



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



# 10183

**Teen Shelter**

Located at: 38 Preble ST  
 In the Town of: Portland  
 Occupancy/Use: office/ shelter  
 Type of System: NFPA 13

Permission is hereby given to:

**High Tech Fire Protection Co., Inc.**  
 PO Box 156  
 Minot, ME 042580156  
 Contractor License # 102

to begin installation according to plans submittal approved by the Office of State Fire Marshal. The submittal is filed under log # 2121371 , 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, o other pertinent legal restrictions. This permit shall be displayed at the construction site or be made readily available.

This permit was issued on 8/23/2012 for a fee paid of \$180.00

*This permit will expire at midnight on Tuesday, February 19, 2013*

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 12-6-12

RMS for this job: Poulin Edward M.

RMS Signature: Ed Poulin

# 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 **TEEN SHELTER** DATE **11-27-12**

PROPERTY ADDRESS **38 PREBLE STREET**

<b>PLANS</b>	ACCEPTED BY	<b>State Fire Marshal's Office</b>				
	ADDRESS	<b>#164 State House Station Augusta, Maine 04333-0164</b>				
	Installation conforms to accepted plans <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> Equipment used is approved if no, explain deviations. <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>					

<b>INSTRUCTIONS</b>	Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Has copies of the following been left on the premises? 1. System components instructions <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> 2. Care and maintenance instructions <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> 3. NFPA 25 (Owners Manual) <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>

LOCATION OF SYSTEM Supplies buildings **38 PREBLE ST.**

<b>SPRINKLERS</b>	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	GLOBE	GL5641	2012	5.6	1	200*
	GLOBE	GL5615	2012	5.6	74	155*
	GLOBE	GL5606	2012	5.6	72	155*
	VICTAULIC	V2502	2012	4.2	32	175*

PIPING & FITTINGS Type of pipe STEEL SCH 10, SCH 40  
Type of fittings STEEL GROOVED, THREADED CAST IRON

<b>ALARM VALVE OR FLOW INDICT.</b>	Alarm Device			Maximum time to operate through test connection.		
	Type	Make	Model	Minutes	Seconds	
	<b>Vien</b>	<b>System Sensor</b>	<b>WFD40</b>		<b>30</b>	

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

<b>DELUGE &amp; PREACTION VALVES</b>	Operation	<input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic			
	Piping supervised	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does valve operate from the manual trip, remote, or both 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 of operate release
		Yes No	Yes No	Minutes	Seconds

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

<sup>1</sup> Measured from time inspector's test connection is opened.

TEST DESCRIPTION	Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) 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. Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) 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 bar) in 24 hours.						
TEST	All piping hydrostatically tested at <u>200</u> psi ( <u>13.6</u> bar) for <u>2</u> hours Dry piping pneumatically tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Equipment operates properly <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If no, state reason <u>No dry piping</u>			
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems of stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Drain test	Reading of gauge located near water supply test connection: <u>76</u> psi (____ bar).			Residual pressure with valve in test connection open wide: <u>76</u> psi (____ bar).		
	Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping?						
	Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Explain			
If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If no, explain <u>None used</u>				
BLANK TESTING GASKETS	Number used <u>none</u>	Locations <u>—</u>	Number removed <u>0</u>				
WELDING	Welding 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 B2.1? <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 B2.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure 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						
CUTOUPS (DISCS)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <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>12/6/12</u>						
SIGNATURES	Name of sprinkler contractor <u>High Tech Fire Protection</u>						
	Test witnessed by						
	For property owner (signed) <u>[Signature]</u>		Title		Date		
For sprinkler contractor (signed) <u>[Signature]</u>		Title <u>Fireman</u>		Date <u>12/6/12</u>			
ADDITIONAL SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING	