SIGNATURE OF APPLICANT	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 provision of the code(s) applicable to such permit.				False information may invalidate a building permit and stop all work	<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>	<ol><li>Building permits do not include plumbing septic or electrical work.</li></ol>		1. This permit application does not preclude the	Permit Taken By: Date Applied For- kwd 09/10/2003				Proposed Project Description: Contract Units 14 through 17 and 24 through 73	0	ant rand: parcer includes this ,424-A: 6, 7-13, 20, 28, 31, 34,	)md	yer's Name	Business Name:	739 Ocean Ave	, 04101	
	ecord of the na er to make this it for work desc to enter all area				a building	is not started	umbing,	ble State and	reclude the	lied For: 2003				hrough 73 as p	development (18 buildings) & Community Building	Units 14 through 17 and 24 through 73 of the overall 86	Proposed Use:	Phone:	Contractor Name: WRIGHT RYA	Ocean East Of	7) 874-8703,	ing or Use P
ADDRESS	CERTIFICATION med property, or that the application as his authorizabed in the application is scovered by such permit:	Date:	Maj 🗌 Minor 🗐 MM [	Site Plan	Subdivision 5	Flood Zone	Wetland	Shoreland	Special Zone or Reviews					as per plan	o bundings) & ilding	nit			WRIGHT RYAN CONSTRUCTIO	Ocean East Of Portland 2 LLC	Tel: (207) 874-8703, Fax: (207) 874-8716	ermit Application
	N he proposed work is orized agent and I a n is issued, I certify uit at any reasonable	Date:	Denied	Appraved	☐ Interpretation	Conditional Use	Miscellaneous	☐ Variance		Zoning !	Signature:	Action: Approved	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Signature:		588,440.00   FIRE DEPT:		mily	Contractor Address: 10 DANFORTH STREET Portland	247 Commercial St	03-1100	Permit No:
DATE	authorized by th gree to conform t that the code offi hour to enforce	D			ion	d Use	ors		Zoning Appeal	Zoning Approval		Approved w/Conditions	TIES DISTRICT (P.	Signature:	Denied Use Group:	Approved INSPECTION:			REET Portland		12/16/2003	Issue Date:
PHONE	e owner of record and o all applicable laws of cial's authorized the provision of the	Date:	Denied	Approved w/Conditions	Approved	Requires Review	Does Not Require Review	Not in District or Landmark	Historic Preservation		Date:	Conditions Denied	AD.)	· e:	oup: Type:	4	CEO District:	Zone:	Phone 2077733625	Phone:	Ш	CBL:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

PHONE	DATE	30,000		F WORK, TITLE	RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
PHONE	DATE	į	ADDRESS		SIGNATURE OF APPLICANT
THE PROPERTY OF THE PROPERTY O	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS		100704		
he owner of record and to all applicable laws of ficial's authorized the provision of the	is authorized by t agree to conform / that the code off le hour to enforce	ne proposed work in inized agent and I is issued, I certified at any reasonable	amed property, or that the application as his authoribed in the application as covered by such permas covered by such permas.	r of record of the n owner to make this permit for work des rity to enter all are	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 provision of the code(s) applicable to such permit.
		Ž	CERTIFICATION		
Date:		Date:	Date		
Denied		Denied	Maj Minor MM		
Approved w/Conditions	- Perfect	Approved	Site Plan		
Approved	tion	[ Interpretation	Suptivision	late a building	False information may invalidate a building permit and stop all work.
Requires Review	nal Use	Conditional Use	Flood Zone	ork is not started	3. Building permits are void if work is not started within six (6) months of the date of issuance
Does Not Require Review	eous	Miscellaneous	☐ Wetland	de plumbing,	<ol><li>Building permits do not include plumbing, septic or electrical work.</li></ol>
Not in District or Landmarl	wai-	☐ Variance	Shoreland	plicable State and	
Historic Preservation	Zoning Appeal		Special Zone or Reviews	not preclude the	This permit application does not preclude the
	Zoning Approval	Zoning		Date Applied For: 03/24/2004	Permit Taken By: Date mjn 03
Date:		Signature:			-
//Conditions Denied	d Approved w/Conditions	Action: Approved			
ure: P.A.D.)	Signature: TITIES DISTRICT (P.A.	Signature: Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		123 and 74 throug	Proposed Project Description: Units 1 through 13 and 18 through 23 and 74 through 86
INSPECTION: Use Group: Type:	Approved INSPECTION Use Group:	FIRE DEPT:	the overall buildings)	23 and 74 through 86 of 86 unit development (18 & Community Building	
CEO District:	Cost of Work: \$0.00	Permit Fee:		Proposed Use: Units 1 throug	Past Use:
Zone:	ultifamily	Permit Type: Amendment to Multifamily		Phone:	Lessee/Buyer's Name
Phone 2077733625	TREET Portland	Contractor Address: 10 DANFORTH STREET Portland	N CONSTRUCTIO	Contractor Name: WRIGHT RYA	Business Name:
Phone:	ŧ	Owner Address: 247 Commercial St		Owner Name: Ocean East Of Portland Llc	Location of Construction: 739 Ocean Ave
CBL: 04 423 A004001	Ussue Date: 03/24/2004	Permit No: 04-0298	Permit Application Fax: (207) 874-8716	uilding or Use ] : (207) 874-8703,	City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716
	5	12.7		!!	

#### Applicant Applicant 247 Commercial St. Rockport, ME 04856 Applicant FEB 16 2005

### DEVELOPMENT REVIEW APPLICATION PLANNING DEPARTMENT PROCESSING FORM CITY OF PORTLAND, MAINE

Planning Copy

Applicant's Majling Address

Consultant/Agent

Agent Ph:

Applicant or Agent Daytime Telephone. Agent Fax:

**Bow/Madeun** ë

Schimulage

2004-0259

Application I. D. Number

12/23/2004

Project Name/Description Amendment to Plan - Ocean East

ınd, Maine

Series and announced to av		Chart-Block-Lot
posed Development (check all that apply):	] New Building sunaing Additio	dential Office
		Cince   Vergii
Manufacturing	☐ Parking Lot	✓ Other (specify) Amendment to Plan
posed Building square Feet or # of Units	Acreage of Site	1721 zoning I D
ck Review Required:		17 x 1 8 4 0 5

Planning Approval Status: င္တန္မ Site Plan g Fees Paid: Flood Hazard Pro Approval Date Zoning Conditional Use (ZBA/PB) (major/minor) Site Plan 01/12/2005 Zoning Variance Approved w/Conditions Shoreland # of lots Subdivision See Attached Subdivision Reviewer Engineer Review HistoricPreservation PAD Review Sarah Hopkins Denied Date 14-403 Streets Review Other Additional Sheets DEP Local Certification

OK to Issue Building Permit Performance Guarantee Approved Required\* Approval Expiration signature 01/12/2006

Extension to

Attached

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

Not Required

date

Performance Guarantee Accepted

date

Inspection Fee Paid Building Permit Issue date date

amount

amount

expiration date

Performance Guarantee Reduced date

Final Inspection Temporary Certificate of Occupancy

Certificate Of Occupancy

Performance Guarantee Released

Defect Guarantee Submitted

Defect Guarantee Released

submitted date

date

date

date

date

Conditions (See Attached)

remaining balance

signature

signature

signature

رن ري SSUED S

expiration date

amount

signature

date

#### DEVELOPMENT REVIEW APPLICATION CITY OF PORTLAND, MAINE

PLANNING DEPARTMENT PROCESSING FORM

DRC Copy

2004-0259

Application I. D. Number

True St. Housing Assoc., LP.

Applicant

247 Commercial St., Rockport, ME 04856

Applicant's Mailing Address

Agent Ph: Agent Fax:
Applicant or Agent Daytime Telephone, Fax

Agent Ph: Consultant/Agent

424 a006 Address of Proposed Site Ocean Avenue, Portland, Maine

Project Name/Description

Amendment to Plan - Ocean East

Application Date 12/23/2004

□ Performance Guarantee Accepted date amount expiration date   □ Inspection Fee Paid date amount   □ Building Permit Issue date amount   □ Performance Guarantee Reduced date remaining balance signature   □ Temporary Certificate of Occupancy date Conditions (See Attached) expiration date   □ Final Inspection date signature   □ Certificate Of Occupancy date signature	Performance Guarantee  Approval Status:  Approved w/Conditions See Attached  Approved w/Conditions See Attached  Approval Date 01/12/2005 Approval Expiration 01/12/2006 Extension to Additional Sheets Attached  Attached  Performance Guarantee  Required*  Approved w/Conditions Denied  Additional Sheets Attached	Subdivision  # of lots  Shoreland  Zoning Variance  Subdivision  Engineer	Assessor's Reference: Chart-Block-Lot Addition
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## Royal River Survey Company 43 Marina Road Yarmouth, Maine 04096

April 27, 2004

Mr. Michael Nugent

Code Enforcement

City of Partland Planning & Development Dept.

389 Congress Street

Portional, Maine 04101

RE: Setback of Building 2 – Ocean East

S

Dear Mr. Nugent

information for Building 5 of the Ocean East Realty Resources Townhomes off Presumpscot Street At the request of Mr. Greg Lanou of Wright Ryan Construction we are forwarding to you the layout

our knowledge and belief. representing the northwest corner of Building 5 identifies correctly that position, to the best of This afternoon we confirmed that the point laid out on the ground within the footing forms 2 measures 35'-10" from the nearest point of the property boundary to the south of the building. According to measurements calculated from our control traverse, the southwest corner of Building

Sincerely ROYAL RIVER SURVEY COMPANY

Regimald Parker, BLS 1154

Regimald Parker, BLS 1154

REGINALD

PARKER

PARKER

SUPPLIES

PARKER

REGINALD

SUPPLIES

PARKER

PARK

Post-it® Fax Note 7671 Date 4.2 | #of pages |

To Mike N (by M From P. Park )

Co.Dept. C:H. Manins ) Co. Balal N. v. Surgar

Phone # 874 86571 | Phone # 846 - 5477

Fax # 874-8716 | Fax # 7716

telephane: 207-846-5477 fax: 207-846-7716 e-mail: royalrvr@maine.rr.com

PAGE.

# ナロロエ 433 +010

3	ontractors	S M	Material a	and Te	est Cert	Certificate	e for	Above	Aboveground	d Piping
PROCEDUI Upon corr All defects A certifica It is under failure to	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, failure to comply with approving authority's requirements or local ordinances.	nspection sid and sy out and represent	and tests shall streem left in ser signed by both ratificials signature nority's requireme	be made by vice before epresentative in no way	the contractor contractor contractor's per shall prejudices any ordinances.	's represent sonnel find be prepare claim agai	tative and v lly leave the ed for appro	ritnessed by job. wing authoritical for faulty.	an owner's ries, owners, material, po	epresentative. and contractors. or workmanship,
PROPERTY	NAME TOWN	He	nes Ores	7.0					DATE	
PROPERTY ADDRESS	ADDRESS 10	SAS	SANCTUREY	I MAYE.	10mmality	1018	# 1	#1#	77	10-01
	ACCEPTED BY	1	Fire	Marshal's	S Office	1				
PLANS	ADORESS	#164	State	House	Station	A10110+0		OCION	0 222 0	~
	Installation con Equipment used	forms to	conforms to accepted plans used is approved if no, explain deviations.	ain deviations	2	200	1	ı	74.000 =	
	Has person in of control valve If no, explain?	charge c	Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain?	been instru ance of this	cted as to locc new equipmen	rtion t?			T Yes	0 0
INSTRUCTIONS		the follow the compo	Has copies of the following been left on the premises? 1. System components instructions 2. Care and maintenance instructions	the premis	es;				EP Yes	22: 001
		25 (0wn	ers Manual)						म इ. इ.	00
LOCATION OF SYSTEM		# se	14 Hydro	he Pro	Dry					
	MAKE		MODEL		YEAR OF MANUFACTURE	RE ORIFICE	SE SIZE	QUANTITY		TEMPERATURE RATING
	Relieble		FIFE	18	अक्ट <i>प</i>			14		155
ARE IXVIGOR			FIFR	20	2004	1/2		3/	, "	200 °
	_:		F3 OR	28	2004	1/2		,	۶/	,55/
	Kelioble		F3 an	7004	7.4	1/2		7	~	0.551
		310016	,			10 m ( ) 10				
FITTINGS	Type of fittings	Bleck	Pres			22.				
			Alarm Device			20000	Maximum time to		operate through test	st connection
ALARM VALVE	Type		Make		Modei		Minutes		Š	
FLOW MDICT.										
						2.52.12.1				
			Dry valve					0.0.D.		
			Model	Ser	Serial no.	Make		Model		Serial no.
DRY PIPE	VIC 10.1.C	_	750							
OPERATION TEST	through test		Water pressure	Air pressure	ıre	Trip point dir pressure	nt sure	Time water reached	woter d	Alarm operated
(5	Minutes	Seconds	Psi	.is		Psi		Minutes	Seconds	properly .
	Without SO.D.	-	29	30	7	Q				
<u> </u>	0.0.D. If no, explain									
	Operation		□ Pneumatic		□ Electric	- Hydronic	oilie			
	Piping supervised					200				
PREACTION D	Does valve operate from the manual trip, remate or both control statisments	from th	e manual trip. re	mote or ho	the control	Const			□ Yes	8
L	is there an accessible facility	ble facili	ty in each circuit	each circuit for testing?	Yes C	Ş	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			° D
				Does each circuit operate	ıte	s each circ	uit operate	.		
7	Make	Model	Supervision	loss alarm		e release?	valve release?	Maximum time	ঠ	operate release
<u> </u>			Yes	2		Yes	Ŷ	Minutes	tes	Seconds
	-	dale p.				2				
20000	and floor	Model	Security of the security of th	"	Static Pressure	(14:00:00:00)	Residual Pressure (flowing)	essure g)	Flow rote	rote
REDUCING				Inlet (psi)	outlet	(psi) Inlet	(psi)	outlet (psi)	Flow (	(mdb)
}						ilian i				
1 Measured f	Megsured from time inspector	r'e tost	l social							

PROCEDURE

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 silled 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, failure to comply with approving authority's requirements or local ordinances. Contractor's 120 Material and Test Certificate ð Aboveground Pipiriy ş

VALVES VALVES	Location Make & and floor Model		Make Model	o more an accessible lifelity		DELUGE & Property for PRESCHON Does valve operate for	Operation	If no, explain	0.0.D	Without Seconds	٠.	OPEYATION TEST Connection1	DRY PIPE Time to trip through test TEST connection 1			N D		E Type  Make  Make  Time to trip through tess connection 1	Type of pipe	Type of pipe	Type of pipe	Type of pipe	Reliable  Reliable  Type of pipe Type of fittings  Flow  Make  Make  Imme to trip through test connection 1	Type of fittings .C.	m %	-	7 N ON O	T M SS PT SNS	7 m 7 N N N N N N N N N N N N N N N N N	
	del Setting	Yes	Does each supervision	in eden circuit	s there on accessible facility.		□ Pneumatic			ts Psi		Water pressure	Model Water pressure	Mode!  Water pressure	Dry valve  Model  Water pressure	Dry valve  Model  Water pressure	Make  Poiter  Dry valve  Model  Water pressure		Z			Z (	FIRES 44 FIRES 49 Fire Pire Alarm Device Make Poiler Water pressure	MODEL  FIRES 49  FIRES 49  FIRES 49  FIRES 49  FIRES 49  FIRES 49  FIRES 40	MODEL  FIRES 44 HS  FIRES 49 Fm  Fire  Alarm Device  Make  Dry volve  Model  Water  pressure	Cowners Manual)	Has person in charge of fire equipment beer of control valves and care and maintenance if no. explain?  Has capies of the following been left on the 1. System components instructions 2. Care and maintenance instructions 3. NFPA 25 (Owners Manual)  Supplies buildings # 3  MAKE MAKE Model  Reliable FIRes 49 Fm.  Reliable FIRes 49 Fm.  Reliable FIRes 49 Fm.  Make Make  Dry valve  Make Model  Time to trip through test pressure	Equipment used is approved if no, explain deviations.  Has person in charge of fire equipment been instructed of control valves and care and maintenance of this new if no, explain?  Has copies of the following been left on the premises?  1. System components instructions 2. Care and maintenance instructions 3. NFPA 25 (Owners Manual)  Supplies buildings # 3  MAKE MODEL YEAR OF N  Reliable Fire MODEL YEAR OF N  Reliable Fire 3  Alarm Device  Type of pipe CPNC  ype of fittings CPNC  Make Model Serial in the premises?  Note:  Node:  Node:	ADDRESS #164 State House Installation conforms to accepted plans Equipment used is approved if no, explain deviations. Has person in charge of fire equipment been instruct of control valves and care and maintenance of this if no, explain?  Has copies of the following been left on the premise 1. System components instructions 2. Care and maintenance instructions 3. NFPA 25 (Owners Manual)  Supplies buildings #13	#164 State Fire Man #164 State Ho orms to accepted plans is approved if no, explain a harge of fire equipment bea s and care and maintenance components instructions nd maintenance instructions (S (Owners Manual))  ## 3  MODEL  FIRES 49 Final  Parker  Alarm Device  Make  Dry valve  Water  ## Model  ## 164 State Ho  ## 13  Model  ## 164 State Ho  ## 164 State ## 165  ## 164 State #
mer (bs)	-\ p	No	circuit operate	r testing?   Yes	te, or both control		□ Electric			Psi	pressure	41	Serial no.	Serial no.	n	no.	no. Sp Mode	mo. Mode	no.	Mode Mode	Mode Mode	2004 2004 2004 Wode	2004 2004 2004 Mode VSR	YEAR O			premises?  YEAR OF 1  2004  2004  Serial r	premises?  YEAR OF 1  2005  2005  Serial n	wiations. instructed of this new premises?  YEAR OF J 2004 2005 Serial r Serial r	Shal's  USE S  instructed of this new premises?  Air  Serial n  Serial n
outer (bsi) lifler (bsi)		Yes No	Does each circuit operate valve release?	No If no, explain.		A STATE OF THE PARTY OF THE PAR	□ Hydraulic			Psi	Trip point air pressure		Make	Make			Make	Maximu Make	Make	Make	Make	% //2 //2 //2 //2 //2 //2 //2 //2 //2 //	% //2 //2 //2 Make	ORIFIC VILLE	ORIFIC 7//2 ///2 ///2 ///2 ///2	ORIFIC   7//2   1/	ORIFIC 7//2 ///2 ///2	ORIFIC ORIFIC Make	ORIFIC ORIFIC Whoke	ORIFIC ORIFIC Name of the state
outlet (bsi)	Residual Pressure (flowing)	Minutes	ate Maximum time	explain.						Minutes Se	reached test outlet1		Model	Q.O.D. Model	Q.O.D. Model	, <u>0</u>	O.D. Model	to operate O.D. Model	to operate O.D. Model	to operate O.D. Model	to operate to Model	to operate  Model	D.O.D. Model	QUANTITO 20 20 20 20 20 20 20 20 20 20 20 20 20	QUANTITION 2257 20 20 C.D. D. D. Model	QUANTITO QUA	QUANTITI QUA	QUANTITITY QUANTITY ASS	ine 04  QUANTITIO  ACC.  ACC.	ine 04  ine 04  auantin  auant
riow (gpm)	Flow rate	Seconds	ne of operate release		] Yes □ No	J Yes □ No				onds	Alarm operated properly	W	Serial no.				Seconds  R Serial no.	S S	rough test connection. Seconds  R Serial no.	rough test connection. Seconds  R  Serial no.	rough test connection. Seconds  R  Serial no.	755°  200°  rough test connection. Seconds  R  Serial no.	185°  185°  200°  Seconds  R  Serial no.	TEMPERATURE  185 °  185 °  200 '  Seconds  R  Serial no.	TEMPERATURE RATING  155°  200'  Reconds  R  Seconds  R  Serial no.	☐ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☑ Yes ☐ ☑ Yes ☐ ☑ Yes ☐ ☑ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	W Yes D Ough test connect Seconds	33-0164  Seconds  Seconds  Seconds  Seconds	33-0164  Rayes Ray

For property owner (signed)  For sprinkler contractor (signed)  Additional Explanations and notes	For property owner (signed)	Name of sprinkler contractor High Tech I	REMARKS  Date left in service with all control valves open  12	HYDRAULIC Nameplate provided  DATA  NAMEPLATE    X Yes   No	CUTOUTS  Do you certify that you have a control feature to en	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?	Oo you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1?	WELDING Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1?	Welding piping	BLANK TESTING Number used Locations GASKETS	If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed?	Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping?   Yes	}	Do you certify as the sprinkler contractor that additives and corrosive brine, or other corrosive chemicals were not used for testing systems	All piping hydorstatically tested at 200_psi (	Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which Test pressure tanks at normal water level and air pressure and measure air (0.1 bar) in 24 hours.	Hydrostatic: Hydrostatic tests shall be made at not pressure in excess of 150 psi (10.2 bar) for 2 ho TEST prevent damage. All aboveground piping leakage sh
		Title Protection  Title Protection  Title Protection  Date 12/30/04	2-30-04	lf no, explain	ensure that all cutouts (discs) are retrieved?   Yes  No	compliance with a documented e retrieved, that openings in piping	elders qualified   Tes INO	ng procedures		Number removed	eted?   Yes   No lf no, explain	em riser flushed before connection made to sprinkler piping?  Tyes I No Other Explain  Yes I No	Residual pressure with connection open wide	tives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, for testing systems of stopping leaks?	_bar) for <u>2</u> _hours If no, state reason	and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours. pressure and measure air pressure drop, which shall not exceed 1 1/2 psi	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.