## 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 contractor. It is understood the owner's representative's signature in no way

prejudices any claim ag	ainst contractor	for faulty materi	al, poor workm	anship, of fa	ilure to cor	nply with app	roving au	thority's req	uirements or loca	l ordinances.					-		
PROPERTY NAME Sky	Skylark Commons Lot 16									DATE August 27, 2015							
PROPERTY ADDRESS		ad Dortland	Maina														
94 3	ACCEPTED E	ad, Portland BY APPROVING	i iviaine AUTHORITIE	S (NAMES)													
	State of Maine Fire Marshal's Office																
PLANS	ADDRESS Augusta, Maine																
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED, IF NO EXPLAIN DEVIATIONS											☑ YES □ NO					
	EQUIPMENT	USED IS APPR	OVED, IF NO	EXPLAIN DI	EVIATIONS	5						☑ YES	□ NO	)			
	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO											⊠ YES □ NO					
INSTRUCTIONS	LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF NO, EXPLAIN																
ii to i to o i o i to																	
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:											⊠ YES □ NO					
	SYSTEM COMPONENTS INSTRUCTIONS											¬ NO					
CARE AND MAINTENANCE INSTRUCTIONS     NFPA 25																	
LOCATION OF											⊠ NO	)					
SYSTEM		1st Floor, 2nd F	loor														
		MAKE		M	IODEL		YEAR OF MANUFACTURE			ORIFICE SIZE		ſΥ	TEMPE	RATU	RE		
		Pe	endant		20		1/2		12		155						
SPRINKLERS		Tyco Tyco			HSW		20		1/2		13			155			
	Tyco			11000			20	10	1/2		10			100			
	TYPE OF PIP	E															
	Mixture of B	lazeMaster Cl	PVC and Ste	el													
	TYPE OF FIT	TINGS lazeMaster Cl	DVC and Sta	ام													
	WIIXLUIC OI D	iazciviasici Oi	vo and old	.01							M	AXIMUM TIME	TO OPE	RATE			
ALARM VALVE		T) (DE		ALARM DEVICE					MODEL				T CONNECTION SEC				
OR FLOW INDICATOR	EI	TYPE ow Indicato	ır	MAKE Potter					MODEL VSR		M	IN.	17				
II V DIO ( I O I C	Г	ow mulcato	1	Foller					VON			17					
				DRY VALVE			<u> </u>				Q.C	ı.D.					
		MAKE		M		SERIAL	NO.	MAK	Œ	MO	DEL	SERIAL NO.					
DRY PIPE OPERATING TEST																	
	TIME T THROUG		H TEST DDECC			Alf			RIP POINT	TIME V	ATER REACH	IED TEST	ST ALARM (				
	CONNE MIN.						PSI AIR I		PRESSURE	1415	OUTLET*	050	YES NO		NO		
	Without	IVIIN.	SEU.	Po	DI .	PS	OI .		PSI	MIN	1.	SEC.	159		NO		
	Q.O.D.														Ш		
	With Q.O.D.																
	IF NO, EXPLA	AIN															
	ODEDATION																
	OPERATION PNEUMATIC DELECTRIC HYDRAULIC																
	PIPING SUPERVISED  ☐ YES ☐ NO  ☐ DETECTING MEDIA SUPERVIS									VISED ]YES □NO							
	DOES VALVE OPERATE FROM THE MANUAL AND/OR REMOTE STATIONS																
DELUGE &	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING IF NO, EXPLAIN																
PREACTION ACTION			Y	/ES 🔲NO						DOES EACH CIRCUIT OPERATE MAXIMUM TIME TO OPERATE							
ACTION	MA	KE	MOD	EL	PERVISION				VE RELEAS		IVIAATIIVIU		RELEASE				
					YES		NO		YES		NO	YES			NO		
			1														

	LOCATION & FLOOR		MAKE & MODEL	SETTING	STATIC PRESSURE				UAL PRESS FLOWING)	FLOW RATE			
PRESSURE REDUCING	α ΓLUUK				INLET (PSI)	OUTLET (PSI)		INLET (PSI	,	LET (PSI)	FLOW (GPM)		
VALVE TEST											1 200 (00 00)		
VALVE TEOT	LIVEDECETATION	Lludroo	static tooto aball be made at not les	no them 2000 mai /12 6 h	ana) far hua haura ar	F0 mai /2 / 1	hara\ aha	atatia nasasi	una in avenan	of 150 poi /:	10.2 have) for two hours		
TEST	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.												
DESCRIPTION	PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1 ½ (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure measure and air pressure drop, which shall not exceed 1 ½ (0.1 bars) in 24 hours.												
	ALL PIPING HYD DRY PIPING PNE		ATICALLY TESTED AT 20		IF NO, STATE REASON n/a								
	EQUIPMENT OP			YES □NO YES □NO		11/4							
	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?												
TESTS	DRAIN TEST	ING OF GAUGE LOCATED NEAR NECTION:	rest 70 psi						T 40 PSI				
	UNDERGROUND	MAINS	S AND LEAD IN CONNECTIONS		S	<del>-</del>	0011	OT	ΓHER	EXP	PLAIN		
			INNECTION MADE TO SPRINKLE THE U FORM NO. 85B FLUSHE		☐ YES	□NO			stalled by thers	У			
	OF UNDERGROU	UND SF	PRINKLER PIPING	YES YES	□NO								
	IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE  SAMPLE TESTING BEEN SATISFACTORILY COMPLETED?  IF NO, EXPLAIN												
BLANK	NUMBER USED		OCATIONS		☐ YES ☐	NO				TAILIMBEE	RREMOVED		
TESTING GASKETS	n/a	L	OCATIONS							NUNDER	REMOVED		
	WELDED PIPING	;	]YES ⊠NO										
	DO YOU OFFITE	IF YES DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE											
			THE SPRINKLER CONTRACTOR T LEAST AWS D10.9, LEVEL AR-		OCEDURES COMPL	LY WITH TH	IE.		☐ YES	S 🔲 N	10		
WELDING		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?											
							CONTE		<b>.</b>	,	O		
		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?												
CUTOUTS (DISCS)		Y THA	T YOU HAVE A CONTROL FEAT	HAT ALL	CUTOUTS			YES					
HYDRAULIC	,			IF NO, EXPLAIN									
DATA NAMEPLATE	NAMEPLATE PR		E WITH ALL CONTROL VALVES	ODEN:									
REMARKS			August 27, 2										
	NAME OF SPRIN	IKLER (		re Protection, I	nc.								
					TESTS WITNESS	ED BY							
	FOR PROPERTY	OWNE	ER (SIGNED)				TITLE			DATE			
			ank Didonato		Owner					8-27-15			
	FOR SPRINKLER CONTRACTOR (SIGNED)					TITLE					DATE		
ADDITIONAL EVOLAN	LATION AND NOTE							nspecu	lon	рерт	. 8-27-15		
ADDITIONAL EXPLAN	ATION AND NOTES	S											
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