DEAN & ALLYN, INC.
FIRE PROTECTION · SPECIAL HAZARD

116 LEWISTON ROAD
GRAY, ME 04039
TEL. 207/657-6646 FAX 207/657-6647

September 11, 2015

TO:
Doug Morin
City of Portland
Fax: 207.874.8716

Re:
Pomeroy Residence
11 Pomeroy Street
Portland Maine

To Whom it May Concern,

This letter is to confirm that the fire protection system at the above referenced location has been installed and tested in accordance with NFPA #13R, City of Portland and Maine State Fire Marshal's requirements.

Very truly yours,

Tim White

Tim White
Dean & Allyn, Inc.

Contractors Material and Test Certificate for Aboveground Piping

A. 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. All "No" answers shall be explained in the Comments portion of this form.

Property Name: POMEROY RESIDENCE Address: 11 POMEROY STREET PORTLAND ME Date: 9/11/15

B. Plans
1. Accepted by Approving Authorities (Names): CITY OF PORTLAND
2. Address: PORTLAND ME
3. Installation conforms to accepted plans ☑Yes ☐No
4. Equipment used is approved ☑Yes ☐No

C. Instructions
1. 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
2. Have copies of the following been left on the premises:
   a. System components instructions ☑Yes ☐No
   b. Care and maintenance instructions ☐Yes ☑No
   c. NFPA 25 ☐Yes ☑No

D. Location of system - Supplies building(s): EXTRA BUILDING

E. Sprinklers

Make	Model	Year Made	Orifice	Quantity	Temperature
REGENCY	RFCWR	2015	7/16	43	165°
REGENCY	FWR	2015	1/2	8	155°

F. Pipe and Fittings
1. Type of Pipe: BLACK STEEL
2. Type of Fittings: CAST IRON

G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate Through Insp. Test
VANE	POTTER	VSR	28 SEC.

H. Dry-Pipe Valve
Make, Model and Serial Number:

I. Quick Opening Device (Q.O.D.)
Make, Model and Serial Number:

J. Dry-Pipe System Operating Test Without Q.O.D.
1. Time to trip through test connection*:
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly ☐Yes ☐No

K. Dry-Pipe System Operating Test With Q.O.D.
1. Time to trip through test connection*:
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly ☐Yes ☐No

L. Deluge and Preaction Valves
1. Make & Model:
2. Operation: ☐Pneumatic ☐Electric ☐Hydraulic
3. Piping and detecting media supervised ☐Yes ☐No
4. Does valve operate from manual trip and/or remote control station ☐Yes ☐No
5. Is there an accessible facility in each circuit for testing ☐Yes ☐No
6. Does each circuit operate supervision loss alarm ☐Yes ☐No
7. Does each circuit operate valve release ☐Yes ☐No
8. Maximum time to operate release: _____

M. Pressure Reducing Valve
1. Location and Floor:
2. Make and Model:
3. Setting: _____ Static Pressure: Inlet _____ psi, Outlet _____ psi
4. Residual Pressure (Flowing): Inlet _____ psi, Outlet _____ psi
5. Flow Rate: _____ gpm

N. Test Description
Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi for two hours or 50 psi above static pressure in excess of 150 psi 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 air pressure and measure drop. Test pressure tanks at normal water level and air pressure and measure air pressure drop. In both cases, the pressure drop shall not exceed 1½ psi in 24 hrs.

O. Tests
1. All piping hydrostatically tested at 200 psi for 2 hours
2. Dry piping pneumatically tested ~~☐Yes ☐No~~
3. Equipment operates properly ☑Yes ☐No
4. 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? ☑Yes ☐No
5. Drain Test:
   a. Static pressure reading of gage located near water supply connection 75 psi.
   b. Residual pressure with valve in test connection open wide 35 psi.
6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U ☑Yes ☐No
7. Flushed by installer of underground piping ☑Yes ☐No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ~~☐Yes ☐No~~

P. Blank Testing Gaskets
1. Number used: N/A
2. Locations: N/A
3. Number removed: N/A

Q. Welded Piping - If welded piping was used in the system, complete the following:
1. As the sprinkler contractor, were welding procedures in compliance with the requirements of at least AWS B2.1, ASME Section IX or other required standards ☐Yes ☐No
2. Was welding performed by welders qualified in compliance with the requirements of at least AWS B2.1, ASME Section IX or other required standards ☐Yes ☐No
3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in pipe are smooth, slag and other welding residue are removed, the internal diameters of piping are not penetrated, completed welds are free from cracks, incomplete fusion, surface porosity greater than 1/16 inch in diameter, undercut deeper than the lesser of 25% of the wall thickness or 1/32 inch, and the completed circumferential butt weld reinforcement does not exceed 3/32 inch? ☐Yes ☐No

R. Cutouts (Disks)
Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? ☑Yes ☐No

S. Hydraulic Data Nameplate Provided ☑Yes ☐No

T. Date left in service (with all control valves open): 9/11/15

U. Signatures
1. Name of sprinkler contractor: DEAN & ALLYN INC.
2. Tests witnessed by:
   For property owner (Signed): _____
   Title: _____ Date: _____
   For sprinkler contractor (Signed): [signature]
   Title: SERVICE MANAGER Date: 9/11/15

V. Comments *(This section is for additional explanation and notes. All "No" answers must be explained here.)*

*Measured from the time the inspector's test connection is opened

☐ Check here if comments continue on the reverse side of this form

Portland Water District

FROM SEBAGO LAKE TO CASCO BAY

Backflow Device Test Results Form

Inspection Date:

CUSTOMER

Name:		E-Mail:	
Address: 11 POMEROY ST.	City: PORTLAND	State: ME	Zip:

INSPECTOR

Name: Thomas Heaward	Company:	Dean & Allyn, Inc.	
Address: PO Box 709	City: Gray	State: ME	Zip: 04039
Phone Number: 207 657-5646	E-Mail: eelkanich@deanandallyn.com		
Certification Number: 8961	Certification Authority: (NEWWA) ABPA		

TEST RESULTS

	DEVICE 1	DEVICE 2	DEVICE 3	DEVICE 4	DEVICE 5
Backflow Serial #:	017019				
PWD Work Order #:					
The PWD Work Order is located on the inspection notice letter sent to the customer.					
Check Valve 1: (psid)	2.0				
Check Valve 2: (psid)	1.8				
Relief Valve: (psid)	/				
Vent Discharge: (psid)	/				
If this is a new device, please complete the following information.					
Make:	AMES				
Model:	200B				
Size: (inches)	1 1/4				

PASS