

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Location of Construction:<br>70-72 Emery St   |  | Owner:<br>Port Resources, Inc.   |  | Phone:   |  |
| Owner Address:<br>193 Middle St Portland, ME 04101  |  | Lessee/Buyer's Name:   |  | Phone:   |  |
| Contractor Name:<br>DLM Corporation David McDonald  |  | Address:<br>Donald P.O. Box 52 Portland, ME 04112  |  | Phone:<br>871-1660   |  |
| Past Use:<br>Foster Care  |  | Proposed Use:<br>Same<br>w/addition  |  | COST OF WORK:<br>\$ 279,000.00   |  |
|   |  |  |  | PERMIT FEE:<br>\$ 1,415.00   |  |
|   |  |  |  | FIRE DEPT. <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied |  |
|   |  |  |  | INSPECTION:<br>Use Group <u>B3</u> Type:<br><u>BOCA 96</u>                                 |  |
|   |  |  |  | Signature: <i>Huffman</i>  |  |
| Proposed Project Description:<br>Demo portion of existing <del>structure</del> Structure<br>Rebuild Demo'd portion & expand 2,450 Sq Ft |  | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  |  | Signature: <i>Huffman</i>  |  |
|   |  | Action:<br>Approved <input type="checkbox"/><br>Approved with Conditions <input type="checkbox"/><br>Denied <input type="checkbox"/> |  | Date:  |  |
| Permit Taken By:<br>Mary Gresik   |  | Date Applied For:<br>14 August 1997  |  |  |  |

Permit No. **970891**

**PERMIT ISSUED**

Permit Issued:  
**AUG 18 1997**

**CITY OF PORTLAND**

Zone: R-6 CBL: 061-G-007

Zoning Approval: *OK* 8/15/97

Special Zone or Reviews:

Shoreland NA

Wetland

Flood Zone NA

Subdivision NA

Site Plan maj  minor  mm

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 information may invalidate a building permit and stop all work..

**Zoning Appeal**

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

**Historic Preservation**

Not in District or Landmark

Does Not Require Review

Requires Review

**Action:**

Approved

Approved with Conditions

Denied

Date: 7/2/97

*K. Jaillot*

2-30 YC 15667/30-3671  
15668/30-3672

*Call Dave 871-1660*

**PERMIT ISSUED WITH REQUIREMENTS**

**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 provisions of the code(s) applicable to such permit

*David McDonald*  
SIGNATURE OF APPLICANT David McDonald

14 August 1997  
ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **3**  
*T. Munson*

COMMENTS

5/Dec/97 5'9" side yard North side - OK Rear & side Foundation  
Already placed before inspection #

Framing msp - Appears to be done per plans -  
Need to do fire blocking near bsmt area of  
elevator shaft

Plumbing - Need to add 2 cleanout in bsmt - Checked  
w/ state Plumbing Inspector - Dana Tuttle

5/22/98

- Final - <sup>OK</sup> Need to replace temp. jack studs -
- <sup>OK</sup> Need switch plate covers bsmt - open wires/pipes -
- <sup>OK</sup> Handrail bsmt stairs -
- <sup>OK</sup> 1st fl rear - emerg. light - not operable
- <sup>OK</sup> vacuum brakes on stop sinks + outside faucets

Stairwell - front - 20 min door to hrs fire rated <sup>OK</sup>  
Repoint ext. fndn. - <sup>OK</sup>

5/26/98 Front steps only have block on ground under post  
Need square lattice  
Repoint chimney

5-28-98  
Need to set on ledge  
Front block

3'3" L = 3'5" R (REF)

| Inspection Record |                    | Date    |
|-------------------|--------------------|---------|
| Type              |                    |         |
| Foundation:       | OK - P.S. Hoffses  | 12/5/97 |
| Framing:          | OK - T.M.          |         |
| Plumbing:         | OK - T.M. w/ state |         |
| Final:            |                    |         |
| Other:            |                    |         |



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 10-71 Berry St. Portland, ME 04107

Issued to [redacted] Date of Issue 10/14/2021

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 071001, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

[redacted]

Restor Care

Limiting Conditions:

This certificate supersedes  
certificate issued [redacted]

Approved:

[redacted signature]  
.....  
(Date) Inspector

[redacted signature]  
.....  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

# BUILDING PERMIT REPORT

DATE: 18 Aug. 97 ADDRESS: 70-72 Emery ST.

REASON FOR PERMIT: Demo/rebuild addition

BUILDING OWNER: Port Resources, Inc.

CONTRACTOR: DLM Corp.

PERMIT APPLICANT: David McDonald APPROVAL: \*1 \*2 \*6 \*8 \*9 \*10 \*11 \*12 \*14 \*15 \*16 \*18 \*21 \*25 \*26 \*27

## CONDITION(S) OF APPROVAL

1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approval ~~from the Development Review Coordinator and~~ Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
3. Precaution must be taken to protect concrete from freezing.
4. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
5. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4 Section 407.0 of the BOCA/1996)
6. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code. (The BOCA National Mechanical Code/1993) U.L. 103.
7. Sound transmission control in residential building shall be done in accordance with Chapter 12 section 1214.0 of the city's building code.
8. Guardrail & Handrails A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42" , except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
9. Headroom in habitable space is a minimum of 7'6".
10. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use group minimum 11" tread, 7" maximum rise.
11. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
12. Every sleeping room below the fourth story in buildings of use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft.
13. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
14. All vertical openings shall be enclosed with construction having a fire rating of at least one (1)hour, including fire doors with self closer's.
15. The boiler shall be protected by enclosing with (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
16. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's Building Code Chapter 9, Section 19, 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
  - In the immediate vicinity of bedrooms
  - In all bedrooms
  - In each story within a dwelling unit, including basements

In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and

I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)

- 17. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
- X18. The Fire Alarm System shall be maintained to NFPA #72 Standard.
- 19. The Sprinkler System shall maintained to NFPA #13 Standard.
- 20. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. Of the City's building code. (The BOCA National Building Code/1996)
- X21. No construction or demolition work shall begin until you have obtained permits for dumpsters or containers. A work Stop Order shall be issued if this requirement is not met.
- 22. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
- 23. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
- 24. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's office.
- X25. Ventilation shall meet the requirements of Chapter 12 Sections 1210. of the City's Building Code.
- X26. All electrical and plumbing permits must be obtained by a Master Licensed holders of their trade.
- X27. All requirements must be met before a final Certificate of Occupancy is issued.

28.

29.

  
P. Samuel Hobbie, Chief of Code Enforcement

cc: Lt. McDougall, PFD  
Marge Schmuckal

FIRE ALARM ACCEPTANCE REPORT

GENERAL

Address: 70-72 EMERY ST
Owner: RPT RESOURCES, INC.
Owners Address: 175 LANCASTER ST.
Floors Protected: 3

EQUIPMENT INVENTORY

Equipment Brand: EDWARDS
Number of Smoke Detectors: 18
Type of Smoke Detectors; Ionization: Photo Elec: X
Number of Rate-of Rise Detectors: 1
Number of Fixed Temp Heat Detectors: 0
Number of Manual Pull Station: 5
Number of Sounding Devices: 5
Type of Sounding Devices; Horn Horn Light: X Bell: Speaker Chimes
Prerecorded Tape Message: NONE

AUXILLARY EQUIPMENT

Number of Master Boxes: 0
Fan shut-down; Yes: No: X
Door holders; Yes: No X Number:
Sprinkler Activation; Yes X No:
Fire Fighters Telephone; Yes No X
Voice Communications; Yes No X
Remote Annunciators; Yes: No X
Door Lock Control; Yes: No X
Elevator Control; Yes No X

PORTLAND FIRE DEPARTMENT
FIRE PREVENTION BUREAU
380 CONGRESS STREET
PORTLAND, MAINE 04101

WIRING

Does the wiring conform to NFPA #70 (NEC), Article 760? Yes X No
Is standby power provided? Yes X No:
Battery: X Generator: Both
Have any devices been "T" tapped? Yes No X
Are back boxes provided for all devices: Yes X No

TEST RESULTS

Was a complete test conducted on this sytem including the activation of all smoke detectors and pull stations? Yes: No X Yes to Pull Stations
Is the Alarm Tone of the sounding devices adequate to maintain 15 dbs above ambient noise levels? Yes: X No:
Is this sytem in compliance with NFPA 72A standards: Yes: X No:

Signature of Installing Contractor: [Signature]
Date: 5-26-98

This form must be completed in its entirety and returned to the Fire Prevention Bureau before a Certificate of Occupancy will be issued.



Angus S. King, Jr.  
Governor

**Department of Public Safety**  
*Licensing and Inspections Unit*

**State Fire Marshal's Office**  
*Engineering and Inspections Divisions*  
164 State House Station  
Augusta, Maine 04333-0164



Ladd G. Alcott  
Fire Marshal

May 30, 1997

Port Resources, Inc.  
70-72 Emery St.  
Portland, ME 04102

**RE: Port Resources - Adult Foster Homes (Waiver)**

To Whom It May Concern:

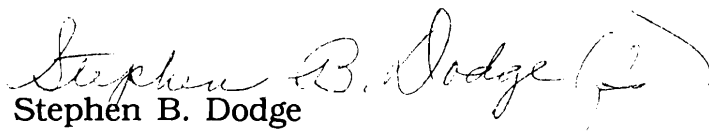
This **Preliminary Letter of Approval** acknowledges that you have started a file with our office for the intention of obtaining a Construction and Barrier Free Permit.

After reviewing the preliminary plans, I find that the basic concept of your project can be fine-tuned for full compliance with the requirements for Life Safety Code and Barrier Free Construction.

We await your resubmittal of completed plans and specification for final review. This letter is **NOT** final approval, and it is important to note that **CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.**

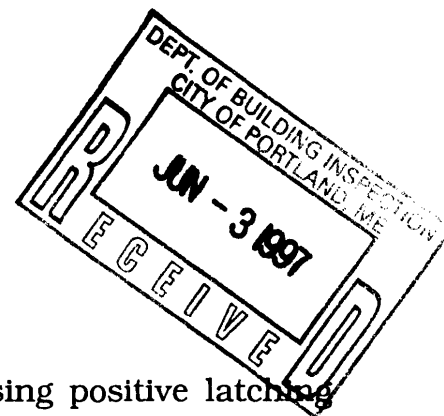
If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection,

  
Stephen B. Dodge  
Public Safety Inspector II

SBD/fs

P.S.: Provide 20 minute rated firedoors with self-closing positive latching devices on laundry rooms.



397 Water Street  
Gardiner, Maine 04345  
Telephone: 207-624-8744  
Fax: 207-624-8767

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

Port Resources  
70-72 Emery Street  
Portland, ME 04102

RE: Information Requested

Dear Sirs/Madams,

Please note the following responses to your queries for the Maine State Housing Authority:

Project owner: Port Resources

Project Address: 70-72 Emery Street, Portland, ME

Does this property have any known code violations? X yes

Does the building currently comply with local zoning? X yes cert. of occupancy on file

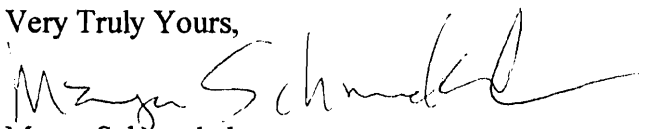
Are you familiar with the proposed changes/rehabilitation to the property? somewhat in general - yes

Will the proposed changes comply with all applicable codes & requirements? They will be required to do so prior building permit issuance

Comments:

Of course there can be no blanket pre-approvals before reviewing the permit submissions. We look forward receiving those plans and reviewing them. We will review for site plan, zoning, plumbing, electrical, fire, and building codes.

Very Truly Yours,

  
Marge Schmuckal  
Zoning Administrator/Asst. Chief of Insp. Services

cc to: File  
P. Samuel Hoffses, Chief of Insp. Services



# Contractor's Material and Test Certificate for **A**boveground 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 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 FOSTER HOME DATE 4-27-98

PROPERTY ADDRESS 70-72 EMERY STREET PORTLAND, MAINE

|              |   |   |
|--------------|---|---|
| <b>PLANS</b> | ACCEPTED BY APPROVING AUTHORITIES (NAMES) <u>MAINE STATE FIRE MARSHAL</u> |   |
|              | ADDRESS <u>AUGUSTA, MAINE</u>   |   |
|              | INSTALLATION CONFORMS TO ACCEPTED PLANS                                   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|              | EQUIPMENT USED IS APPROVED<br>IF NO, EXPLAIN DEVIATIONS                   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

|                     |   |  |
|---------------------|---|--|
| <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?<br>IF NO, EXPLAIN | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |
|                     | HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES?<br>1. SYSTEM COMPONENTS INSTRUCTIONS<br>2. CARE AND MAINTENANCE INSTRUCTIONS<br>3. NFPA 25        | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

LOCATION OF SYSTEM SUPPLIES BUILDINGS BASEMENT, FIRST AND SECOND FLOORS

|             | MAKE              | MODEL        | YEAR OF MANUFACTURE | ORIFICE SIZE | QUANTITY    | TEMPERATURE RATING |
|-------------|-------------------|--------------|---------------------|--------------|-------------|--------------------|
|             | <b>SPRINKLERS</b> | <u>STAR</u>  | <u>SG-RES-HSW</u>   | <u>1997</u>  | <u>7/16</u> | <u>43</u>          |
| <u>STAR</u> |                   | <u>SG-R</u>  | <u>1997</u>         | <u>7/16</u>  | <u>2</u>    | <u>155</u>         |
| <u>STAR</u> |                   | <u>SG-93</u> | <u>1997</u>         | <u>7/16</u>  | <u>22</u>   | <u>155</u>         |

PIPE AND FITTINGS  
Type of Pipe BLACK STEEL  
Type of Fittings BLACK CAST IRON

|  | ALARM DEVICE     |               |              | MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION |     |
|--|------------------|---------------|--------------|---|-----|
|  | TYPE             | MAKE          | MODEL        | MIN   | SEC |
|  | <u>VANE TYPE</u> | <u>POTTER</u> | <u>VSR-F</u> |   |     |

|             | 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 |     |    |
|             | MIN   | SEC   | PSI            | PSI          | PSI                     | MIN   | SEC                     | YES | NO |
|             | Without Q.O.D.                                    |       |                |              |                         |   |                         |     |    |
| With Q.O.D. |   |       |                |              |                         |   |                         |     |    |

N/A

IF NO, EXPLAIN

<sup>1</sup>MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

|   |  |  |   |                 |   |                             |   |            |  |
|---|--|--|---|-----------------|---|-----------------------------|---|------------|--|
| DELUGE AND PREACTION VALVES<br><br>N/A  | 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, 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 TO OPERATE RELEASE                                     |            |  |
|   |  | YES  | NO  | YES             | NO  | MIN                         | SEC   |            |  |
| PRESSURE REDUCING VALVE TEST<br><br>N/A   | LOCATION & FLOOR   | MAKE & MODEL   | SETTING   | STATIC PRESSURE |   | RESIDUAL PRESSURE (FLOWING) |   | FLOW RATE  |  |
|   |  |  |   | INLET (PSI)     | OUTLET (PSI)  | INLET (PSI)                 | OUTLET (PSI)  | FLOW (GPM) |  |
|   |  |  |   |                 |   |                             |   |            |  |
| TEST DESCRIPTION  | <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 measure drop, which shall not exceed 1½ 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 1½ psi (0.1 bars) in 24 hours.</p> |  |   |                 |   |                             |   |            |  |
| TESTS   | ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI ( <u> </u> BARS) 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   |  |   |                 |   |                             |   |            |  |
|   | 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 OR STOPPING LEAKS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |                 |   |                             |   |            |  |
|   | DRAIN TEST   | READING OF GAUGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: <u>55</u> PSI ( <u> </u> BARS) |   |                 | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE: <u>45</u> PSI ( <u> </u> BARS) |                             |   |            |  |
| UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING<br>VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input type="checkbox"/> NO <b>OTHER</b> EXPLAIN<br>FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO <b>BY OTHERS</b> |  |  |   |                 |   |                             |   |            |  |
| IF POWDER-DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE SAMPLE TESTING BEEN SATISFACTORILY COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |   |                 | IF NO, EXPLAIN  |                             |   |            |  |
| BLANK TESTING GASKETS   | NUMBER USED  | LOCATIONS  |   |                 |   |                             | NUMBER REMOVED  |            |  |
|   | <u>0</u>   |  |   |                 |   |                             |   |            |  |
| 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 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 type="checkbox"/> YES <input type="checkbox"/> NO               |  |  |   |                 |   |                             |   |            |  |
| CUTOUTS (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  |  |   |                 |   |                             |   |            |  |
| SIGNATURES  | NAME OF SPRINKLER CONTRACTOR <u>GRINNELL FIRE PROTECTION</u>   |  |   |                 |   |                             |   |            |  |
|   | TESTS WITNESSED BY   |  |   |                 |   |                             |   |            |  |
|   | FOR PROPERTY OWNER (SIGNED)  |  |   |                 | TITLE   | DATE                        |   |            |  |
|   | <u>Pat Fullinwar</u>   |  |   |                 | <u>Foreman</u>  | <u>4-27-98</u>              |   |            |  |
| FOR SPRINKLER CONTRACTOR (SIGNED)   |  |  |   | TITLE           | DATE  |                             |   |            |  |
| <u>John White</u>   |  |  |   | <u>Foreman</u>  | <u>4/27/98</u>  |                             |   |            |  |
| ADDITIONAL EXPLANATION AND NOTES  |  |  |   |                 |   |                             |   |            |  |