

Report of Inspection/Test

Annual Wet

October 1, 2013

Property

18-20 North St

Owner/Agent

18-20 North St
Burlington, VT 05401

168 Summit St
Burlington, VT 05401

Gene Richards
658-5620

77 Ethan Allen Drive
S. Burlington, VT 05403
Phone: 802-951-5909
800-850-5172
Fax: 802-951-5911
Info@AlpineSprinkler.com



Conducted by: James Harrod
Inspection Ref: F-27995

Signatures

Inspector - Printed James Harrod	Inspector - Signature <i>James Harrod</i>	Date Completed	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Vermont State 2

F-27995	VT State ID	T3-626	TQP Certification No.
31790	Employer ID	13-08084	Sticker No.
Williston	VT State Office	Sprinkler	Inspection Type
No	Violations Noted		

Water Based System

Yes	Gauges on wet pipe system in good condition and showing normal water supply pressure?	Yes	Alarm devices free from physical damage?
NA	Hydraulic nameplate, if provided, securely attached to riser and legible?	Yes	Valve supervisory switches indicate movement?

Backflow Valve

NA	Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?	Yes	Backflow devices passed backflow test?
Yes	Backflow devices passed full flow test?		

Fire Department Connection

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?
NA	Was an obstruction investigation conducted and the system flushed ?		

Sprinklers

Yes	Sprinkler wrench with spare sprinklers?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.
NA	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?
NA	Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup?		

Print Date: 10/3/2013

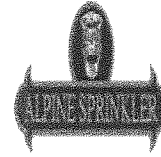
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Alarm Valve

NA	Gauges show normal supply water pressure?	NA	Free from physical damage?
NA	Trim valves in correct (open or closed) position?	NA	No leakage from retarding chamber or drains?

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Alarms Actuate	Waterflow devices pass test	Results comparable to prior test
			Static	Resid	Static			
Wet	Main drain	2"	68	55	60	Yes	Yes	Yes

Valve Inspection List

Location / Description	Qty	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stem Lubricated
Control Valve Chart/Insp/Maint	2	Butterfly	4"	Supervised	Yes	Yes	Yes	Yes	NA

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Annual Backflow

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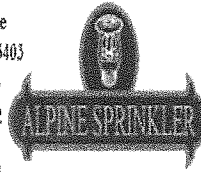
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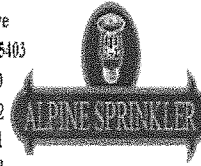
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Conducted by: Alan Gentes
Inspection Ref: 408923

Backflow Prevention Assembly Test and Maintenance Report

77 Ethan Allen Drive
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Phone: 802-951-5909
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Water Company

Property Access

Owner/Agent Contact
Gene Richards
658-5620

Alarm Company		Phone	Reference	Date/Time Off	Date/Time On
Location of Assembly Basement			Service Type-Class-Use water	Meter/Acct #	
Device Manufacturer Wilkins	Model 350A	Size 4"	Type DC	Serial No. 33983	Date of Install New Install ?
Gauge Manufacturer Midwest	Model 845-5	Type Differential	Purchase Date 5/7	Serial No. 05070788	Date Calibrated 4/1/2013
Next Date Due					

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop across check valve <u>4.0</u> psi	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop across check valve <u>4.0</u> psi	<input type="checkbox"/> Did not open Opened at: _____ psi	<input type="checkbox"/> Did not open Air inlet opened: _____ psi <input type="checkbox"/> Leaked Check held at: _____ psi
REPAIRS	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> RV Assembly OR <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> CV Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Retainer <input type="checkbox"/> O-Ring <input type="checkbox"/> Other
FINAL TEST	<input checked="" type="checkbox"/> Closed Tight Pressure drop across check valve <u>4.0</u> psi	<input checked="" type="checkbox"/> Closed Tight Pressure drop across check valve <u>4.0</u> psi	Opened at: _____ psi	<input type="checkbox"/> Satisfactory

RESULTS OF TEST: Pass Fail **CONTROL VALVE #2:** Tight Leaked **LINE PRESSURE:** 70 psi

Witness to Assembly Test (Print)	Witness to Assembly Test Signature	Date	I ACKNOWLEDGE THE CONTROL VALVES HAVE BEEN LEFT IN THE OPEN POSITION
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APPROVALS

I CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY					
INITIAL TEST	Certified Tester (Print)	Certified Tester Signature	Date	Certified Tester #	Exp. Date
	Albert Gentes			8831	1/15
FINAL TEST	Certified Tester (Print)	Certified Tester Signature	Date	Certified Tester #	Exp. Date
	Albert Gentes			8831	1/15