DEAN AND ALLYN

2076575647

P. 02/03

O No

☐ Yes ☐ No

□ No

## Contractor's Material and Test Certificate for

A. Procedure (Conforms to NFPA 13-1994) 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 propared for approving authorities, owners and contractor. It is understood the owner's representative's

material,	poor work	manship, or fail al ordinances, A	ure to con	and thus with an	manufacture authoritud
the Com	nents porti	on of this force,		-571515 (2011)	on aubiditio iii
		ZEBNE.	O.F		* * * * * * * * * * * * * * * * * * * *
	Address:				Date: 2/1/05
B. Plans  1. Accepted by Approving Authorities (Names): E. B.C. MARSHALL  2. Address:					
~. <i>~~</i> ~~	Y & D.D				
		nforms to acc		กร	Zyes D No
4. Equipment used is approved					
C. Instructions 1. Has person in charge of fire equipment been					
J. P103	person in	charge of lire	equipme	nt been	
เกรเก	ucied as id	location of c	ontrol va	ives and	
care	and main	tenance of this	new equ	upment	Yes O No
∴ Mave	copies of	the following	been lef	t on the pre	
a. Sy	stem com	ponents instru	ctions		Z Xes D No
		aintenance ins	tructions		☐Yes ☐ No
	PA 25			- T	Yes No
D. Locat E. Sprini	ion of ays klers	tem - Supplies	building	ENTI	<u>LE</u>
Make	Model	Year Made	Orifice	Quantity	Temperature
Tyco	1 - 1/	04	// -	C) 3	1 Superature
~·/	55 P	- 4	-/-	7,4	735
yes	27 1	04	-//	4	3 86
Tyco	234	04	1/2		700.
****					
7. Pipe and Fittings 1. Type of Pipe: 5.566 2. Type of Fittings: R. T. 6. Alarm Valve or Flow Indicator					
		odel Max Ti		erate Throu	igh Inen Test
OLK P	PTYCE I, i	(-t -0-	5 66 6	ANNE TIMOL	the man year
7-4	1	***		• •	
Dry-P	pe Valve		5-10-1		
	and Mod				
2. Serial Number:					
Quick Opening Device (Q,O,D,)					
1. Make and Model:					
2. Serial	Number:				
Dry-Pile System Operating Test Without Q.Q.D.					
1. Time to trip through test connection*:					
2. Water pressurepsi. Air pressurepsi.					
3. Trip point air pressure psi.					
4. Time water reached test outlet*:					
5. Alarm operated properly					
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 press rebsi_					
Time water reached lest outlet!					
	operated				Yes 🗆 No
Deluge and Preaction Valves					
3 4 - T					

Aboveground Piping
N. 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.
Pneumatie: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs. Test pressure tanks at normal water tevel and air pressure and measure air pressure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs.  O. Tests
1. All piping hydrostatically tested at 200 psi for 2 hours 2. Dry piping pneumatically tested 2 Yes No 3. Equipment operates properly 2 Yes 2 No 4. Do you certify as the sprinkler contractor that

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?	d
5. Drain Test:	Mary B

 Static pressure reading of gage located near water supply connection 50 psi.

b. Residual pressure with valve in test connection open wide 33 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

TYPS DNO 7. Flushed by installer of underground piping TYes Q No

8. If powder driven fasteners are used in concrete, has representative sample testing been Ally

satisfactorily completed? P. Blank Testing Gaskets	To Yes	סא 🗅
Number used:		ALE PARTY OF THE P

2. Locations: 3. Number removed:

Q. Welded Pining - If welded piping was used in the system, complete the following:

1. Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3

2. 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 🗆 Yes 🗆 No

3. Do you certify that welding was serried out in compliance with a documented quality control procedure to insure that all discs are reitieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated

R. Cutours (Diaks)
Do you certify that you have a control feature to
ensure that all cutouts (disks) are retrieved?

S. Hydraulic Data Nan

(maya) Mie ichicaco.	LI Y_≘s	J≕ NO
ozplate Provided	<b>⊕</b> Yes	@ No
(with all control valves one		

T. Date left in service (with all U. Signatures

1. Name of sprinkler contractor: LEAN (	term/
2. Tests witnessed by:	11/1
For property owner (Signed):	
Title: Suck	Date: 2./1/05
For sprinkler contractor (Signed):	1

\_ Date: Commante (This cartion is for additional avalamation and notes

☐ Hydraulic

2. Operation; 

Pneumatic Electric

## Contractor's Material and Test Certificate for

## Aboveground Piping

A. Procedure (Conforms to NFPA 13-1994)

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 forgs.					
Decorate	Marie portio	TOI UNIS TOTAL	വഗത്		
Property Name: OCEAN ELDES Property Address: UM+S H4 THRU46 Date: 12/20/05					
AP. LIMINO	etad by A	merovino Aut	harities (	Names)-	A & WYARE SHALL
7. Add	ress:	'hhioairë waa	ionines (	.чшпсэ, г	DE MARESHAL
ALL 1 1 1 10 10 10 10 10 10 10 10 10 10 10		nforms to acce		101011	☑ Yes □ No
		ed is approved		1.5	Yes O No
C. Instru		or in ohlive			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		charge of fire	eauiomer	nt been	
		location of co			/
		enance of this			Yes D No
		the following			
		ponents instru		•	Z Yes O No
		aintenance ins			Yes No
c. NF	FPA 25				© Yes □ No
D. Locati	ion of sys	tem - Supplies	s building	:ENTI	<u>re</u>
E. Sprint					
Make	Model	Year Made	Orifice	Quantity	Temperature
Tyco	LFU	04	1/2	92	155
THEO		04	1/2	4	286
Tyco	55 U	04	1/2	8	200'
1 7-		,			
F. Pipe a	nd Fitting	şs,		-	
1. Type	of Pipe: _	5-66L		THE PERSON NAMED IN COLUMN NAM	
2. Type of Fittings:					
		r Flow Indicat		+ · TT	7 T
		odel Max. Ti		erate infoi	igh insp. rest
100ce 1	PTTERILY	1-1-0-	SEG		, y y 1, ,
He Dev Dina Vulva					
H. Dry-Pipe Valve Make and Model:					
2. Serial Number:					
I. Quick Opening Device (Q.O.D.)					
- 1	1. Make and Model:				
	Number:				
J. Dry-Pine System Operating Test Without Q.Q.D.					
		rough test com			
2. Water pressure psi. Air pressure psi.					
3. Trip point air pressure psi.					
		ched test outle			4
5. Alarm operated properly					
		o Operating	Test Wit		
		dugh test con		_	
2. Water pressure psi. Air pressure psi.					
3. Trip point air pressurepsi.					
		ched est outle	y':	pant .	
	operated		,		Yes 🗆 No
L. Deluge	and Pres	action Valves			

1. Make and Model: \_

2 Operation | Description | Classic

N. 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.

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O. Tests		
1. All piping hydrostatically tested at 200 psi	(01_2_	hours.
2. Dry piping pneumatically tested	☐ Yes	□ No
3. Equipment operates properly	<b>⊘</b> ¶es	□ 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 50 psi.		
b. Residual pressure with valve in test connect	ion	
open wide 3.5 psi.		
6. Underground mains and lead in connections to	)	
risers flushed before connection made to sprint		
piping and verified by copy of form No. 13-U	O Yes	□ No
7. Flushed by installer of underground piping	☐ Yes	□ No
8. If powder driven fasteners are used in concrete		-1.0
has representative sample testing been	7	
satisfactorily completed?	√ Yes	□ No
P. Blank Testing Gaskets		
1. Number used:,		
2. Locations:		
3. Number removed:		
Q. Welded Pining - If welded piping was used in	he system	1.
complete the following:		-,
1. Do you certify as the sprinkler contractor that		
Do you certify as the sprinkler contractor that welding procedures comply with the require-		
welding procedures comply with the require-	☐ Yes	□No
welding procedures comply with the requirements of at least AWS D10.9, Level AR-3	□ Yes	□No
welding procedures comply with the requirements of at least AWS D10.9, Level AR-3  2. Do you certify that the welding was performed	•	□ No
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Date:/2/20

TOTAL P.02

Title:

## DEAN & ALLYN, INC.

FIRE PROTECTION * SPECIAL HAZARD		
TO:  OTEG CASS  COMPANY:  PONTIONA FO  FAX NUMBER:  E74-8716  PHONE NUMBER:  RIE:  OCEAN RIGHE U	FROM:  STAW CAMIC  DATE:  A - > 1 - 05  TOTAL NO. OF PAGES INCLUDING COVER:  SENDER'S REFERENCE NUMBER:  YOUR REFERENCE NUMBER:  U. + 5 44 + 46	
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32 LEWISTON RD. BLDG. 1C" P.O. BOX 709 GRAY, ME 04039

TEL. 207/657-5646 \* FAX 207/657-5647