

**High Tech Fire Protection
P.O. Box 156
Minot, Maine 04258
Tel: (207) 998-2551**

Date: June 26, 2012
To: Reagan & Co.
From: Richard Smith
Re: Guarantee/fire sprinklers

MSG: High Tech Fire Protection hereby warranties and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project entitled 125 Presumpscot Street, Matrix insurance space in Portland, Maine for a period of one year from the date of substantial completion. (to June 20, 2013).

We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work, material completed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.

The sprinkler system meets or exceeds all requirements necessary for an approved NFPA #13 sprinkler system and the Local Authority.

High Tech Fire Protection
Richard Smith, Treasurer

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 **ROUND HOUSE** DATE **6-18-12**

PROPERTY ADDRESS **125 PRESUMPCOT ST**

ACCEPTED BY **State Fire Marshal's Office**
 PLANS ADDRESS **#164 State House Station Augusta, Maine 04333-0164**
 Installation conforms to accepted plans Yes No
 Equipment used is approved if no, explain deviations. **No new equipment** Yes No

INSTRUCTIONS Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? **Existing Riser** Yes No
 If no, explain?
 Has copies of the following been left on the premises?
 1. System components instructions Yes No
 2. Care and maintenance instructions Yes No
 3. NFPA 25 (Owners Manual) **Existing Riser** Yes No

LOCATION OF SYSTEM Supplies buildings **ROUND HOUSE**

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	GLOBE	GL5615	2012	5.6	24	155'
	GLOBE	GL5601	2012	5.6	21	155'

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

ALARM VALVE OR FLOW INDICT.	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds
	Pressure	Potter	PS10		2

DRY PIPE OPERATION TEST	Dry valve			O.O.D.		
	Make	Model	Serial no.	Make	Model	Serial no.

DELUGE & PREACTION VALVES Operation Pneumatic Electric Hydraulic
 Piping supervised Yes No
 Does valve operate from the manual trip, remote, or both control stations? Yes No
 Is there an accessible facility in each circuit for testing? Yes 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

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

1 Measured from time inspector's test connection is opened.

TEST DESCRIPTION	<p>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.</p> <p>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.</p>						
TEST	All piping hydrostatically tested at _____ psi (____ bar) for _____ hours Dry piping pneumatically tested <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment operates properly <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, state reason <i>Reworked existing Lines</i>			
	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: <i>101</i> psi (____ bar).			Residual pressure with valve in test connection open wide: <i>23</i> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other Explain <i>Existing Riser</i> If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain						
BLANK TESTING GASKETS	Number used	Locollons			Number removed		
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 type="checkbox"/> Yes <input type="checkbox"/> No			If no, explain			
REMARKS	Date left in service with all control valves open <i>6/20/12</i>						
SIGNATURES	Name of sprinkler contractor <i>High Tech Fire Protection</i>						
	Test witnessed by						
	For property owner (signed) _____ Title _____ Date _____			For sprinkler contractor (signed) <i>Tom J. Hayes</i> Title <i>Inspector 3/10</i> Date <i>6/20/12</i>			
ADDITIONAL SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING	



7-18-12

The Fire Alarm System at 125 Presumpscot street was modified 6-14-12 to allow for new tenant remodeling. All devices were installed in compliance with NEC, NFPA72, and Portland Fire Alarm Guidelines.

Any questions should be referred to the below person.

Thank you,

A handwritten signature in black ink, appearing to read "John Campbell AET". The signature is written in a cursive style and is positioned above the printed name.

John Campbell AET

Lead Commercial Installer

Protection1 Portland, ME

Cell 207-209-8472

A BETTER CHOICE FOR YOUSM

Branch Address • City, State, ZIP • 555.555.5555 • www.Protection1.com



10 Manuel Dr, Portland, Maine 04103 800-310-5011 fax 207-772-7354 Maine License # MC60018702

FIRE ALARM RECORD OF COMPLETION

1. PROPERTY INFORMATION

Name of property: 125 Presumpscot St LLC
 Address: 125 Presumpscot st, Portland, ME
 Description of property: Mull-tenant commercial New Tenant Build Out Only
 Occupancy type: Business
 Name of property representative: Earle Reagan
 Address:
 Phone: 207-774-1009 Fax: _____ E-mail: _____
 Authority having jurisdiction over this property: Portland Fire Dept
 Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: Protection One
 Address: 10 Manuel Dr, Portland, ME 04103
 License or certification number: MC60018702
 Phone: 207-347-5300 Fax: 207-772-7355 E-mail: _____
 Service organization for this equipment: Same
 Address:
 License or certification number:
 Phone: _____ Fax: _____ E-mail: _____
 A contract for test and inspection in accordance with NFPA standards is in effect as of: Unknown
 Contracted testing company:
 Address:
 Phone: _____ Fax: _____ E-mail: _____
 Contract expires: _____ Contract number: _____ Frequency of routine inspections: _____

3. DESCRIPTION OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Other (specify): _____

3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010

Additional description of system(s):

3.1 Control Unit

Manufacturer: Silent Knight

Model number: 5820

3.2 System Documentation

[X] An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the numbered record drawings are stored on site. Location: document box

3.3 System Software

[X] This system does not have alterable site-specific software.

Operating system (executive) software revision level:

Site-specific software revision date:

Revision completed by:

[] A copy of the site-specific software is stored on site. Location:

3.4 Off-Premises Signal Transmission

[] This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Protection One

Phone: 800-438-4367

Supervisory: Same

Phone:

Trouble: Same

Phone:

Entity to which alarms are retransmitted: Portland dispatch

Phone:

Method of retransmission: ringdown/pots

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

diact

4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: b

Survivability level: 0

Quantity: 2

(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media

Quantity: 0

Description:

4.1.3 Device Power Pathways

[X] No separate power pathways from the signaling line pathway

[] Power pathways are separate but of the same pathway classification as the signaling line pathway

[] Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules

Quantity: 0

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 0 Quantity: 0
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media

Quantity: _____ Description: _____

4.2.3 Device Power Pathways

- No separate power pathways from the initiating device pathway
- Power pathways are separate but of the same pathway classification as the initiating device pathway
- Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 0 Quantity: 1
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media

Quantity: 0 Description: _____

4.3.3 Device Power Pathways

- No separate power pathways from the notification appliance pathway
- Power pathways are separate but of the same pathway classification as the notification appliance pathway
- Power pathways are separate and different classification from the notification appliance pathway

5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: 1 Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors This system does not have smoke detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: Complete area Partial area Nonrequired partial area

Other (specify): _____

Type of smoke detector sensing technology: Ionization Photoelectric Multicriteria Aspirating Beam

Other (specify): _____

5.2.2 Duct Smoke Detectors

This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: _____

Conventional: _____

Other (specify): _____

Type of coverage: _____

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

5.2.3 Radiant Energy (Flame) Detectors

This system does not have radiant energy detectors.

Type and number of devices: Addressable: _____

Conventional: _____

Other (specify): _____

Type of coverage: _____

5.2.4 Gas Detectors

This system does not have gas detectors.

Type of detector(s): _____

Number of devices: Addressable: _____

Conventional: _____

Type of coverage: _____

5.2.5 Heat Detectors

This system does not have heat detectors.

Type and number of devices: Addressable: _____

Conventional: _____

Type of coverage: Complete area Partial area Nonrequired partial area Linear Spot

Type of heat detector sensing technology: Fixed temperature Rate-of-rise Rate compensated

5.2.6 Addressable Monitoring Modules

This system does not have monitoring modules.

Number of devices: _____

5.2.7 Waterflow Alarm Devices

This system does not have waterflow alarm devices.

Type and number of devices: Addressable: _____

Conventional: _____

Coded: _____

Transmitter: _____

5.2.8 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: _____

Alarm verification set for: _____ seconds

5.2.9 Presignal

This system does not incorporate pre-signal.

Number of devices subject to presignal: _____

Describe presignal functions: _____

5.2.10 Positive Alarm Sequence (PAS)

This system does not incorporate PAS.

Describe PAS: _____

5.2.11 Other Initiating Devices

This system does not have other initiating devices.

Describe: _____

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices

This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: _____

Conventional: _____

Coded: _____

Transmitter: _____

Other (specify): _____

6.2 Fire Pump Description and Supervisory Devices

This system does not have a fire pump.

Type fire pump: Electric pump Engine

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

6.2.1 Fire Pump Functions Supervised

Power Running Phase reversal Selector switch not in auto Engine or control panel trouble Low fuel

Other (specify): _____

6.3 Duct Smoke Detectors (DSDs)

This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: _____

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

6.4 Other Supervisory Devices

This system does not have other supervisory devices.

Describe: _____

7. MONITORED SYSTEMS

7.1 Special Hazard Suppression Systems

This system does not monitor special hazard systems.

Description of special hazard system(s): _____

7.2 Other Monitoring Systems

This system does not monitor other systems.

Description of special hazard system(s): _____

8. ANNUNCIATORS

This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1: _____

Location 2: _____

Location 3: _____

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System

This system does not have an EVACS.

Number of single voice alarm channels: _____

Number of multiple voice alarm channels: _____

Number of speakers: _____

Number of speaker circuits: _____

Location of amplification and sound-processing equipment: _____

Location of paging microphone stations: _____

Location 1: _____

Location 2: _____

Location 3: _____

9.2 Non-voice Notification Appliances

This system does not have nonvoice notification appliances.

Horns: 5 With visible: 5 Bells: With visible:
Chimes: With visible:
Visible only: 2 Other (describe):

9.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

Quantity:
Locations:

10. CONTROL FUNCTIONS

This system activates the following control functions:

- Hold-open door releasing devices Smoke management HVAC shutdown F/S dampers
- Door unlocking Elevator recall Fuel source shutdown Extinguishing agent release
- Elevator shunt trip

Other (specify):

10.1 Addressable Control Modules

This system does not have control modules.

Number of devices:
Other (specify):

11. SYSTEM POWER

11.1 Control Unit

11.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 5A
Overcurrent protection: Type: BREAKER Amps: 20
Location (of primary supply panel board): PPA
Disconnecting means location: OKT 13

11.1.4 Batteries

Location: FACP Type: SLA Nominal voltage: 24VDC Amp/hour rating: 12

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 6

- Batteries are marked with date of manufacture Battery calculations are attached

11.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

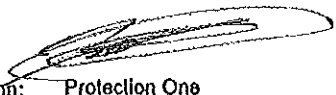
11.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:
Overcurrent protection: Type: Amps:
Location (of primary supply panel board):
Disconnecting means location:

14. CERTIFICATIONS AND APPROVALS

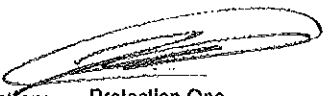
14.1 System Installation Contractor:

This system, as specified herein, has been installed and tested according to all NFPA standards cited herein.

Signed:  Printed name: John Campbell Date: 7-18-12
Organization: Protection One Title: Lead Commercial Tech Phone: 207-347-5322

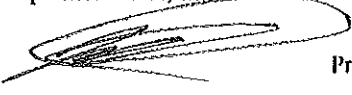
14.2 System Service Contractor:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed:  Printed name: John Campbell Date: 7-18-12
Organization: Protection One Title: Lead Commercial Tech Phone: 207-347-5322

14.3 Supervising Station:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed:  Printed name: John Campbell Date: 7-18-12
Organization: Protection One Title: Lead Commercial Tech Phone: 207-347-5322