

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 63-31786

Exam Date:
3/7/2012

1. Current Owner: CORP OF THE PRESIDING BISHOP
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS
REAL ESTATE SERVICES DIV
50 E NORTH TEMPLE ST
SALT LAKE CITY UT 84150-6320
(801) 240-4657
2. Accompanied by: **STEVEN OLDHAM**
Phone No: **208.453.2057**
Address: **2808 s Montana Ave., Caldwell, ID 83605**
Relationship to Permit Holder: **FACILITIES MANAGER**
3. **SOURCE** **TRIBUTARY**
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: **63-32099 – irrigation; 63-31659 – domestic and fire protection**
2. Other water rights with the same point of diversion: **NONE**

C. DIVERSION AND DELIVERY SYSTEM1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER NW1/4SW1/4 Sec. 10, Twp 04N, Rge 02W, B.M.
CANYON County

Method of Determination: **GPS [E 2292739, N 1391846]**

2.

PLACE OF USE: **FIRE PROTECTION**

TwpRgeSec	NE				NW				SW				SE				
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	Totals
04N02W10										X							

Method of Determination:

3. ☒ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.

☒ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.

☒ Aerial Photo Attached (required for irrigation of 10+ acres).

☒ Photo of Diversion and System Attached

4.

<u>Well or Diversion</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Serial No. or</u>	<u>Discharge Size</u>
<u>ID No.*</u>				<u>Pump Make</u>	
fire protection	US Electric	200	unknown	Floway F55972-1-1	8"

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

<u>Measurement</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
<u>Equipment</u>						

2. Measurements: **NO MEASUREMENTS TAKEN**

E. FLOW CALCULATIONS _____ Additional Computation Sheets Attached

Measured Method:

METHOD 1 -- ANNUAL PUMP TESTS RESULTS -- Annual pump test states flow was 1500 gpm to 2250 gpm = 3.3 cfs to 5 cfs.

METHOD 2 --- THEORETICAL FLOW CALCULATION -- using 200 hp, 100 psi from the annual fire system test, 113 feet bgl for the dynamic pumping level.

$$\frac{[8.8] [200] [7]}{113 + [100] [2.31]} = \frac{1232}{344} = 3.58 \text{ cfs}$$

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: **NOT APPLICABLE**

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$$

2. Volume Calculations for Other Uses: **NOT REQUIRED FOR FIRE PROTECTION**

G. NARRATIVE/REMARKS/COMMENTS

This permit is for the church located at 22500 Lansing Lane, Middleton 83644. The permit lapsed, proof of beneficial use submitted late and the permit was reinstated by IDWR. The priority date advanced to 10/9/2003. The correct fee was paid. The permitted use was fire protection and the 3.3 cfs permitted was the diversion rate required by the Star Fire Dept.

A different well, permitted under 63-31659, is used to pressurize the fire protection system and to provide internal domestic water for the church. There is another overlapping right, 63-32099, for irrigation only. There are no POD overlaps.

The fire protection system was not operating the day of the exam but is tested annually. The applicant provided test result for 2011. The system produced 1500 gpm to 2250 gpm at 100 psi during the 2011 test. The applicant did not have pump specs. The motor faceplate was visible during the exam.

The 16 – inch fire protection well is located in a well house southeast of the church building. Water for fire protection is pumped from the underground via an 8-inch buried pipe to a hydrant on the north side of the church and separately to the pump room on the east side of the church.

The domestic water well, permitted under 63-31659, is plumbed to the fire protection system to pressurize the fire protection system. It is evident in the pump room that the domestic system that supplies water for internal use in the church is plumbed separately from the fire protection system. For this reason, a combined use conditions for the two fire protection uses is not applicable.

The well log states that the well is artesian and the static water level was +2 feet above ground level. The log states that the well yield was 2250 gpm after 45 minutes of pumping with 113 feet drawdown.

A theoretical calculation using well log pumping level and the pressure and flow from the annual fire system test resulted in a theoretical flow of 3.58 cfs. The 3.3 cfs permitted is reasonable and will be recommended for licensing.

American Geotechnics is listed in the database as the applicant's representative. Mr. Oldham said that he should be listed as the representative and American Geotechnics deleted.

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS**1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
FIRE PROTECTION	01/01 to 12/31	3.300 CFS	
		<u>Totals:</u>	3.300 CFS

2. Recommended Amendments

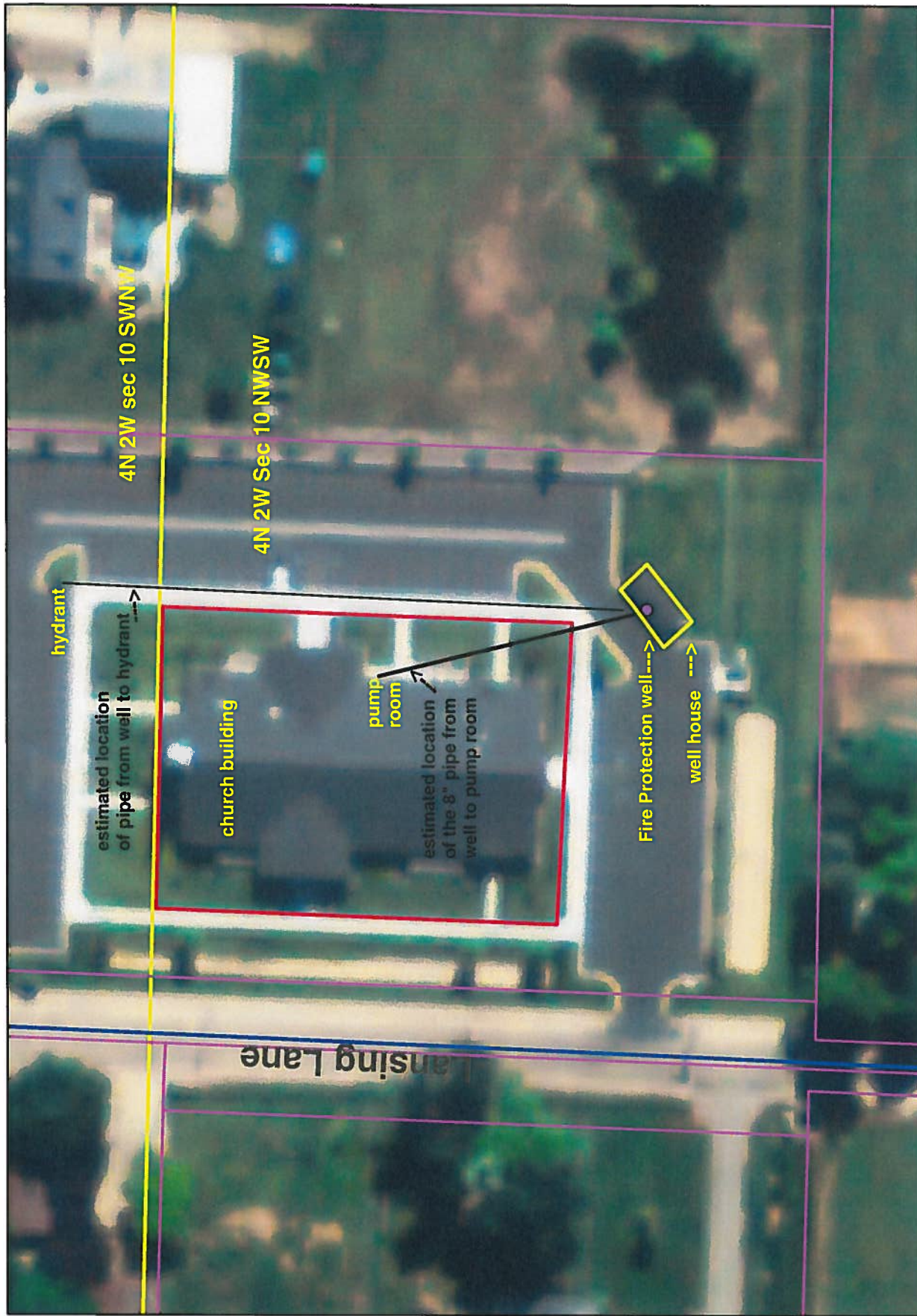
___ Change P.D. as reflected above ___ Add P.D. as reflected above X None

___ Change P.U. as reflected above ___ Add P.U. as reflected above ___ Other

I. AUTHENTICATION

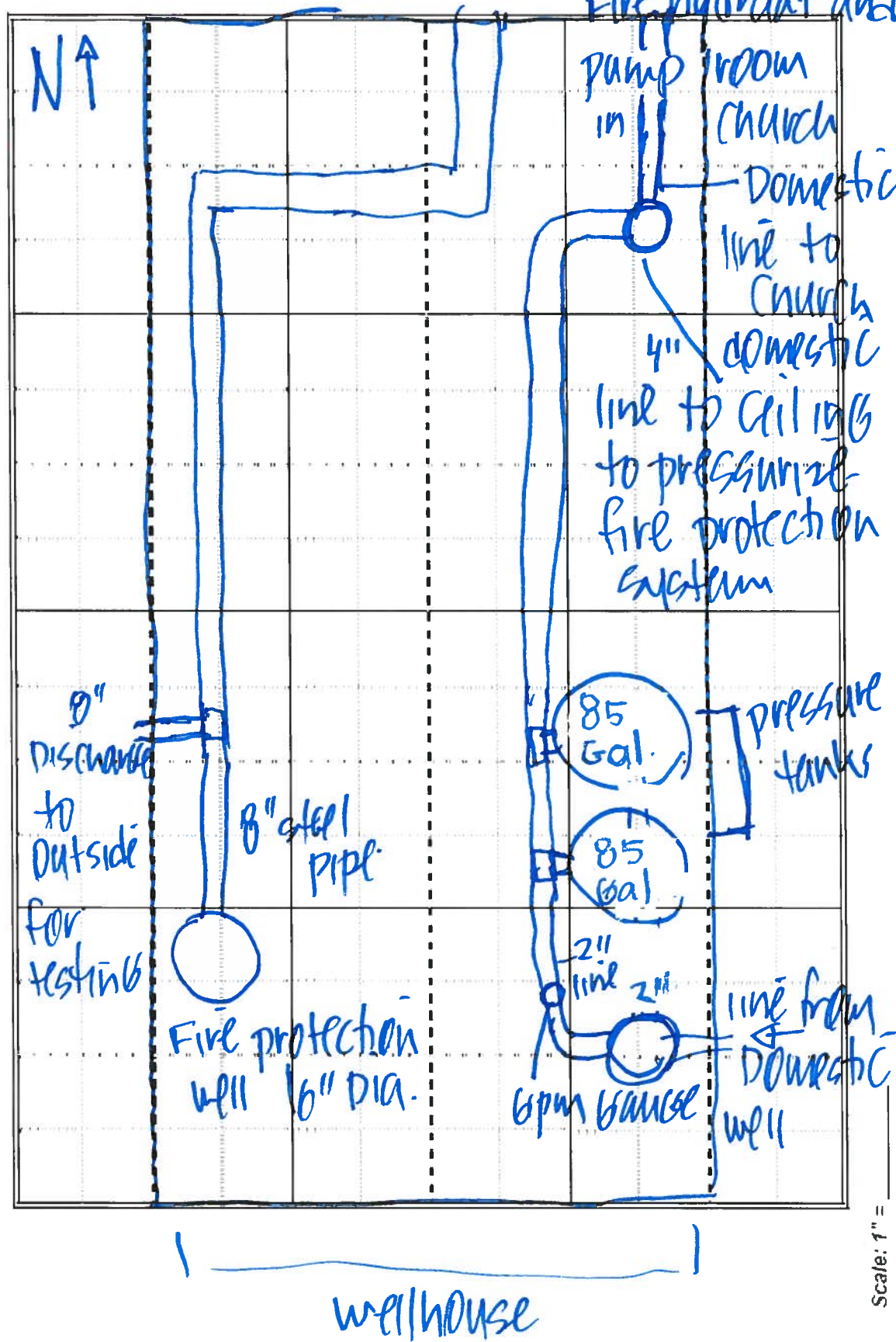
Field Examiner's Name Wiley W. McC Date 4-30-12

Reviewer _____ Date _____



63-31786

3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe diameter (inside), as applicable. Use the space provided or ☐ see attached.



Scale: 1" =

- ☐ Copy of USGS Quadrangle attached showing location(s) of point(s) of diversion and place(s) of use (required)
- ☐ Aerial photo attached (required for irrigation of 10+ acres)
- ☐ Photo of diversion and system attached

63-31786 Field exam photographs

The well shown is the fire protection well.



63-31786 Field exam photographs

Pictures are of the fire protection system in the church pump room.



SHILO AUTOMATIC SPRINKLERS, INC.

1224 11th Ave. North

Nampa, IDAHO 83687

24 HOUR SERVICE 208-466-0006

Lansing

Insp. Contract No.

Bureau File No.

REPORT TO Caldwell - Nampa ID FM Group
 STREET 142 Smith Ave #B
 CITY & STATE Nampa ID 83681

22500 Lansing Lane
 BUILDING OR LOCATION middleton
 INSPECTOR _____
 DATE 6-29-11

1. GENERAL		Yes	N. A. ±	No*
a.	Is the building occupied	X	XXXXX	
b.	Is occupancy same as previous inspection	X	XXXXX	
c.	Are all systems in service	X	XXXXX	
d.	Are all fire protection systems same as last inspection	X	XXXXX	
e.	Is building completely sprinklered	X	XXXXX	
f.	Are all new additions and building changes properly protected	X	X	
g.	Is all stock or storage properly below sprinkler piping	X		
h.	Was property free of fires since last inspection (Explain any fire on Page 2)	X		
i.	In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air	X	XXXXX	
2. CONTROL VALVES (See Section 16)				
a.	Are all sprinkler system main control valves open	X	XXXXX	
b.	Are all other valves in proper position	X	XXXXX	
c.	Are all control valves in good condition and sealed or supervised	X	XXXXX	
3. WATER SUPPLIES (See Section 17) - Was a water flow test made and results satisfactory			XXXXX	
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS				
a.	Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained.	X		
b.	Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight	X		
5. WET SYSTEMS (See Section 19)				
a.	Are cold weather valves open or closed as necessary	X		
b.	Have anti-freeze systems been tested and left in satisfactory condition		X	
c.	Are alarm valves, water flow indicators and retards in satisfactory condition	X		
6. DRY SYSTEMS (See Section 14)				
a.	Is dry valve in service and in good condition	X		
b.	Is air pressure and priming water level normal	X		
c.	Is air compressor in good condition	X		
d.	Were low points drained during fall and winter inspections <u>owner to do</u>	X	X	
e.	Are Quick Opening Devices in service		X	
f.	Has piping been checked for stoppage within past 10 years <u>No record</u>		X	
g.	Has piping been checked for proper pitch within past 5 years <u>No record</u>		X	
h.	Have dry valves been trip tested satisfactorily as required	X		
i.	Are dry valves adequately protected from freezing	X		
j.	Valve house and heater condition satisfactory	X		
7. SPECIAL SYSTEMS (See Sections 15 and 18)				
a.	Were valves tested as required		X	
b.	Were all heat responsive systems tested and results satisfactory		X	
c.	Were supervisory features tested and results satisfactory		X	
8. ALARMS				
a.	Water motor and gong test satisfactory		X	
b.	Electric alarm test satisfactory	X		
c.	Supervisory alarm service test satisfactory	X		
9. SPRINKLERS -- PIPING				
a.	Are all sprinklers in good condition, not obstructed, and free of corrosion or loading		XXXXX	X
b.	Are all sprinklers less than 50 years old	X	XXXXX	
c.	Are extra sprinklers readily available	X	XXXXX	
d.	Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory	X	XXXXX	
e.	Are all sprinklers of proper temperature rating	X	XXXXX	
f.	Are portable fire extinguishers in good condition	X		
g.	Is hand hose on sprinkler systems satisfactory		X	

***** NOT RESPONSIBLE FOR ORIGINAL DESIGN, CALCULATION OR INSTALLATION *****

INSPECTION WITNESSED FOR PROPERTY OWNER BY _____

DATE _____

TITLE _____

4/26/2012

-82
presumed per 4/26/12 for ID comparison ESN 63-31659

DRY PIPE VALVES	MAKE <i>Victaulic</i>	MODEL <i>S1756</i>	SERIAL NO. <i>802456500</i>	OPERATING TEST RESULTS								WATER PRESS.	AIR PRESS.	TRIP POINT AIR PRESS.	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY			
				TIME TO TRIP THROUGH TEST PIPE											MIN.		SEC.		YES	NO
				WITHOUT Q.O.D.				WITH Q.O.D.												
				MIN.	SEC.	MIN.	SEC.	P.S.I.	P.S.I.	P.S.I.	MIN.									
IF NO, EXPLAIN																				

Report of Inspections Of Fire Pumps

Owner: <u>Caldwell-Nampa ID FM Group</u>
Owner's Address: <u>142 Smith Ave #B Nampa ID 83651</u>
Property Being Inspected: <u>LDs Church</u>
Property Address: <u>22500 Lansing Lane Middleton</u>
Date of Inspection: _____ All responses refer to the current inspection performed this date.

This inspection is: ☐ Monthly ☐ Quarterly ☐ Semiannual ☒ Annual ☐ Third Year ☐ Fifth Year

Note: All questions are to be answered Yes, No, or Not Applicable. All "NO" answers are to be explained in the comment portion of this form.

Part I - Owner's Section

- A. Is fire pump in service? ☒ Yes ☐ No ☐ N/A
- B. Has the fire pump remained in service since last inspection? ☒ Yes ☐ No ☐ N/A
- C. Was the system (of which the fire pump is a part) free from actuation of devices or alarms since the last inspection? ☒ Yes ☐ No ☐ N/A

Note to owner: Periodic test of transfer switches and emergency generators are to be performed by a qualified electrical contractor in accordance with NFPA #110.

	Pump Test Results		
	No Flow	Rated Flow	Peak Flow
Suction Pressure	N/A	N/A	N/A
Discharge Pressure	203	148	100
Flow (GPM)	N/A	1500	2250

Owner or Representative (Print Name) _____

Signature & Date _____

Part II - Inspector's Section

A. Inspections

General Inspection

- Pump house / room at least 40° F? ☒ Yes ☐ No ☐ N/A
- Suction, discharge and bypass valves open? ☒ Yes ☐ No ☐ N/A
- Piping free from leaks? ☒ Yes ☐ No ☐ N/A
- Suction and system gauges normal? ☒ Yes ☐ No ☐ N/A
- Suction reservoir, if provided, full? ☒ Yes ☐ No ☐ N/A
- Controlling Indicating power "ON"? ☒ Yes ☐ No ☐ N/A
- Transfer switch indicating normal situation? ☐ Yes ☐ No ☒ N/A
- Isolation switch closed? ☒ Yes ☐ No ☐ N/A
- Reverse phase alarm indicator "OFF" or normal phase rotation indicator "ON"? ☒ Yes ☐ No ☐ N/A
- Circulation relief valve flowing water while pump churns? ☐ Yes ☐ No ☒ N/A
- Pressure relief valves operating with proper pressure downstream while pump is operational? ☐ Yes ☐ No ☒ N/A

Diesel Pumps

- Pump house / room for diesels without engine heaters at least 70° F? ☐ Yes ☐ No ☐ N/A
- Ventilating louvers free to operate? ☐ Yes ☐ No ☐ N/A
- Oil Level in vertical motor sight normal? ☐ Yes ☐ No ☐ N/A
- Diesel engine inspection:
 - Fuel tank at least 2/3 full? ☐ Yes ☐ No ☐ N/A
 - Controller selector switch in Auto position? ☐ Yes ☐ No ☐ N/A
 - Battery voltage and readings normal? ☐ Yes ☐ No ☐ N/A
 - Battery charging current readings normal? ☐ Yes ☐ No ☐ N/A
 - Battery indicators "ON" or failure indicators "OFF"? ☐ Yes ☐ No ☐ N/A
 - All alarm indicators "OFF"? ☐ Yes ☐ No ☐ N/A
 - Record engine running time meter is this appropriately higher than previous reading? ☐ Yes ☐ No ☐ N/A
 - Oil level in right angle gear drive normal? ☐ Yes ☐ No ☐ N/A
 - Crankcase oil level normal? ☐ Yes ☐ No ☐ N/A
 - Coiling water level normal? ☐ Yes ☐ No ☐ N/A
 - Electrolyte level in batteries normal? ☐ Yes ☐ No ☐ N/A
 - Battery terminals free from corrosion? ☐ Yes ☐ No ☐ N/A
 - Water-jacket heater operating? ☐ Yes ☐ No ☐ N/A

Electrical Flow and Current	205	204	203
Pump Speed (RPM)	1775	1775	1775

B. Tests

- ☒ Method A test: Discharge of flow
Flow readings taken at each hose stream.
- ☐ Method B test: Discharge through by-suction reservoir. Flow readings taken by
- ☐ Method C test: Discharge through by-returned to pump suction. Flow readings
- Note: At least once every three years A
- Are the values in the above table acceptable? ☒ Yes ☐ No ☐ N/A
- No alarm indications or other visible abnormalities observed during no-flow test? ☒ Yes ☐ No ☐ N/A
- Low suction throttling device test:
 - Low suction pressure stimulated? ☐ Yes ☐ No ☒ N/A
 - Free from abnormalities in throttling action? ☐ Yes ☐ No ☒ N/A
 - Free from abnormalities in return to full flow? ☐ Yes ☐ No ☒ N/A
 - Automatic transfer switch test:
 - Power failure simulated during peak flow? ☐ Yes ☐ No ☒ N/A
 - Connection made to alternate power source? ☐ Yes ☐ No ☒ N/A
 - After simulation of terminated power failure did motor reconnect to the normal power source? ☐ Yes ☐ No ☒ N/A
 - All alarm conditions simulated? ☐ Yes ☐ No ☒ N/A
 - All alarms operated? ☐ Yes ☐ No ☒ N/A
 - Pump starting automatically? ☒ Yes ☐ No ☐ N/A
 - Record starting pressure 90 psi.
 - Pump run for 30 minutes? ☐ Yes ☐ No ☐ N/A
 - Record suction pressure N/A psi and discharge 203 while running.
 - Pump packing gland showing slight discharge? ☒ Yes ☐ No ☐ N/A
Adjust if necessary
 - Free from unusual noise or vibrations? ☒ Yes ☐ No ☐ N/A
 - Packing boxes, bearings & pump casing free from overheating? ☒ Yes ☐ No ☐ N/A
 - For automatic stop controllers, record time pump runs after starting. 103.4

9. All times & pressures in Part B above acceptable? ☒ Yes ☐ No ☐ N/A
- C. Diesel Engine Driven Pumps:
1. Record time for engine to crank _____
2. Record time for engine to reach running speed. _____
3. Engines oil pressure gauge, speed indicator, water and oil temperature indications all reading normal? ☐ Yes ☐ No ☒ N/A
4. Cooling water flowing from heat exchange? ☐ Yes ☐ No ☒ N/A
5. All times & pressures in Part C above acceptable? ☐ Yes ☐ No ☒ N/A
- D. Regular Maintenance Items Reviewed:
- General
1. Isolation switch & circuit breaker exercised? ☒ Yes ☐ No ☐ N/A
2. Electrical system free of wire chafing? ☒ Yes ☐ No ☐ N/A
3. Manual starting means on electrical system operated? ☒ Yes ☐ No ☐ N/A
4. Boxes, panels & cabinets on electrical system clean? ☒ Yes ☐ No ☐ N/A
5. Shaft & play acceptable? ☒ Yes ☐ No ☐ N/A
6. Pump coupling alignment acceptable? ☒ Yes ☐ No ☐ N/A
7. Circuit breakers passed trip test? ☒ Yes ☐ No ☐ N/A
8. Electrical connections secure? ☒ Yes ☐ No ☐ N/A
- Diesel Pumps
1. Fuel tank level, tank float switch, and solenoid valve operation acceptable? ☐ Yes ☐ No ☒ N/A
2. Diesel fuel system free of water? ☐ Yes ☐ No ☒ N/A
3. Flexible hose & connections in fuel and coolant systems acceptable? ☐ Yes ☐ No ☒ N/A
4. Oil level & lube oil heater acceptable? ☐ Yes ☐ No ☒ N/A
5. Coolant level acceptable? ☐ Yes ☐ No ☒ N/A
6. Water pump for coolant system operating? ☐ Yes ☐ No ☒ N/A
7. Jacket water heater for coolant system acceptable? ☐ Yes ☐ No ☒ N/A
8. Exhaust system free of leakage? ☐ Yes ☐ No ☒ N/A
9. Electrolyte level in batteries acceptable? ☐ Yes ☐ No ☒ N/A
10. Connections to electrical system acceptable? ☐ Yes ☐ No ☒ N/A
11. Battery case clean, dry, & free from corrosion? ☐ Yes ☐ No ☒ N/A
12. Circuit breakers appear clean? ☐ Yes ☐ No ☒ N/A
13. Strainers clean, filter or dirt leg in diesel fuel system? ☐ Yes ☐ No ☒ N/A
14. Is crank case breather in lubrication systems clean? ☐ Yes ☐ No ☒ N/A
15. Is water strainer in coolant system clean? ☐ Yes ☐ No ☒ N/A
16. Insulation acceptable & fire hazards eliminated from exhaust system? ☐ Yes ☐ No ☒ N/A
17. All battery terminals clean & tight? ☐ Yes ☐ No ☒ N/A
18. Flexible exhaust section acceptable? ☐ Yes ☐ No ☒ N/A
19. Alarms operated on electrical portions of diesel engine system? ☐ Yes ☐ No ☒ N/A
20. Emergency manual starting means operated without power? ☐ Yes ☐ No ☒ N/A
21. Fuel piping acceptable? ☐ Yes ☐ No ☒ N/A
22. Duct work & louvers (combustion air) acceptable? ☐ Yes ☐ No ☒ N/A
23. Exhaust hangers & supports acceptable? ☐ Yes ☐ No ☒ N/A

Part III - Comments (Any "No" answers. Test failures problems found with the sprinkler system must be explained here or attached.)

Note: Before running pump I shut
cont. valve to keep any High Pressure
off the U.C.
society 100 to 145 PSI (46-145 when
I let it)

Part IV - Inspector's Information

Inspector: B. L. L. L.
Company Name: Shilo Automatic Sprinkler, Inc.

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 operation condition upon completion of this inspection except as noted in Part III of this report.

Signature of Inspection: [Signature]
Date: 7-21-11

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
55		55	Bells
			Horns / Strobes
			Chimes
			Strobes
			Speakers
			Other (Specify):

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
1		1	Building Temp.
1		1	Site Water Temp.
1		1	Site Water Level
1		1	Fire Pump Power
1		1	Fire Pump Running
1		1	Fire Pump Auto Position
1		1	Fire Pump or Pump Controller Trouble
1		1	Fire Pump Running
1		1	Generator in Auto Position
1		1	Generator or Controller Trouble
1		1	Switch Transfer
1		1	Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps _____ (2) 120-18A
 Overcurrent Protection: Type Breaker Amps _____
 Location (of Primary Supply Panelboard): main closet panel c
 Disconnecting Means Location: Breaker

(b) Secondary (Standby): _____
 Storage Battery: Amp-Hr Rating (2) 18 (2) 7 (2) 120 7A
 Calculated capacity in 50 Amp-Hrs to operate system for 24 hours
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell ☐ Lead-Acid
☐ Nickel-Cadmium ☐ Other (Specify):
☒ Sealed Lead-Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No	Who	Time
☒	☐		
☒	☐		
☒	☐		
☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☒	☒	
Lamps/LEDs	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☒	☒	
Load Voltage	☒	☒	
Discharge Test	☒	☒	
Charger Test	☒	☒	
Specific Gravity	☒	☒	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Visual	Functional	Comments
☒	☒	
☒	☒	
☒	☒	
☒	☒	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
Ents	Pulls	☒	☒			☒	☐
Panels	Smokes	☒	☒			☒	☐
Attic	Heat	☒	☒			☒	☐
Attic	Duct Saut	☒	☒			☒	☐
Riser room	Flow	☒	☒			☒	☐
Riser room	Temper	☒	☒			☒	☐

Comments: The Ducts smokes were disconnected @ panel with EOL meter I hooked them back up and there is no power to them - tried to find breaker or something to turn on to give them power. I will go back out with the HVAC company to fix them.

These were fixed
8/10 - by Brian Hodge

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	☒	☒	
Phone Jacks	☒	☒	
Off-Hook Indicator	☒	☒	
Amplifier(s)	☒	☒	
Tone Generator(s)	☒	☒	
Call-in Signal	☒	☒	
System Performance	☒	☒	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐

INTERFACE EQUIPMENT

(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

SPECIAL HAZARD SYSTEMS

(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Trouble Signal Restoration	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	☒	☐		
Monitoring Agency	☒	☐		
Building Occupants	☒	☐		
Other (Specify) _____	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Jeff Wadsworth Date: 6-29-11 Time: 4:00

Signature: _____

Name of Owner or Representative: Darrin Heaps Date: _____ Time: _____

Signature: ON FILE