

# Report of Inspection/Test

Annual Wet

April 11, 2013

**Property**

323-325 College St

323 College St  
Burlington, VT 05401

**Owner/Agent**

168 Summit St  
Burlington, VT 05401

Gene Richards  
658-5620

77 Ethan Allen Drive  
S. Burlington, VT 05403  
Phone: 802-951-5909  
800-350-5172  
Fax: 802-951-5911  
Info@AlpineSprinkler.com



**Conducted by:** Alan Gentes  
**Inspection Ref:** F-27565

*Signatures*

Inspector - Printed Alan Gentes	Inspector - Signature <i>Alan Gentes</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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System Off		Monitoring Company	Monitoring Company Operator	Alarm Panel/Code
System On			na	Silent knight unknown

**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?
Yes	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?	NA	Backflow devices passed backflow test?
NA	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?		

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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			
mechanical room	Main drain	1-1/4"	55	35	55	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

# Backflow Prevention Assembly Test and Maintenance Report

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**Water Company**

**Property Access**

**Owner/Agent Contact**

Gene Richards  
658-5620

Alarm Company		Phone	Reference <b>NA</b>		Date/Time Off	Date/Time On
Location of Assembly <b>Mechanical Rm</b>			Service Type-Class-Use <b>sprinkler</b>		Meter/Acct # <b>NA</b>	
Device Manufacturer <b>Ames</b>	Model <b>Colt 200</b>	Size <b>4"</b>	Type <b>DC</b>	Serial No. <b>LB0201</b>	Date of Install <b>06-10-11</b>	New Install ? <b>Yes</b>
Gauge Manufacturer <b>Midwest</b>	Model <b>845-5</b>	Type <b>Differential</b>	Purchase Date <b>5/07</b>	Serial No. <b>05070788</b>	Date Calibrated <b>4/1/2013</b>	Next Date Due <b>4/1/2014</b>

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
<b>INITIAL TEST</b>	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop across check valve <b>3.0</b> psi	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop across check valve <b>3.0</b> 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
<b>REPAIRS</b>	<input checked="" type="checkbox"/> Cleaned <b>REPLACED</b> <input checked="" type="checkbox"/> CV Assembly <b>OR</b> <input checked="" type="checkbox"/> Rubber Kit <input checked="" type="checkbox"/> Disc <input checked="" type="checkbox"/> O-Ring <input checked="" type="checkbox"/> Seat <input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/> Retainer <input checked="" type="checkbox"/> Stem/Guide <input checked="" type="checkbox"/> Locknuts <input checked="" type="checkbox"/> Other <b>NA</b>	<input checked="" type="checkbox"/> Cleaned <b>REPLACED</b> <input checked="" type="checkbox"/> CV Assembly <b>OR</b> <input checked="" type="checkbox"/> Rubber Kit <input checked="" type="checkbox"/> Disc <input checked="" type="checkbox"/> O-Ring <input checked="" type="checkbox"/> Seat <input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/> Retainer <input checked="" type="checkbox"/> Stem/Guide <input checked="" type="checkbox"/> Locknuts <input checked="" type="checkbox"/> Other <b>NA</b>	<input type="checkbox"/> Cleaned <b>REPLACED</b> <input type="checkbox"/> RV Assembly <b>OR</b> <input type="checkbox"/> Rubber Kit    Disc <input type="checkbox"/> Diaphragm    Seat <input type="checkbox"/> Spring         Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <b>REPLACED</b> <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
<b>FINAL TEST</b>	<input checked="" type="checkbox"/> Closed Tight Pressure drop across check valve <b>3.0</b> psi	<input checked="" type="checkbox"/> Closed Tight Pressure drop across check valve <b>3.0</b> psi	Opened at: _____ psi	<input type="checkbox"/> Satisfactory

**RESULTS OF TEST:**  Pass     Fail    **CONTROL VALVE #2:**  Tight     Leaked    **LINE PRESSURE:** 55 psi

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

I CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY					
<b>INITIAL TEST</b>	Certified Tester (Print) <b>Alan Gentes</b>	Certified Tester Signature <i>Alan Gentes</i>	Date <b>4/12/2013</b>	Certified Tester # <b>8831</b>	Exp. Date <b>1/15</b>
<b>FINAL TEST</b>	Certified Tester (Print) <b>Alan Gentes</b>	Certified Tester Signature <i>Alan Gentes</i>	Date <b>4/12/2013</b>	Certified Tester # <b>8831</b>	Exp. Date <b>1/15</b>

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## Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Vermont State

Yes

Violations Noted

New Storage under stairs needs a sprinkler head