V.A. Clinic

BLOCK 1170 LOT 16 ADDRESS (SITE) ~~D.A.V.~~ V.A. Building PERMIT NO. 1104-90

~~D.A.V.~~ Building

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: Rt. 70 & Jack Martin Blvd.
2. Name of Owner in Fee: JACO Management Tel. (201) 840-1786
   Address 500 Mobile Hwy. (street) Pensacola (municipality) FL 32506 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: A.G. Heilbroun Tel. (201) 840-1786
   Address 100 Drum Point Rd Brick NJ
   License No. OR, if new home, Builder Reg. No. 615-500-00-1 Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer Donald W. Smith Assoc Tel. (201) 363-5850
   Address 40 Airport Rd Lakewood NJ 08701
6. Responsible Person In Charge of Work Andy Surritt Jr Tel. (201) 840-1786

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		$40.-	11/3/90
4. Fire Protection		~~$80.-~~ 320	
5. Other Sprinkler			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of ~~Occupancy~~		20.-	
12. Other			
13. TOTAL	$	$100.-	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. Building Area—All Floors sq. ft.	
5. Volume of Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Fire Sprinkler Service

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	5000.-
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	11-30-90		11-30-90	JL	Final Plumbing 3/91 JDS		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10315003

U.C.C. Form F-100A

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature Frank Hoo _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. *CERTIFICATES ISSUED* **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/13/90
Control #
Permit # 1104-90

IDENTIFICATION Block 1170 Lot 16

Work Site Location Rt. 70 & Jack Martin Blvd. DAV Building

Owner in Fee JACO Management

Address 500 Mobile Hwy Pensacola, FL. 32506

Tele. ( ) —

Contractor A.G. Heilbronn

Address —

Tele. ( ) —

Lic. No. or Bldrs. Reg. No. **0001** Exp. Date 11/94

Federal Emp. No. — BLOCK

or Social Security No. 1170 #

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER —

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Fire Sprinkler Service

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 5000.-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	16 #	0.00
Plumbing	BUILDING	40.00
Electrical		
Fire Protection	BUILDING	40.00
Other	PLUMBING	40.00
Other	C / O	20.00
DCA Training Fee	TOTAL	60.00
Cert. of Occ.	CHECK	60.00
Other	CHANGE	0.00
Total	06/13/90 NO. 5 0030A005	09:07
Check No.	# 5068	
Cash		
Collected By:	Val	

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received update
Date Issued 12/3/90
Control #
Permit # 1104-90

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 16
Work Site Location RT 70 WEST @GEORGES ROAD, BRICK, NJ.

Owner in Fee JACO MANAGEMENT, INC.
Address 5000 MOBILE HIGHWAY
PENSACOLA, FL 32506
Tele. (904) 453-1218
Contractor DAYWORK FIRE PROTECTION
Address 14 PLAZA NINE
MANALAPAN, NJ
Tele. (201) 972-7573
Lic. No.
Federal Emp. No. _____ or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other 40,000

Needs Central Sta & Temp B Valve Switch

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 11-30-90
Approved by: JC

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 11/30/90
Approved by: JC

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval
Test 2 10/16 at 2 Hrs. Water gong Works			
Suppression Test			11-30-90
Fire Alarm Test			
Smoke Test			
Mechanical			
TCO			
Other			
Other			
Other			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA Sprinkler Syst.

Description of Work

Water Supply Source City BMUA.
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	365	250—
Dry Sprinkler Heads		
TOTAL		
Bells Alarms Pencils		30—
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Plan & Insp		40—
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	320—

Paid [ ] Check # _____
Collected by _____

U.C.C. Form F-140A

1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 48466 1104-30
DATE ISSUED 11/20/90 6/13/91
REVISION DATE
Block 1170 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner JACO Management Inc.
Address 5000 Mobile Highway
Pensacola, Fla. 32506
Tel. (904) 453-1218
Work Site Address State Hwy. 70 West at Georges Rd.

Contractor Frank Annese, Inc.
Address 1401 Silverton Rd.
Toms River, N.J. 08755
Tel. (201) 240-4893
Lic.No./Bus. Permit # 7079
Federal Emp. No. 222-301-050

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: 4" service

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater		1	Reduced Pressure Backflow Device (Irrigation)	$25—
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection	15—	1	Other Fire Sprinkler	
1	Sewer Util. Connection			Other Service	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 15—		COLUMN 2	$ 25—

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$ $40—
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: Business Present Proposed

Drainage — Material Size
Building Sewer— Material P.V.C. SDR 35 Size 6"
Water Service— Material D.I.P. Size 4"
Venting — Material Size

Estimated Cost of Plumbing Work: $ 5,000.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
5-24-90	

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved

Date: 6-13-90

Approved By: Jaff

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: J. E. D. Spl

Inspected By: JDS 7/91

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough		Line OK	6-18-90	Jeff
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-130 (8/83)

K&E - GAMATRON - FIRE PROTECTION ENGINEERING

HYDRAULIC DESIGN INFORMATION SHEET

GENERAL SYSTEM INFORMATION
JOB NAME: VETERANS ADMIN. OUTPATIENT CLINIC * METRIC: NO
LOCATION: BRICKTOWN, NEW JERSEY
BUILDING: OUTPATIENT CLINIC * SYSTEM: 1
CONTRACTOR: DAYWORK FIRE PROTECTION SPR. * CONTRACT NO: VET.1
CALCULATED BY: K&E FIRE PROTECTION SYSTEMS, INC. * DATE: 10-MAY-90
CONSTRUCTION: NON-COMB. * CEILING HEIGHT: VARIES
OCCUPANCY: CLINIC * DRAWING NO: 1
SYSTEM DESIGN BASIS: NFPA # 13, LIGHT HAZARD OCCUPANCY
SYSTEM TYPE: WET PIPE SYSTEM

AREA OF SPRINKLER OPERATION: 1500.00SQFT * DENSITY: 0.100GPM/SQFT
AREA PER SPRINKLER: 168.SQFT * SPRINKLER SIZE: 1/2
"C" FACTORS: ABOVE-GROUND = 120 & UNDER-GROUND = 140

ADDITIONAL FLOW ALLOWANCES:

INSIDE HOSES	0.00GPM
OUTSIDE HOSES	100.00GPM
OTHER	0.00GPM
TOTAL	100.00GPM

WATER SUPPLY INFORMATION

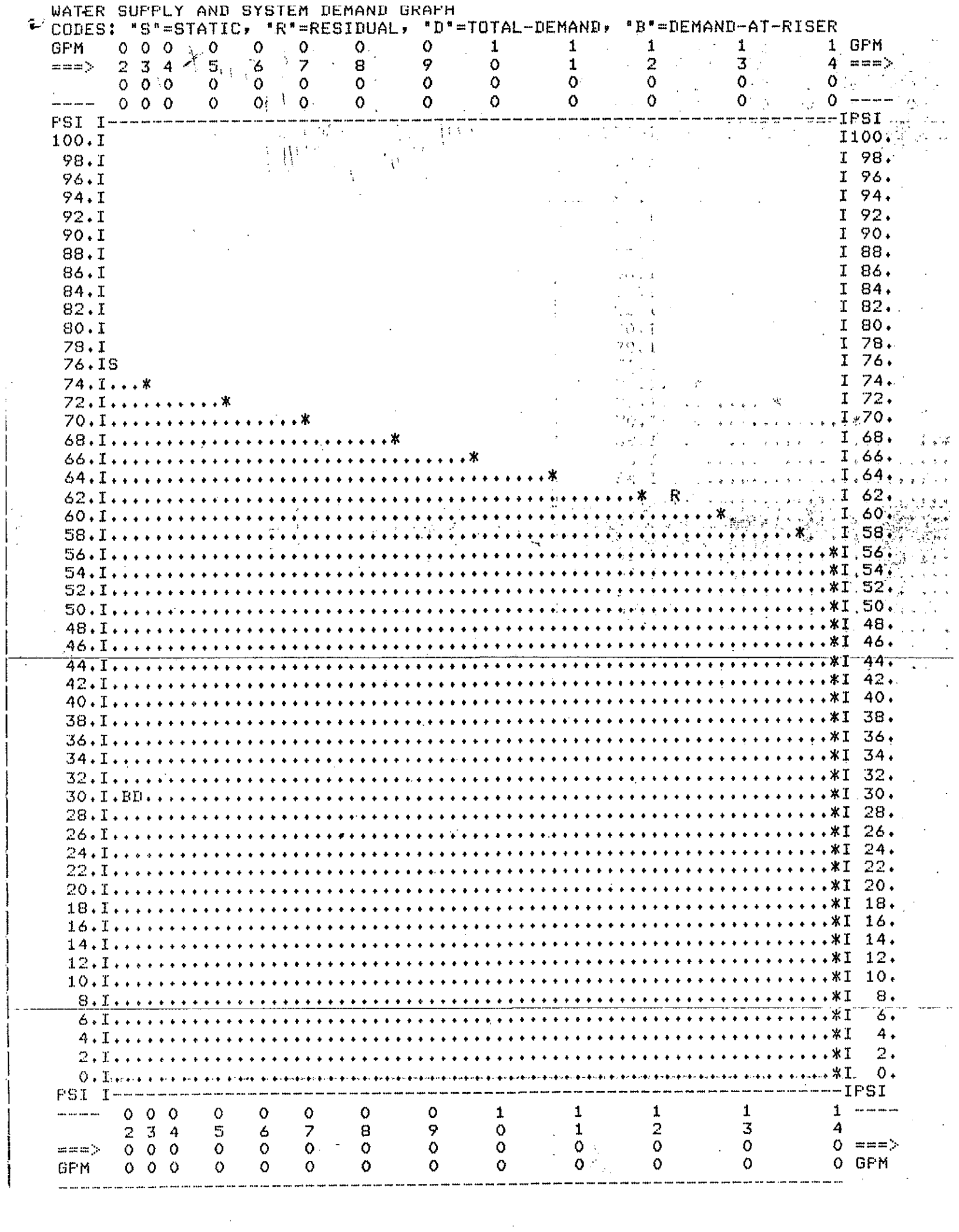
DATA	FLOW TEST	PUMP	TANK	COMBINED
STATIC	75.0PSI	0.0PSI	0.0PSI	75.0PSI
RESIDUAL	61.0PSI	0.0PSI	0.0PSI	61.0PSI
FLOW	1230.GPM	0.GPM	0.GPM	1230.GPM
ELEVATION	0.FT	0.FT	0.FT	0.FT
LOCATION				
DATE				
TIME				
CHECKED BY				

SYSTEM DEMAND INFORMATION
TOTAL SYSTEM DEMAND: 287.17GPM AT 30.54PSI [43.51PSI]
AT BASE OF RISER: 187.17GPM AT 30.54PSI [44.03PSI]

REMARKS:

WATER SUPPLY AND SYSTEM DEMAND GRAPH

CODES: "S"=STATIC, "R"=RESIDUAL, "D"=TOTAL-DEMAND, "B"=DEMAND-AT-RISER



SUMMARY OF WATER FLOWS: VETERANS ADMIN. OUTPATIENT CLINIC
NOTE: BRICKTOWN, NEW JERSEY

FR	TO	GPM	PSI	SIZE	FR	TO	GPM	PSI	SIZE	FR	TO	GPM	PSI	SIZE
A1	A2	15.8	9.0	1.05	B3	B4	50.5	12.8	1.38	AA	BB	70.6	22.5	4.26
A2	A3	32.6	10.2	1.38	B4	B5	70.6	15.3	1.61	BB	CC	141.1	22.6	4.26
A3	A4	50.5	12.8	1.38	B5	B6	70.6	16.8	1.61	CC	RT	187.2	24.6	4.26
A4	A5	70.6	15.3	1.61	B6	BB	70.6	22.1	1.61	RT	RB	187.2	29.4	4.03
A5	A6	70.6	17.2	1.61	C1	C2	16.8	9.3	1.38	RB	UG	187.2	29.9	4.03
A6	AA	70.6	22.5	1.61	C2	C3	33.9	10.0	1.61	UG	UU	187.2	30.1	6.36
B1	B2	15.8	9.0	1.05	C3	C4	33.9	10.4	1.61	UU	FT	287.2	30.5	8.33
B2	B3	32.6	10.2	1.38	C4	CC	46.1	22.6	1.61			0.0	0.0	1.05

<TOTAL DEMAND> FLOWING 287.17 AT 30.54, WITH 43.51 REMAINING.

$

REMARKS: BRICKTOWN, NEW JERSEY

REFERENCE FROM-TO	FLOW VOLUME	SIZE/C-FACTOR FRICTION-LOSS	FITTINGS &DEVICES	EQUIV.PIPE LENGTH	PRESSURE SUMMARY	NORMAL PRESSURE
<A1> QA=	14.82	SZ= 1.049		LP= 12.00	PF= 0.90	PR= 7.00
TO QT=	14.82	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<A2>		FL= 0.0747		TL= 12.00	PT= 7.90	PN= 7.00
<A1> QT=	14.82				KF= 5.27	PR= 7.90
TO QB=	15.82					
<A2>		---->	BALANCED	---->	PT= 9.00	PN= 9.00
<A2> QA=	16.80	SZ= 1.380		LP= 14.00	PF= 1.18	PR= 9.00
TO QT=	32.62	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<A3>		FL= 0.0846		TL= 14.00	PT= 10.18	PN= 9.00
<A3> QA=	17.87	SZ= 1.380		LP= 14.00	PF= 2.66	PR= 10.18
TO QT=	50.49	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<A4>		FL= 0.1899		TL= 14.00	PT= 12.84	PN= 10.18
<A4> QA=	20.07	SZ= 1.610		LP= 15.00	PF= 2.50	PR= 12.84
TO QT=	70.56	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<A5>		FL= 0.1664		TL= 15.00	PT= 15.34	PN= 12.84
<A5> QA=	0.00	SZ= 1.610		LP= 11.00	PF= 1.83	PR= 15.34
TO QT=	70.56	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<A6>		FL= 0.1664		TL= 11.00	PT= 17.17	PN= 15.34
<A6> QA=	0.00	SZ= 1.610	2E T	LP= 16.00	PF= 5.33	PR= 17.17
TO QT=	70.56	CF= 120		FE= 16.00	PE= 0.00	PV= 0.00
<AA>		FL= 0.1664		TL= 32.00	PT= 22.50	PN= 17.17
<AA> QA=	0.00	SZ= 4.260		LP= 14.00	PF= 0.02	PR= 22.50
TO QT=	70.56	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<BB>		FL= 0.0015		TL= 14.00	PT= 22.52	PN= 22.50
<B1> QA=	14.82	SZ= 1.049		LP= 12.00	PF= 0.90	PR= 7.00
TO QT=	14.82	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<B2>		FL= 0.0747		TL= 12.00	PT= 7.90	PN= 7.00
<B1> QT=	14.82				KF= 5.27	PR= 7.90
TO QB=	15.82					
<B2>		---->	BALANCED	---->	PT= 9.00	PN= 9.00
<B2> QA=	16.80	SZ= 1.380		LP= 14.00	PF= 1.18	PR= 9.00
TO QT=	32.62	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<B3>		FL= 0.0846		TL= 14.00	PT= 10.18	PN= 9.00
<B3> QA=	17.87	SZ= 1.380		LP= 14.00	PF= 2.66	PR= 10.18
TO QT=	50.49	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<B4>		FL= 0.1899		TL= 14.00	PT= 12.84	PN= 10.18
<B4> QA=	20.07	SZ= 1.610		LP= 15.00	PF= 2.50	PR= 12.84
TO QT=	70.56	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<B5>		FL= 0.1664		TL= 15.00	PT= 15.34	PN= 12.84
<B5> QA=	0.00	SZ= 1.610		LP= 8.50	PF= 1.41	PR= 15.34
TO QT=	70.56	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<B6>		FL= 0.1664		TL= 8.50	PT= 16.75	PN= 15.34

REMARKS: BRICKTOWN, NEW JERSEY

REFERENCE FROM-TO	FLOW VOLUME	SIZE/C-FACTOR FRICTION-LOSS	FITTINGS &DEVICES	EQUIV.PIPE LENGTH	PRESSURE SUMMARY	NORMAL PRESSURE
<B6>	QA= 0.00	SZ= 1.610	2E T	LP= 16.00	PF= 5.33	PR= 16.75
TO	QT= 70.56	CF= 120		FE= 16.00	PE= 0.00	PV= 0.00
<BB>		FL= 0.1664		TL= 32.00	PT= 22.08	PN= 16.75
<BB>	QA= 0.00	SZ= 4.260		LP= 10.00	PF= 0.05	PR= 22.52
TO	QT= 141.12	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<CC>		FL= 0.0053		TL= 10.00	PT= 22.57	PN= 22.52
<C1>	QA= 16.80	SZ= 1.380		LP= 14.00	PF= 0.35	PR= 9.00
TO	QT= 16.80	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<C2>		FL= 0.0248		TL= 14.00	PT= 9.35	PN= 9.00
<C2>	QA= 17.12	SZ= 1.610		LP= 15.00	PF= 0.641	PR= 9.35
TO	QT= 33.92	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<C3>		FL= 0.0429		TL= 15.00	PT= 9.99	PN= 9.35
<C3>	QA= 0.00	SZ= 1.610		LP= 8.50	PF= 0.36	PR= 9.99
TO	QT= 33.92	CF= 120		FE= 0.00	PE= 0.00	PV= 0.00
<C4>		FL= 0.0429		TL= 8.50	PT= 10.36	PN= 9.99
<C4>	QA= 0.00	SZ= 1.610	4E T	LP= 20.00	PF= 1.89	PR= 10.36
TO	QT= 33.92	CF= 120		FE= 24.00	PE= 0.00	PV= 0.00
<CC>		FL= 0.0429		TL= 44.00	PT= 12.24	PN= 10.36
<C4>	QT= 33.92				KF= 9.69	PR= 12.24
TO	QB= 46.05					
<CC>		---->	BALANCED	---->	PT= 22.57	PN= 22.57
<CC>	QA= 0.00	SZ= 4.260	4E	LP= 185.00	PF= 1.99	PR= 22.57
TO	QT= 187.17	CF= 120		FE= 40.00	PE= 0.00	PV= 0.00
<RT>		FL= 0.0089		TL= 225.00	PT= 24.56	PN= 22.57
<RT>	QA= 0.00	SZ= 4.026	GV CV	LP= 10.00	PF= 0.51	PR= 24.56
TO	QT= 187.17	CF= 120	E	FE= 34.00	PE= 4.33	PV= 0.00
<RB>		FL= 0.0117		TL= 44.00	PT= 29.40	PN= 24.56
<RB>	QA= 0.00	SZ= 4.026	2GV CV	LP= 5.00	PF= 0.48	PR= 29.40
TO	QT= 187.17	CF= 120	E	FE= 36.00	PE= 0.00	PV= 0.00
<UG>		FL= 0.0117		TL= 41.00	PT= 29.88	PN= 29.40
<UG>	QA= 0.00	SZ= 6.357	2E GV	LP= 185.00	PF= 0.25	PR= 29.88
TO	QT= 187.17	CF= 140	T	FE= 80.52	PE= 0.00	PV= 0.00
<UU>		FL= 0.0009		TL= 265.52	PT= 30.13	PN= 29.88
<UU>	QA= 100.00	SZ= 8.329	E GV	LP= 650.00	PF= 0.41	PR= 30.13
TO	QT= 287.17	CF= 140	T	FE= 75.24	PE= 0.00	PV= 0.00
<FT>		FL= 0.0006		TL= 725.24	PT= 30.54	PN= 30.13

<TOTAL DEMAND> FLOWING 287.17 AT 30.54, WITH 43.51 REMAINING.

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