRINKLER * FIRE ALARM * CLEAN AGENT

AUBURN PHONE (207) 796-6314 • AUBURN FAX (207) 782-0566
BANGOR PHONE (207) 942-8014 • BANGOR FAX (207) 942-5202
170 KITTY HAWK AVE. • P. O. BOX 1582 • AUBURN, ME 04211-1582

FAX

DATE:	4/22/09
TO:	Sullivan & Merritt
ATTN:	Jerry
PHONE:	749-9452
FAX:	657-6987
FROM:	Jerry Haynes
SUBJECT:	Barber Foods Lab
PAGES INCLUDING COVER:	1

Hello Jerry,

The scope of work for the Barber Foods Lab involved adding 10 sprinkler heads to protect below the new suspended ceiling. The sprinkler heads were piped by extending the existing sprinkler piping located in this space. No shop drawing or permit is required by the State Fire Marshal for this type of minor sprinkler work.

If I can be of further assistance please do not hesitate to call.

ATTN: Mike Collins

037 F022
13th floor

Mike: ALL ITEMS Completed AS per your Request:

- 1. Power box labeled*
- 2. Emergency lube handled*
- 3. Added 2 Emurg. lights in Warehouse*
- 4. Both spotlights installed on Wash Sink*
- 5. Completed*

MMCL

RT Starns, Inc. 150 Zachary Road Unit # 6 Manchester, NH 03109 Tel: (603) 668-4357 Fax: (603) 668-4358
Pump Performance Test Report (0 to 5000 gpm)

Client:	477 CONGRESS ST.	clt: Eastern Fire Protection Co.	Location:	Portland, ME
Date:	14-Nov-88		Tested by:	Pete Starns

Pump Identification: PATTERSON FIRE PUMP MODEL: 5 x 3 VVP Inline S/N: FP-C08086

Rated GPM:	800	Rated PSIG:	75	Rated PSIG @ 0%:	90
Rated GPM @ 150%:	790	PSIG @ 150%:	82	Rated Pump RPM:	3560

*** Distance from the pumping water level to the center of the discharge gauge in FEET - Vertical Turbine Pumps

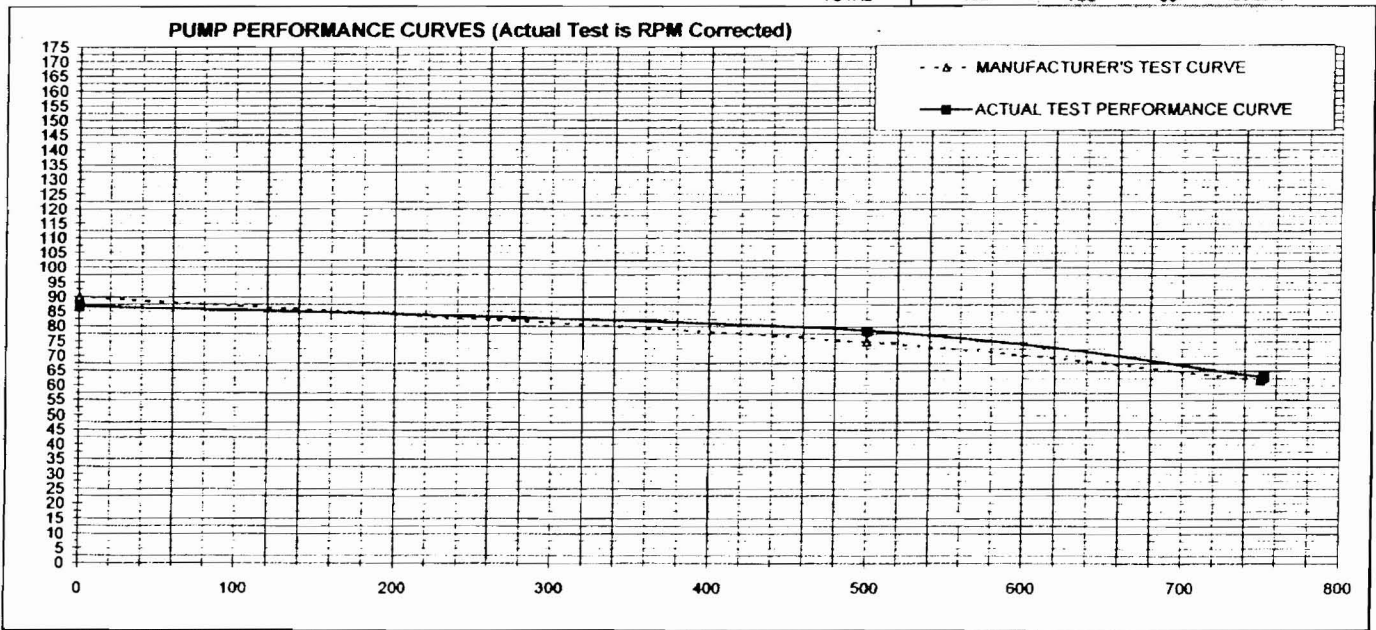
Rated Pump RPM	As Tested Pump RPM	Test Discharge Pressure	Test Suction Pressure (PSIG)	Test Net Head (PSIG)	Test Suction	Test Nozzle	Test Nozzle Inlet Pressure	Calculated Test Flow (GPM)	ACTUAL FLOW (GPM) (rpm corrected)	ACTUAL NET HEAD (PSIG) (rpm corrected)	Actual % of Rated Flow
3560	3687	172	84.88	88.00	1.75	0.97	0	0	0	87	0
"A-B" Leg Amperage		59	Voltage	211							
"B-C" Leg Amperage		60	Voltage	211							
"A-C" Leg Amperage		61	Voltage	211							

3560	3688	187	78.89	79.00	1.75	0.97	32	501	500		
"A-B" Leg Amperage		86	Voltage	210	1.75	0.97	0	0	0		
"B-C" Leg Amperage		87	Voltage	210	1.75	0.97	0	0	0		
"A-C" Leg Amperage		88	Voltage	210	1.75	0.97	0	0	0		
TOTAL									501	500	79 100.03%

3560	3689	134	71.88	63.00	1.75	0.97	18	376	376		
"A-B" Leg Amperage		93	Voltage	210	1.75	0.97	18	376	376		
"B-C" Leg Amperage		94	Voltage	210	1.75	0.97	0	0	0		
"A-C" Leg Amperage		94	Voltage	210	1.75	0.97	0	0	0		
TOTAL									752	752	83 150.38%

3560	3690	134	71.88	63.00	1.75	0.97	18	376	376		
"A-B" Leg Amperage		93	Voltage	210	1.75	0.97	18	376	376		
"B-C" Leg Amperage		94	Voltage	210	1.75	0.97	0	0	0		
"A-C" Leg Amperage		94	Voltage	210	1.75	0.97	0	0	0		
TOTAL									752	752	83 150.38%

3560	3690	134	71.88	63.00	1.75	0.97	18	376	376		
"A-B" Leg Amperage		93	Voltage	210	1.75	0.97	18	376	376		
"B-C" Leg Amperage		94	Voltage	210	1.75	0.97	0	0	0		
"A-C" Leg Amperage		94	Voltage	210	1.75	0.97	0	0	0		
TOTAL									752	752	83 150.38%



13-14 H
 # CHAMBERTE Coffin

make copy

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

4261

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'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: 477 Congress St 13th Fl. DATE: 6-4-08

PROPERTY ADDRESS: Portland, Me.

PLANS
 ACCEPTED BY APPROVING AUTHORITY(S) NAMES: Maine State Fire Marshall
 ADDRESS: Augusta Maine
 INSTALLATION CONFORMS TO ACCEPTED PLANS YES NO
 EQUIPMENT USED IS APPROVED YES NO
 IF NO, EXPLAIN DEVIATIONS

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
 HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES YES NO
 IF NO, EXPLAIN

LOCATION OF SYSTEM
 SUPPLIES BLDGS. 13th Floor

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	Tyco SIN 323i	TyFRB	2008	1/2	62	155°
	Tyco SIN 3131	↓	↓	↓	3	155°
	Tyco SIN 3331	↓	↓	↓	1	155°

PIPE AND FITTINGS
 PIPE CONFORMS TO NFPA 13 STANDARD YES NO
 FITTINGS CONFORM TO NFPA 13 STANDARD YES NO
 IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	<u>Flow-water</u>	<u>Potter</u>	<u>VSR-25</u>	<u>—</u>	<u>18</u>

DRY PIPE OPERATING TEST	DRY VALVE			Q.O.D.				
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.		
	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.	YES NO	
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 type="checkbox"/> NO		DETECTING MEDIA SUPERVISED		
				<input type="checkbox"/> YES		<input type="checkbox"/> NO				
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS							<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
MAKE		MODEL		DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE		
				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 (10.2 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.
FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1 1/4 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 1/4 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 type="checkbox"/> YES <input type="checkbox"/> NO	
	EQUIPMENT OPERATES PROPERLY		<input 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	
	STATIC PRESSURE: <u>100</u> PSI	<u>1 1/4</u>	<u>100</u> PSI <u>14 Drain</u>	
Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.				
VERIFIED BY COPY OF THE U FORM NO. 858		<input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER EXPLAIN
FLUSHED BY INSTALLER OF UNDER-		<u>Exist. Underground in place.</u>		
GROUND SPRINKLER PIPING		<input type="checkbox"/> YES <input type="checkbox"/> NO		

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	<u>0</u>	<input checked="" type="checkbox"/>	

WELDING	WELDED PIPING		<input checked="" type="checkbox"/> YES	<input 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 checked="" 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 checked="" 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 THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED		<input checked="" 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
12-1-08

SIGNATURES	NAME OF SPRINKLER CONTRACTOR		
	<u>Eastern Fire Protection</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
<u>[Signature]</u>		<u>7/9/08</u>	
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE	
<u>[Signature]</u>		<u>7-9-08</u>	

ADDITIONAL EXPLANATION AND NOTES

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING

make
copy

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

4261

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'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: 477 Congress St. 14th Fl. DATE: 6/4/08

PROPERTY ADDRESS: Portland, Me

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: Maine State Fire Marshall

ADDRESS: Augusta Me.

INSTALLATION CONFORMS TO ACCEPTED PLANS YES NO

EQUIPMENT USED IS APPROVED YES NO

IF NO, EXPLAIN DEVIATIONS

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

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES YES NO

IF NO, EXPLAIN

LOCATION OF SYSTEM

SUPPLIES BLDGS. 14th Fl.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	TYCO SIN 3131	TYFRB BRUP	2008	1/2"	2	155°
	TYCO SIN 3231	TYFRB RCLP	2008	1/2"	44	155°
	TYCO SIN 3131	TYFRB HSW	2008	1/2"	1	155°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD YES NO

FITTINGS CONFORM TO NFPA 13 STANDARD YES NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	Water Flow	Potter	VSP	-	18

DRY PIPE OPERATING TEST	DRY VALVE			Q.O.D.			ALARM OPERATED PROPERLY		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	YES	NO	
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET			
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
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 type="checkbox"/> NO			DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO			
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS <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	<p>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.</p> <p>FLUSHING. Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p>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.</p>						
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON						
	DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO						
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE STATIC PRESSURE: <u>100</u> PSI <u>1 1/2"</u>			RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>100</u> PSI <u>14 Drain</u>		
BLANK TESTING GASKETS	NUMBER USED		LOCATIONS			NUMBER REMOVED	
	<u>0</u>						
WELDING	WELDED PIPING <input checked="" type="checkbox"/> YES <input 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 checked="" 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 checked="" 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 THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN				
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>12-1-08</u>						
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastern Fire Protection Co.</u>						
	TESTS WITNESSED BY						
	FOR PROPERTY OWNER (SIGNED) <u>[Signature]</u>		TITLE <u>[Blank]</u>		DATE <u>7/9/08</u>		
FOR SPRINKLER CONTRACTOR (SIGNED) <u>[Signature]</u>		TITLE <u>Fitter</u>		DATE <u>7/9/08</u>			

ADDITIONAL EXPLANATION AND NOTES

Cindy L. Stover

From: Ureneck, Paul [PUreneck@Boulos.com]
Sent: Tuesday, March 24, 2009 11:25 AM
To: Cindy L. Stover
Subject: FW: 13th & 14th Floor, 477 Congress

Here you go.

From: Belinda Deming [mailto:demingbj@mail.teameastern.com]
Sent: Tuesday, March 24, 2009 11:09 AM
To: Ureneck, Paul
Subject: 13th & 14th Floor, 477 Congress



Paul please see the attached documents. I also sent them in the regular post.

Belinda J. Deming

Admin. Assist./Collection Specialist

Eastern Fire Protection & Eastern Fire Services

P.O. Box 1390

Auburn, ME 04211-1390

Ph# 207-784-1507 Fax# 207-782-0566

3/24/2009