NURSING — 1 LESS COSTS. [illegible]

BLOCK 1170 LOT 18.2 & 18.03 ADDRESS (SITE) 425 Jack Martin Blvd. PERMIT NO. 018-94

Called 12-30-93

RECEIVED DEC 7 1993 DIV. OF INSPECTION

RECEIVED SEP 24 1993 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 425 Jack Martin Blvd, Brick, N.J.
2. Name of Owner in Fee Medical Center of Ocean County Tel. (908) 223-2103
   Address 2121 Edgewater Place, Pt. Pleasant, NJ 08742 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Fitzpatrick & Associates, Inc. Tel. (908) 542-6100
   Address 1115 Pine Brook Rd., Tinton Falls, N.J. 07724
   License No. OR, if new home, Builder Reg. No. 7068 Exp. Date 4/22/94
   Federal Emp. No. 22-2013709 Social Security No. ____
5. Architect or Engineer The Brommer Group Tel. (215) 782-1720
   Address 7870 Spring Ave., Elkins Park, PA 19117
6. Responsible Person In Charge of Work Michael Hintz Tel. (908) 542-6100

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 12,600		
2. Electrical			
3. Plumbing		1595	
4. Fire Protection		745	976
5. Other			
6. Subtotal	$ 12,600		
7. Less 20% for State Plan Review	1260		
8. Subtotal	$		
9. DCA Training Fee	2240		
10. Subtotal	$		
11. Cert. of Occupancy	1890		
12. Other			
13. TOTAL	$ 17990	745	

Elevator 1805

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories two
2. Height of Structure 30 ft.
3. Area—Largest Floor 35,000 sq. ft.
4. Building Area—All Floors 57,500 sq. ft.
5. Volume of Structure 1,400,000 cu. ft.
6. Construction Classification 2B
7. Total Land Area Disturbed 257,000 sq. ft.
8. Flood Hazard Zone n/a
9. Base Flood Elevation n/a ft.
10. Wetlands yes ____ sq. ft. no X
11. Fire Grading 2B
12. Max. Live Load 80
13. Max. Occupancy Load 300

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. XX New Building	4,350,000.
4. ☐ Addition	
5. ☐ Alteration	
6. XX Fire Protection	100,000.
7. XX Plumbing	400,000.
8. XX Electrical	650,000.
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5,500,000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
[illegible]	9/24/93		12/14/93	RK	12/5/94		RK
					3/22/95		JN TCO
			4/20/94	JL	3/15/95		JE TCO 4/13/95
					Elevator 3/22/95		JMN
Eng	10/1/93		12/7/93	[illegible]			

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

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: NURSING HOME
2. Use Group: I-2
3. Change in Use Group, Indicate Former ...

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

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

TCO to 5/30/95

Engr.

CC

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.

(XX) Check if contractor.

Agent Name Fitzpatrick & Associates, Inc.

Address 1115 Pine Brook Road, Tinton Falls, N.J. 07724

Telephone (908) 542-6100

Signature _____ Date _____

OFFICE DATE RECEIVED: _____ R-66-92-10-28-92

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☒ Planning Board	10/28/92	12/6/93						
☐ 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 Zoning	SK	12/6/93	nursing home					
☐ Eng.	12/7/93							
☐ Approval of Port	(5.20.21b)		footing/foundation only					12/10/93

COMMENTS

10-28-92

IMPORTANT
A.H.B.T. - EXEMPT

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.	018	3/24/95	5-1-95	Soil
☐ Temporary Certificate of Occupancy	No.			4-15-95	Eng
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Occupancy	No.				

ed 23

BLOCK 1170 LOT 18.2 & 18.03 ADDRESS (SITE) 425 Jack Martin Blvd. PERMIT NO.

Truss Certs. Ft Borings.

RECEIVED DEC 7 1993 DIV. OF INSPECTION

RECEIVED SEP 24 1993 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 425 Jack Martin Blvd, Brick, N.J.
2. Name of Owner in Fee Medical Center of Ocean County Tel. (908) 223-2103
   Address 2121 Edgewater Place (street), Pt. Pleasant (municipality), NJ 08742 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Fitzpatrick & Associates, Inc. Tel. (908) 542-6100
   Address 1115 Pine Brook Rd., Tinton Falls, N.J. 07724
   License No. OR, if new home, Builder Reg. No. 7068 Exp. Date 4/22/94
   Federal Emp. No. 22-2013709 Social Security No. _____
5. Architect or Engineer The Brommer Group Tel. (215) 782-1720
   Address 7870 Spring Ave., Elkins Park, PA 19117
6. Responsible Person In Charge of Work Michael Hintz Tel. (908) 542-6100

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 12,600		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 12,600		
7. Less 20% for State Plan Review	1260		
8. Subtotal	$		
9. DCA Training Fee	2240		
10. Subtotal	$		
11. Cert. of Occupancy	1890		
12. Other			
13. TOTAL	$ 17990		

= Building Fee

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	two	
2. Height of Structure	30 ft.	
3. Area—Largest Floor	35,000 sq. ft.	
4. Building Area—All Floors	57,500 sq. ft.	
5. Volume of Structure	1,400,000 cu. ft.	
6. Construction Classification	2B	
7. Total Land Area Disturbed	257,000 sq. ft.	
8. Flood Hazard Zone	n/a	
9. Base Flood Elevation	n/a ft.	
10. Wetlands yes	sq. ft.	
no	X	
11. Fire Grading	2B	
12. Max. Live Load	80	
13. Max. Occupancy Load	300	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	4,350,000.
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	100,000.
7. ☒ Plumbing	400,000.
8. ☒ Electrical	650,000.
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5,500,000.

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
3. ☒ New Building		9/24/93		12/14/93				
6. ☒ Fire Protection								
7. ☒ Plumbing								
8. ☒ Electrical	Guy	10/1/93		12/9				

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: Nursing Home
2. Use Group: I-2
3. Change in Use Group, Indicate Former:

300 OC

20K

CERTIFICATE

Date Issued 4/3/95
Control #
Permit # 018-94

IDENTIFICATION

Block 1170 Lot 18/2, & 18/03
Work Site Location 425 Jack Martin Blvd
Brick, N.J.
Owner in Fee Medical Center of Ocean County
Address 2121 Edgewater Place
Pt. Pleasant, N.J.
Tele. ( )
Contractor Fitzpatrick & Associates Inc
Address 1115 Pine Brook Rd
Tinton Falls, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group I-2
Maximum Live Load
Description of Work/Use:

Nursing Home Facility

XX Basement, First Floor and Second Floor

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load 300 Occupancy

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 5/1/95, 19____ or the owner will be subject to a fine or order to vacate: Final Engineering & Soil

Arthur J. Cerza Jr.
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

New Jersey Uniform Construction Code

CERTIFICATE

Date Issued 3/24/95
Control #
Permit # 018-94

IDENTIFICATION

Block 1170 Lot 18.2 & 18.03
Work Site Location 425 Jack Martin Blvd
Brick, N.J.
Owner in Fee Medical Center of Ocean County
Address 2121 Edgewater Place
Pt. Pleasant, N.J.
Tele. ( )
Contractor Fitzpatrick & Associates Inc
Address 1115 Pine Brook Rd
Tinton Falls, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group I-2
Maximum Live Load
Description of Work/Use:

Nursing Home Facility

Basement and First Floor Use Only

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load 300 Occupancy

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 4/15/95, 19 or the owner will be subject to a fine or order to vacate:

Final Engineering & Soil

Arthur J. Kerzner

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/5/94
Control #
Permit # 018-94

IDENTIFICATION Block ~~Tetox~~ 1170 Lot ~~##~~ 18.02, 18.03

Work Site Location 425 Jack Martin Blvd Contractor Fitzpatrick & Co. Inc.

Address

Owner in Fee Ocean County O.C.

Address 211 Eden Rd

Tele. ( ) Tele. ( ) 01##

Lic. No. or Bldrs. Reg. No. Expl. Date 0.00

Federal Emp. No. 1170 #

or Social Security No. LOT 0.00

18.02 #

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

New construction
Ocean Nursing Pavilion

54,500
1,400,000

PAYMENTS (Office Use Only)			
Building	12,600—	BUILDING	12600.00
Plumbing		PLAN RVW	1260.00
Electrical		D.C.A.	2200.00
Fire Protection		C / O	1800.00
Other		TOTAL	17900.00
Other	PLR 1260	CHECK	17900.00
DCA Training Fee	2200	CHANGE	0.00
Cert. of Occ.	1800—		
Other	01/05/93 NO. 5	0002A005	12:25
Total	17940—		
Check No.	393846		
Cash			
Collected By:	JJ		

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 $ 5,500,000.00

W. J. Gannon

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 4/15/94
Control #
Permit #
Date Permit Issued 018-94

IDENTIFICATION Block 1170 Lot 18.2 & 18.3
Work Site Location 625 Ford Mansion Contractor Allied Fire & Safety
Owner in Fee Ocean Nursing Home Address
Address Tele. ( )
Lic. No. or Bldrs. Reg. No. 018##
Tele. ( ) Federal Emp. No. BLANK 0.00
or Social Security No. 1170 #

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [X] FIRE PROTECTION
DESCRIPTION OF WORK:

Sprinkler Sys.

Estimated Cost of Work $ 110 000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	TOT 18 #	0.00
Building	FIRE	78.00
Plumbing	TOTAL	78.00
Electrical	CHECK	78.00
Fire Protection 78	CHANGE	0.00
Other		
Other 04/15/94 NO. 5 0016A005		09:41
DCA Training Fee		
Cert. of Occ.		
Other		
Total 78		
Check No. #2414		
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 5/4/94
Control #
Permit #
Date Permit Issued 018-94

IDENTIFICATION Block 1170 Lot 18² 18.03
Work Site Location 425 Jack Martin Blvd Contractor Thru "6" Plbg
Owner in Fee Medical Center / Nielsen & Bain Address
Address Tele. ( )
Lic. No. or Bldrs. Reg. No.
Tele. ( ) Federal Emp. No.
or Social Security No. [illegible] 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Plumbing

Estimated Cost of Work $ 1595

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	1170 #	
Building	LOT	0.00
Plumbing	1595 — 18 #	
Electrical	PLUMBING 15	5.00
Fire Protection	TOTAL 15	5.00
Other	CHECK 15	5.00
Other	CHANGE	0.00
DCA Training Fee		
Cert. of Occ. 05/04/94 NO. 5	0054A005	8:55
Other		
Total	1595 —	
Check No.	# 10455	
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 1170 Lot 18.2, .3
Work Site Location OCEAN NURSING PAVILION, JACK MARTIN BLVD., BRICK, N.J. 08724
Owner in Fee
Address
Tele. ( )

Contractor SECURITY ELEVATOR CO.
Address 1640 FAIRMOUNT AVE PHILA. PA. 19130
Tele. (215) 236-7040
Lic. No. or Bldrs. Reg. No. 23-10671130
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] Other ELEVATORS
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
PREVIOUSLY APPLIED FOR PERMIT TO INSTALL (3) ELEV'S W/FIREMANS SERVICE — DELETE FIREMANS SERVICE

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Ocean Nursing

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/11/94
Date Issued
Control #
Permit # 018-94

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

Block 1170 Lot 18.2 18.03
Work Site Location 425 Jack Mart Blvd
Owner in Fee Ocean Nursing Pavilion
Address
Tele. (____)
Contractor
Address
Tele. (____)
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 ____

Fire alarm Test. Installation acknowledgement from Simplex Central Sta. also Attic Thermal Test Card

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 4/20/94
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 4/3/95
Approved by:

INSPECTIONS:

Type	Failure	Failure	Approval	Initial
Suppression Test			3/15/95	
Fire Alarm Test			4/3/95	
Smoke Test				
Mechanical				
TCO 30 days Sprinklers 1st.			4/3/95	
Other 1st floor only				
Other				
Other				

3/15

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

Description of Work

Water Supply Source
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 ____

Panel Box Central Sta.

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Emergency Lites, Exit Signs } Battery Backup.		163
Smoke Detectors		
Heat Detectors		
TOTAL		
Fire Dampers see Notes on M-3-4 Plans		
Stand Pipes		
Kitchen Hood Exhaust Systems	2	130
Diffusers		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical / Pull Station Boxes / Strobe Lites / Rooftop		
Gas or Oil Fired Appliance	14	465
OTHER Appl. Kitchen	7	231

	Administrative Surcharge	$ 979
Paid [ ] Check # ____	Minimum Fee	$
	DCA Training Fee	$
Collected by: ____	TOTAL FEE	$

U.C.C. Form F-140B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/15/94
Date Issued
Control #
Permit # 018-94

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

Block 1170 Lot 18-2 +18.3
Work Site Location OCEAN NURSING PAVILION
JACK MARTIN BLVD. BRICK, NJ
Owner in Fee Ocean Nursing Pavilion
Address SAME

Tele. ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREENGROVE Rd
NEPTUNE NEW JERSEY 07754
Tele. (908) 922-3399
Lic. No.
Federal Emp. No. 221-904-087 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

Sprinkler Syst OK 200 lb psi OK. Two Trip Test on Attic Sprinkler Dry. Syst. one at 17.35 Sec. & one at 1.Min. 15 Sec's OK

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 4/14/94
Approved by: JL
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Sprinklers			3/30/95	JL
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

Description of Work

Water Supply Source	others
Method of Valve Supervision	TAMPER SWITCH
Local Alarm Supervision	others
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	550	585.00
Dry Sprinkler Heads	245	
TOTAL	795	
Smoke Detectors	N/A	
Heat Detectors		
TOTAL		
Stand Pipes	1	163-
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression	N/A	
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

	Administrative Surcharge	$ 748-
Paid [ ] Check #	Minimum Fee	$
	DCA Training Fee	$
Collected by:	TOTAL FEE	$

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

3/29/95 Basement Test Wet sprk. 200 lb test ok

1st floor Test Wet Sprk 200 lb test ok

1st & 2 fl. test Dry Sprk only 200 lb test ok

1st & 2 fl. Trip test Dry sprk to be done

3/30/95 JE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/5/94
Date Issued
Control #
Permit # 018-94

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

Block 1170 Lot 18.2 & 18.03
Work Site Location 425 Jack Martin Blvd, Brick, NJ

Owner in Fee Medical Center of Ocean County
Address 2121 Edgewater Place, Pt. Pleasant, NJ 08742

Tele. (908) 223-2103
Contractor Fitzpatrick & Associates, Inc.
Address 1115 Pine Brook Rd., Tinton Falls, NJ 07724

Tele (908) 542-6100
Lic. No. or Bldrs. Reg. No. 7068
Federal Emp. No. 22-2013709 or Social Security No.

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

DESCRIPTION OF WORK

Construction of new 140 bed nursing home.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[V] All	12/14/93	RC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			7/14/94	RC
Foundation			8/15/94	RC
Slab				
Frame	10/14/94		11/29/94	RC
Insulation	RC		12/5/94	RC
~~Finishes~~	12/1/94		12/19/94	RC
~~Energy~~ Insulation				
Mechanical			12/21/94	RC
Plumbing	Take out slab 2-16-95 RC			
Other	Partial Use 2-17-95 OK			
Final				

TYPE OF WORK:
[xx] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present I-2 Proposed I-2
No. of Stories two
Height of Structure 30 Ft.
Area—Largest Floor 35,000 Sq. Ft.
Total Bldg. Area/All Floors 57,500 Sq. Ft.
Volume of Structure 1,400,000 Cu. Ft.
Total Land Area Disturbed 257,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 4,350,000.
2. Alteration $
3. Total (1+2) $ 4,350,000.

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

(1) ADD HANGERS - AREA OF SMALL HIP ROOFS.

(2) TRUSS REPAIR DETAILS

1/41/94 ~~Insulate headers.~~ steel

~~Hollow RR~~ RR

OK 12/6/94

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-7-93
Control #
Permit # 2865-93

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

Block 1170 Lot 18.2 & 18.03
Work Site Location 425 Jack Martin Blvd. & Route #88

Owner in Fee Medical Center of Ocean County
Address 2121 Edgewater Place, Point Pleasant, NJ 08742

Tele. (908) 840-3344
Contractor Fitzpatrick & Associates, Inc.
Address 1115 Pine Brook Road, Tinton Falls, NJ 07724

Tele (908) 542-6100
Lic. No. or Bldrs. Reg. No. 7068
Federal Emp. No. 22-2013709 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date. 12-5-94			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present I-2 Proposed I-2
No. of Stories two
Height of Structure 30 Ft.
Area—Largest Floor 35,000 Sq. Ft.
Total Bldg. Area/All Floors 57,500 Sq. Ft.
Volume of Structure 1,400,000 Cu. Ft.
Total Land Area Disturbed 257,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 100,000.
2. Alteration $
3. Total (1+2) $ 100,000

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

DESCRIPTION OF WORK

Site clearing including removals and grading for proposed nursing home per attached drawing.

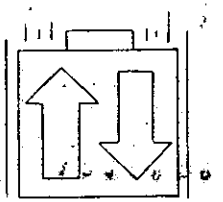
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELEVATOR SUBCODE
TECHNICAL SECTION



Date Received 10-3-94
Date Issued
Control #
Permit # 018-94

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

Block 1170 Lot 18.2.3
Work Site Location OCEAN NURSING PAVILION.
JACK MARTIN BLVD, BRICK. N.J. 08724.
Owner in Fee
Address
Tele. ( )
Contractor/Installer SECURITY ELEVATOR Co.
Address 1640 FAIRMOUNT AVE.
PHILA, PA. 19130 Tele. (215) 236-7040
Federal Emp. No. 23-1067130 or Social Security No.
Maintenance/Service Contractor
Address
Tele. ( )

B. ELEVATOR CHARACTERISTICS: #1.

Building Use Group HOSPITAL
Manufacture DOVER ELEVATOR Co.
Machine Rm. Location LOWER LEVEL - REMOTE
No. of Stops 2 No. of Openings 2
Travel (ft.) 10-8" Speed (f.p.m.) 100
Type of Control AC-RESISTANCE Type of Operation A.P.B.
Passenger YES Freight —
Capacity (lbs.) 2100
Year of Installation/Major Alteration 1994
Estimated Cost of Elevator Work $ 98,500.00 TOTAL 3 CARS

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.

George W. Moore DATE 8-31-94
Signature

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	
3	Hydraulic PLAN REVIEW + ACCEPTANCE TCC	1428.00
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
	Oil Buffers	
	Counterweight Governor & Safeties	
	Aux. Power Generator	
	Alterations	
	Other	
	Other	

Administrative Surcharge $ 214.00
Certificate of Compliance $ 84.00
Paid [ ] Check # DCA Training Fee $ 79.00
Collected by TOTAL FEE $ 1805.00

JOB SUMMARY (Office Use Only)

[ ] No Plan Review
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elec.
[✓] Elevator Plans Approved
Date: 9/26/94
Approved by: Frank Marcello

INSPECTIONS:

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Temp. Const. ID #				
Final			3/22/95	

SUBCODE APPROVAL: CC [✓] TCC [ ]

Date: 3/22/95
Approved by: Frank Marcello

U.C.C. Form F-150 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

Back Flow Valve

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

Block 1170 Lot 18.2 + 18.3
Work Site Location Ocean Nursing Pavilion JACK MARTIN BLVD. BRICK NJ
Owner in Fee SAME
Address SAME

Tele. ( ) N/A
Contractor Allied Fire & Safety
Address 517 Green Grove Rd Neptune NJ 07753
Tele. (908) 922-3399
Lic. No.
Federal Emp. No. 221-909-087 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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 and perform the work listed on this application.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
✓	Backflow Preventer	$ 25.00
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

U.C.C. Form F-130A

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

Trailer 840-8380 ← Stephatrick (Pete)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/4/94
Date Issued
Control #
Permit # 018-94

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

Block 1170 Lot 18.2 & 18.03
Work Site Location Jack Martin Blvd.
Brick Twsp. NJ
Owner in Fee Ocean Health Systems
Address 1 River Road
Brielle, NJ 08730
Tele. (908) 223-2103
Contractor Three G's Plumbing & Heating, Inc.
Address 514 Arnold Ave. - Box 1310
Point Pleasant Beach, NJ 08742
Tele. (908) 899-5999
Lic. No. 7828
Federal Emp. No. 22-2200741 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Nursing Home
Building Sewer Size 8" Public Sewer X Private Septic
Water Service Size 4" Public Water X Private Well
Estimated Cost of Plumbing Work $ 380,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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 and perform the work listed on this application.

Signature—Contractor Seal James Gourley

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
87	Water Closet	435.
2	Urinal/Bidet	10
15	Bath Tub	75
107	Lavatory	535.
6	Shower	30
32	Floor Drain	160.
5	Sink	25.
1	Dishwasher	5
5	Drinking Fountain	25.
3	Washing Machine	15.
6	Hose Bibb	30.
2	Water Heater	10.
	Fuel Oil Piping	
1-6"	Gas Piping	30.
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	25.
	Interceptor/Separator	
1-4"	Backflow Preventer	50.00
1	Greasetrap	25.
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
18	~~Active Solar System~~ V+Roof	10
5	Other Bed Pan Flushers	75.

Administrative Surcharge $ 1595
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

4-29-94 partial slab OK JMH
5-4-94 Basement slab OK JMH
5/25/94 partial slab OK Omy

3/10/95—

Trailer
848-8380 Fitzpatrick (cute)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/4/94
Date Issued
Control #
Permit # 018-94

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

Block 1170 Lot 18.2 & 18.03
Work Site Location Jack Martin Blvd.
Brick Twsp. NJ
Owner in Fee Ocean Health Systems
Address 1 River Road
Brielle, NJ 08730
Tele. (908) 223-2103
Contractor Three G's Plumbing & Heating, Inc.
Address 514 Arnold Ave. - Box 1310
Point Pleasant Beach, NJ 08742
Tele. (908) 899-5999
Lic. No. 7828
Federal Emp. No. 22-2200741 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Nursing Home
Building Sewer Size 8" Public Sewer X Private Septic
Water Service Size 4" Public Water X Private Well
Estimated Cost of Plumbing Work $ 380,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			12/2/94	DS
Solar				
TCO				

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 and perform the work listed on this application.

Signature—Contractor Seal James Gourley

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
87	Water Closet	435.
2	Urinal/Bidet	10
15	Bath Tub	75
107	Lavatory	535.
6	Shower	30
32	Floor Drain	160.
5	Sink	25.
1	Dishwasher	5
5	Drinking Fountain	25.
3	Washing Machine	15.
6	Hose Bibb	30.
2	Water Heater	10.
	Fuel Oil Piping	
1 -6"	Gas Piping	30.
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	25.
	Interceptor/Separator	
2 - 4"	Backflow Preventer	70.00
1	Greasetrap	25.
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
1F	~~Active Solar System~~ V+ Roof	10
5	Other Bed Pan Flushers	25.

Administrative Surcharge $ 1595
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B 1 White = Inspector Copy 2 Canary = 3 Pink = Office Copy

4-29-94 - partial Slab - OK JAH
5-4-94 - Basement Slab - OK JAH
5-6-94 - partial Slab - OK JAH
5-9-94 - not ready in AM / none on job in PM
5-10-94 - partial Slab - OK JAH
5-12-94 - Partial Slab OK JAH
5-19-94 - Partial Slab - OK JAH
5-25-94 Partial Slab - OK DM
5-31-94 Slab - OK JAH
10/21/94 - Partial - rough North wg OK DW
12/15/94 - Partial - NO tubs / Kit in ~~Basement~~ - Everything else OK DW
1-11-95 rough - OK JAH + DW
1-13-95 TUBS - OK JAH
3/10/95 partial final - 1st floor except kit -
① VACUUM breaker needed on whirlpools
② Trap seal for laundry if NO Laundry installed
3-22-95 TCO first flr only JAH
3-31-95 OK for TCO only JAH
(Backflow bad for washers)
(+ kitchen ← OK 4-3-95 JAH)
5/12/95 - BACKFLOW leaking

FROM

FITZPATRICK & ASSOCIATES, INC.
P.O. Box 1408
EATONTOWN, NEW JERSEY 07724

(908) 542-6100 FAX: (908) 542-8772

Message Reply

DATE: 10/24/94

FILE NO. 9309

PRIORITY
- ☐ URGENT!
- ☐ SOON AS POSSIBLE
- ☒ NO REPLY NEEDED

ATTENTION: RAY

SUBJECT: OCEAN PAVILION

TO: BRICK BLDG DEPT.

MESSAGE

RAY - AS DISCUSSED, PLEASE FIND ENCLOSED "TRUSSWALL" SKETCHES SHOWING FIELD MODIFICATIONS TO WOOD TRUSSES. SKETCHES HAVE BEEN REVIEWED AND APPROVED BY A NJ. PE.

"FOR YOUR RECORDS"

SIGNED: Scott Kellerman

DATE OF REPLY:

REPLY TO:

REPLY

SIGNED:

SENDER: MAIL RECIPIENT WHITE AND PINK SHEETS.

INSPECTOR: K Shafer

DATE: 2-8-95

JOB: Ocean Nursing Pavilion

SECTION: Jack Martin Blvd

TYPE OF WORK: Temp CO

WEATHER: Sunny

LOCATION: Jack Martin. Blvd

TEMPERATURE: 19°

BLOCK: 1170

LOT: 18.2/18.03

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		/
3. Sidewalk		/
4. Road Pavement		/
5. Landscaping & Sodding		/
6. Clean-up Procedures		/
7. Note on going construction in immediate area		/
8. Safety		/

COMMENTS REFERENCING ITEM NUMBER:

See attached pages (3 of 3)

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

Thomas K. Nypaver MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road ° Forked River, NJ 08731-1402
(609)971-7002 FAX: (609)971-3391

INSPECTION REPORT

This inspection has been conducted to insure compliance with the provisions of the Soil Erosion and Sediment Control Plan as certified by the Ocean County Soil Conservation District and pursuant to the requirements of Chapter 251, P.L. 1975, Soil Erosion and Sediment Control Act. The deficiencies found are noted below. Comments refer to checked items.

PROJECT Ocean Nursing Pavilion SCD# 4652 DATE 5/11/95

MUNICIPALITY Brick INSPECTOR Hallenia

___ Stabilized Construction Entrance	___ Conduit Outlet Protection	✓ Seeding/Stabilization Work
___ Sediment Barriers	___ Detention/Retention Basin	✓ Slope Protection Structures
___ Inlet Protection	___ Grassed Waterway	___ Grade Stabilization Structures
___ Street Maintenance	___ Lined Waterway	___ Subsurface Drainage
___ Sediment Basin	___ Riprap	___ Sequence of Construction
___ Topsoil Stockpiles	___ Diversions	___ Revisions to Plan Required
✓ Land Grading	___ Channel Stabilization	✓ Other

COMMENTS: Temporary compliance for this project expired on 5/1/95. All required work to be complete by this date.

Large bare areas of incomplete germination. All bare areas to be reseeded and hay mulched. As per certified plan.

Slope adjacent to HW-1 eroding due to run off from downspouts not piped to system. Additional measures will be required and area to be regraded and permanently stabilized.

Be advised $75.00 fee assessed for each inspection.

✓ The above deficiencies must be properly corrected by 5/30/95
NO Reports of Compliance will be issued until the above work is properly completed and all fees due are paid. Total fee due is $ 150.

___ $55.00 reinspection fee issued for failure to comply with certified plan.

___ Violation Notice to be issued. ___ Stop-Work Order to be issued.

✓ Our inspection of this project has revealed the aforementioned deficiencies. The District office must be contacted within 24 hours of this date in order to discuss corrective measures.

RECEIVED BY: _____ DATE _____

DISTRIBUTION: White - Project Manager Pink - Applicant Canary - District

FITZPATRICK & ASSOCIATES, INC.
BUILDERS AND CONSTRUCTION MANAGERS

Art Cierzo
Brick Twsp. Code official

June 20, 1995

RECEIVED
JUN 21 1995
DIV. OF INSPECTION

Ocean County Soil Conversation District
714 Lacey Road
Forked River, N.J. 08731

Attention: Mr. Michael L. Marcella
Erosion Control Specialist

RE: Ocean Nursing Pavilion
Brick Township, N.J.
Our Project # 9309

Gentlemen:

I am in receipt of a copy of your letter dated June 14, 1995 regarding continuing erosion at the above referenced facility, and have the following comments.

Fitzpatrick & Associates has always acted in good faith with OCSCD and will continue to do so. The owner's engineer (Lippincott Engineering) reviewed the erosion problems at the facility and issued a directive, through the Owner, that we add subsurface drainage piping to all down spouts in the rear of the building. We completed the work, as authorized, including adding landscape stone six to eight inches thick with concrete splash blocks to all down spouts that were not connected to the underground system. We have also hydro seeded and tacked the entire site three times.

In an effort to quell the erosion at the front and sides of the building, we added ground cover landscaping and root mulch to stabilize the soil and surrounding areas. In a nutshell, we have done everything asked of us and more. I understand your concerns regarding the erosion and note that it seems to be an Engineering problem more than a contractor problem. From the tone of your letter I anticipate that you will ask that all the down spouts be tied into an underground system as you originally expected. Practically speaking, this would be an impossible task without severely damaging the walkways, adjacent pavement and new vegetation.

For the record, I would like to reiterate that the continuing erosion is not the responsibility of Fitzpatrick & Associates, Inc; we have fulfilled our contractual responsibility and can do no more unless authorized to do so by the Owner. Any accumulating fees are not and will not be the responsibility of our firm.

P.O. Box 1408 • Eatontown, N. J. 07724 • (908) 542-6100 • FAX (908) 542-8772

By copy of this letter, I will ask the Wayne Lippincott review the current situation and issue a directive that will satisfy your needs and concerns.

If there are any questions or comments relative to this response, please feel free to contact the undersigned directly.

Very truly yours,

FITZPATRICK & ASSOCIATES, INC.

Joseph W. Pandozzi
Operations Manager

JP/ms
CC: Tom Rospos - Brick Township Engineer
Art Cierzo - Brick Township Code Official
Wayne Lippincott - Lippincott Engineering
Steven Bear - MCOC V.P. Planning
John P. Doyle Esquire.
George Gallo - Ocean Nursing Pavilion
Mike Hintz
John Fitzpatrick
Circ.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road
Forked River, NJ 08731
(609) 971-7002

June 14, 1995

STEVEN BEIER
VICE PRES., PLANNING & DEVELOPMENT
MEDICAL CENTER OF OCEAN COUNTY
2121 EDGEWATER PLACE
POINT PLEASANT NJ 08742

RE: **SCD #4652** - OCEAN NURSING PAVILION;
JACK MARTIN BOULEVARD
BRICK TOWNSHIP

Dear Mr. Beier:

This letter is in response to the continuing erosion problem at the above referenced site. Please be apprised of the following sequence of events.

On October 14, 1992, a letter was received by this office, from your engineer, stating that all roof drains would be connected to the approved drainage system. This condition allowed the certification, by the District, of your soil erosion and sediment control plan for the above site.

An inspection report was issued by the District on September 8, 1994, requesting that the excessive runoff, due to the formation of a gully over the basin side slopes, be diverted. Following said report, no measures were implemented to control the on-going erosion problem. On November 30, 1994, another letter was sent by the District relating the project's deficiencies and the continuing erosion problem. Still, no response was received from your contractor.

On February 2, 1995, a call was received by our office from Scott Kellerman of Fitzpatrick & Associates in which the erosion problem was again discussed; an on-site meeting was arranged during this phone call. Said on-site meeting with Mr. Kellerman was held on February 7, 1995, and, again, the project's deficiencies were discussed. A follow-up letter dated February 15, 1995, was forwarded reiterating items to be completed in order to obtain a temporary compliance from this office, and again, addressing the need for piping downspouts.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road
Forked River, NJ 08731
(609) 971-7002

June 6, 1995

W. THOMAS GOLDEN
MEDICAL CENTER OF OCEAN COUNTY
2121 EDGEWATER PLACE
POINT PLEASANT NJ 08742

RE: **SCD #4652** - OCEAN NURSING PAVILION;
BLOCK 1170, LOTS 18.02 & 18.03;
JACK MARTIN BOULEVARD;
BRICK TOWNSHIP

Dear Mr. Golden:

Please be advised that the temporary compliance(s) for the above referenced project has/have expired as of **MAY 1, 1995.** Furthermore, an inspection conducted by this office has shown that the required stabilization work, in order to obtain complete compliance, has not been properly completed.

Therefore, you have been charged a **$75.00** re-inspection fee. Additionally, said project will remain subject to fees for each day the site is re-inspected and required stabilization work is not completed.

The total fee due, to date is **$225.00** This fee must be received by the District office before any compliances can be issued.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

Michael L. Marcella
Erosion Control Specialist

MLM:bb(12)
cc: Joe Pandozzi, Fitzpatrick & Associates
Tom Rospos, Township Engineer
John P. Doyle, Esq.
Art Cierzo, Construction Code Official

908 - 922-3399
FAX # 908 - 918-8668
517 GREEN GROVE ROAD
P. O. BOX 607
NEPTUNE, N.J. 07754-0607

ALLIED FIRE & SAFETY equipment company, inc.

RECEIVED
JUN 27 1995
DIV. OF INSPECTION
Copy Sent to Fire Life Safety

June 22, 1995

Mr. Joseph Averisto
BRICK TOWNSHIP BUILDING DEPARTMENT
401 Chambers Bridge Road
Brick, NJ 08723

RE: OCEAN NURSING PAVILION - BRICK, NJ
ALLIED'S No. 3080-3LT

SUBJECT: DRY SPRINKLER SYSTEMS

Dear Mr. Averisto:

Please be advised that the Accelerators (Quick Opening Devices) for the Dry Sprinkler Systems at the above referenced location have been shut off. They have been creating false trips and alarms. We are going to be performing a Dry Sprinkler System Trip Test without these Accelerators to determine whether they are required or not. It is our opinion that they will not be needed however, if they are required, they will be replaced and returned back in service immediately.

If you have any additional questions or require more information, please feel free to contact us.

Sincerely,

Ronald Banach
Project Manager

cc: Mr. George Gallo - Ocean Nursing Pavilion

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215)968-4315 Fax (215)968-5940

RECEIVED
MAR 20 1995
DIV. OF INSPECTION

March 14, 1995

Mr. Frank Marinello
290 Frank Applegate Road
Jackson, NJ 08527

Re: Ocean Nursing Pavilion

Dear Mr. Marinello:

In accordance with BOCA National Building Code, 1993 which is part of the Uniform Construction Code of the State of New Jersey, and in particular Section 3006.0 Elevator Operation, Paragraph 3006.2 Emergency Operation, the decision has been made not to require Fire Recall.

In accordance with the letter of March 8, 1995 from Security Elevator Company, please review, approve and process the elevator drawings provided to you.

For your purposes we are providing you with the text of Paragraph 3006.2 Emergency Operation:

"All automatic operation elevators having a travel distance of 25 feet (7620 mm) or more above or below the main floor or other level of a building that is intended to serve the needs of emergency personnel for fire-fighting or rescue purposes shall be equipped with elevator emergency operation in accordance with ASME A17.1 listed in Chapter 35."

This project has no elevator that has a travel distance of 25 feet or more above the main floor or a travel distance of 25 feet or more below the main floor. As such, the provisions of Paragraph 3006.2 exclude these elevators from Fire Recall.

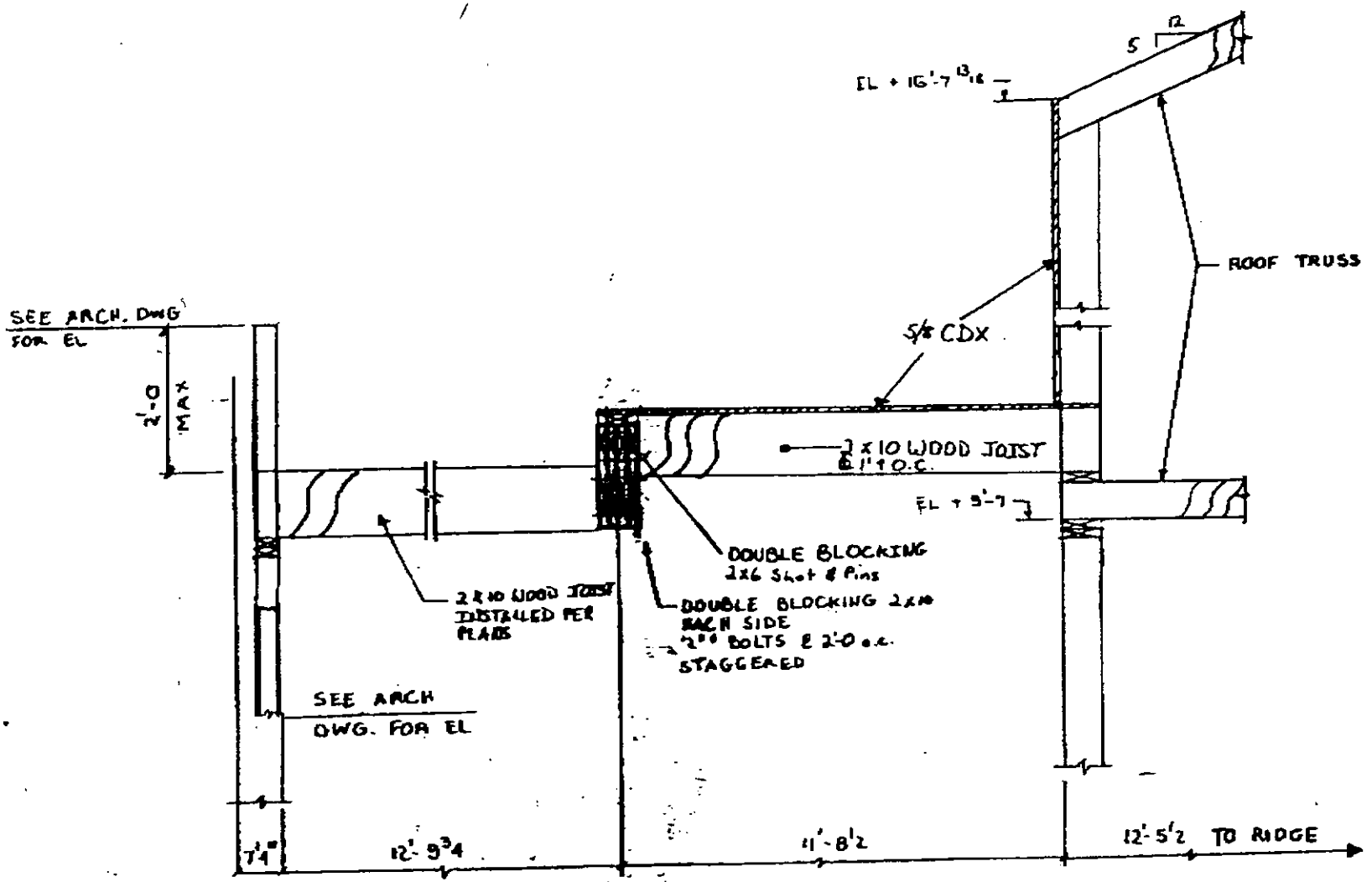
If you have any questions, please contact DCA immediately since we need this matter resolved at once.

Very truly yours,

James F. Murphy, P.E., President
For:
JAMES F. MURPHY ENGINEERS, INC.

JFM:jmp
Copy to: Barry Brommer, Architect
Paulina Caploon - Elevator Subcode Official
Arthur J. Cierzo, Brick Township Construction Official
Fitzpatrick & Associates
Gary Kamp - MCOC

Barry Brommer RA
THE BROMMER GROUP
#08121



RECEIVED
AUG 29 1994
FITZPATRICK & ASSOC. INC.

SECTION/REVISED (5/58)

Job Name: | Truss ID: XX | Qty: 1 | Drwg: H193M011-116

Condition:

The truss shown on Truswal Drg. No. H193M011-99 must be shortened in length by 1 foot.

CC OFFICE

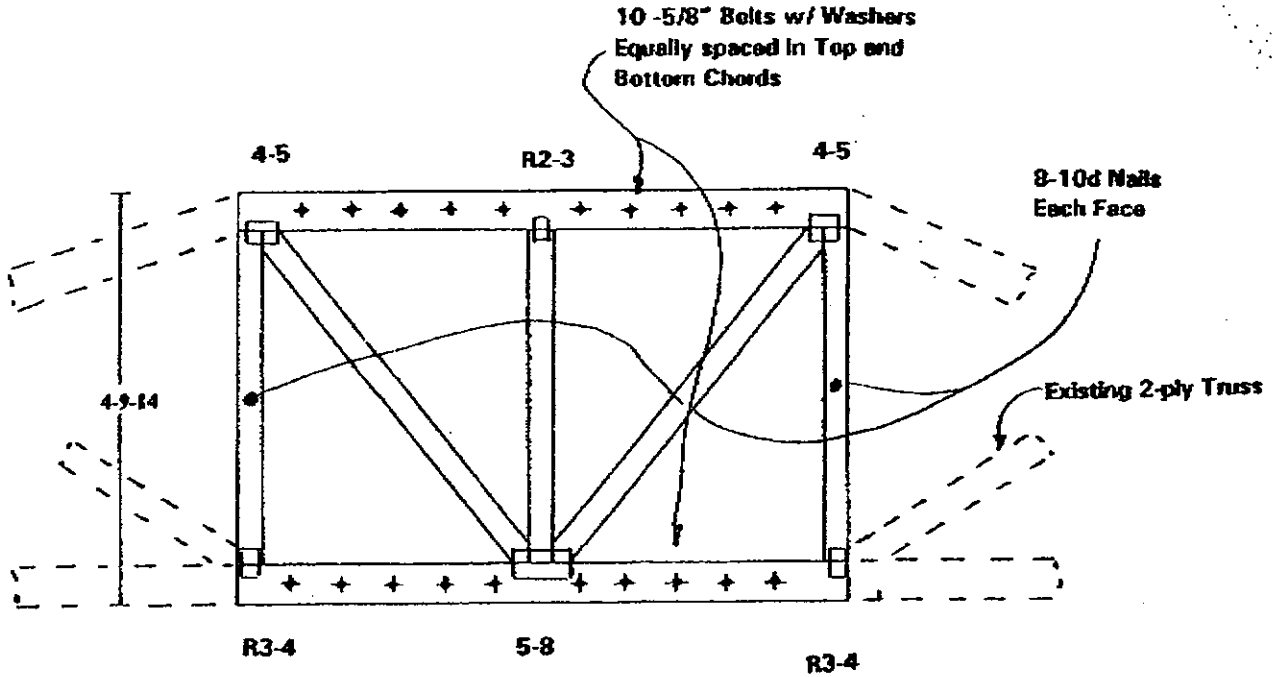
Correction:

Remove the center 12 inches of the truss including the vertical web and its joints. Rejoin the truss halves by over applying the splice frame shown below to both faces of the truss. Attach the splice with the 5/8" diameter bolts and 10d nails as shown below.

TRUSWAL SYSTEMS CORPORATION
Christy J. DiRenzo Cert. # 37992
PROFESSIONAL ENGINEER - NJ

Christy J. DiRenzo 9-2-94

Splice Frame Lumber
Chords: 2x6 No. 1 So. Pine
Webs: 2x4 No. 3 So. Pine



This truss is designed for use with Fire Retardant Treated Lumber. See TW Drg.No. H193M011-110 for complete specifications on Fire Retardant Treatment.

8/30/94

scale = .4354

TRUSWAL SYSTEMS
1610 Thomas Road, Hubbard OH 44425

WARNING Read all notes on this sheet and give a copy of it to the erecting contractor. This design is for an individual building component. It has been based on specifications provided by the component manufacturer and done in accordance with the latest versions of TPI and AFPA design standards. No responsibility is assumed for dimensional accuracy. Dimensions are to be verified by the component manufacturer and/or building designer prior to fabrication. The building designer shall ascertain that the loads utilized on this design meet or exceed the loading imposed by the local building code. It is assumed that the top chord is laterally braced by the roof or floor sheathing and the bottom chord is laterally braced by a rigid ceiling material directly attached. Bracing shown is for lateral support of component members only to reduce buckling length. This component shall not be placed in any environment that will cause the moisture content of the wood to exceed 19% and/or cause connector plate corrosion. Fabricate, handle, install and brace this truss in accordance with the following standards: 'TRUSCOM MANUAL', by Truswal, 'QUALITY CONTROL STANDARD FOR METAL PLATE CONNECTED WOOD TRUSSES' - (QST-88), 'HANDLING INSTALLING AND BRACING METAL PLATE CONNECTED WOOD TRUSSES' - (HIB-91) and 'HIB-91 SUMMARY SHEET' by TPI. The Truss Plate Institute (TPI) is located at 583 D'Onofrio Drive, Madison, Wisconsin 53719. The American Forest and Paper Association (AFPA) is located at 1250 Connecticut Ave, NW, Ste 200, Washington, DC 20036.

Eng. Job:		WO: ACELUMB
Chk: DG		
Dsgnr: DG		Date: 8/30/94
TC Live	30.0 psf	Durfacs L=1.15 P=1.15
TC Dead	1.0 psf	Rep Mbr Bnd
BC Live	.0 psf	O.C.Spacing
BC Dead	10.0 psf	Design Spec BOCA
TOTAL	50.0 psf	Seqn 08.15.94- 449

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.
517 Green Grove Road
P.O. Box 607
NEPTUNE, NEW JERSEY 07754-0607
(908) 922-3399
FAX (908) 918-8668

LETTER OF TRANSMITTAL

DATE 8/30/94 | JOB NO. 3080

ATTENTION JOE AVERISTO

RE: Ocean Nursing pavilion
Permit # 018-94

TO BRICKTOWN FIRE INSPECTOR
500 Herbertsville Rd
Bricktown, N.J. 08723
908-477-3000

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
3	8/24/94	SP-1 → SP-5	FIRE SPRINKLER PLANS
3	—	—	hydraulic Calculations
	Bl.	1170	L 8.11
			Permit 018-94

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please review these revised sprinkler plans and return (2) Prints of each with your Approval stamp & or comments to this office.

The Double bed patient rooms were revised as to the type of sprinkler heads used in each area.

thank you

COPY TO _____

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.

FITZPATRICK & ASSOCIATES, INC.
BUILDERS AND CONSTRUCTION MANAGERS

FAX COVER SHEET

DATE SENT: 3-6-95 TIME SENT: 12:45

FROM: Scott Kellerman

TO (COMPANY): Mr. Ray Karkauski Brick Township

ATTENTION:

FAX #: (908 920-4850

MESSAGE:

NUMBER OF PAGES FOLLOWING THIS COVER SHEET: 1

If any problems occur during this transmission, please call:
(908) 542-6100

FITZPATRICK & ASSOCIATES, INC. FAX # IS: (908) 542-8772

OPERATOR: S Champagne

P.O. Box 1408 • Eatontown, N. J. 07724 • (908) 542-6100 • FAX (908) 542-8772

FITZPATRICK & ASSOCIATES, INC.
BUILDERS AND CONSTRUCTION MANAGERS

March 6, 1995

Brick Township Building Department

ATTN: Mr. Ray Korkowski
Mr. Art Cierro

RE: Ocean Nursing Pavilion
Our Job #9309

Gentlemen:

As we progress towards completion of the above referenced project, the Medical Center has requested permission to commence with the final cleaning and furniture deliveries within the building with their own personnel prior to the issuance of a formal C.O.

In addition, they would also like the opportunity to begin staff training sessions on or about 3/8/95. It is understood that Medical Center personnel will be allowed in the building during normal working hours only, and no patients will be seen until after both state and local inspections have been completed.

The facility is currently in a state of substantial completion as we continue to finalize all "life safety components" we would like to schedule the final C.O. inspections for 3/20/95.

As previously discussed, I would like to schedule a walk-through with you prior to 3/8/95 to finalize any further requirements.

If this request is in order, please contact me to set up a meeting at (908) 840-8380 or beep me at (908) 633-4141.

Thank you for your anticipated cooperation.

Very truly yours,

FITZPATRICK & ASSOCIATES, INC.

Scott Kellerman (sac)

Scott Kellerman
Project Manager

SK/sac
cc: Joseph Pandozzi
File, Daily, Jobsite

Simplex

Simplex Time Recorder Co.
Gardner, MA 01441-0001 U.S.A.

FIRE ALARM TEST/INSTALLATION
ACKNOWLEDGEMENT

FIRE SYSTEM

PAGE 1 OF 1

BOOK # 6154
CALL #
SEQ. # X

BRANCH	SERVICE AT CUSTOMER NUMBER	SITE AND PROJECT NO.	TR ARRIVAL DATE (MO DA YR)	TR COMP. DATE (MO DA YR)	NON-BILL	SVC. CODE	MIN	TR ACT
526		94003801						

NAME: OCEAN PAVILLION
ADDRESS (OR ATTN. OF): ELECT CONST
ADDRESS: JACK MARTIN BLVD
CITY: BRICK TOWN STATE: NJ ZIP:

INSP. DATE (MO DA YR) M S
CUSTOMER P.O. AND/OR CUSTOMER CONTACT NAME (PRINT)

SERVICE CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	MILES
090		05			34
WARRANTY CODE	**LBR - REG.**	**TRAV - REG.**	**LBR - OT**	**TRAV - OT**	**ARRIVAL**
					:
TLP CODE	**LBR - REG.**	**TRAV - REG.**	**LBR - OT**	**TRAV - OT**	**DEPARTURE**
					:

CONTROL PANEL

MANUFACTURER	MODEL NO.	SERIAL NO.	WIRING DIAG. NO.	SEQUENCE NO. THRU
SIMPLEX	4020			

TYPE OF SIGNALING: ☒ GENERAL ALARM ☐ SELECTIVE SIGNALS ☐ CODED ☐ PRE-SIGNAL

POWER SOURCE: CIR. BRKR. LOCATION BY PANEL NO. 5 LOCKED CIR. BRKR ☐ Y ☒ N DEDICATED CIR. ☒ Y ☐ N

BATTERIES: ☐ NOTE # ____ VOLTAGE WITH CHARGER ☐ ☒ NORM 24 VOLTS VOLT WITHOUT CHARGER ☐ ☐ N/A ____ % CHARGED

TROUBLE CONDITIONS: RESPONSE TO: ZONE TROUBLE ☒ NORM ☐ NOTE # | SIGNAL TROUBLE ☒ NORM ☐ NOTE # | AC/DP POWER LOSS ☒ NORM ☐ NOTE # | EARTH GROUND ☒ NORM ☐ NOTE #

CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO: ☒ James F. Scisco TEL NO. ( )
STR TR 1 SIGNATURE: Noel Blum TR #: 0903
CUSTOMER SIGNATURE: James F. Scisco
FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO.: NICE #1085861
SEE NOTATION NO.
THE SIMPLEX-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. THE WARRANTY BEGINS ON ____ MONTH ____ DAY ____ YR.
SIGNALS SOUNDED PER CUSTOMER REQUEST ☐ Y ☐ N CUST. INIT.

AUXILIARY FUNCTIONS

ANNUNCIATOR MFGR. SIMPLEX SERIAL —
MODEL LCD WIRING DIAGRAM
TYPE ☐ INCAND. ☐ GRAPHIC ☐ CRT ☐ LED ☐ DROP LCD
VOLTAGE 24 NO. OF ZONES 1000 UNUSED PTS.
AUX FUNCTIONS ☒ LAMP TEST ☒ REMOTE RESET ☐ DRILL SW ☒ REMOTE ACK
ADDITIONAL NOTES: 2 UNITS

DOOR HOLDERS DOOR RELEASE DEVICES, INCLUDING CLOSERS AND LATCHES ☒ NORM ☐ QTY. ☐ NOTE # ☐ N/A

ELEVATOR FIRE RECALL RECALL TO PRIMARY FLOOR ☐ NORM ☐ NOTE # ☒ N/A
RECALL TO ALTERNATE FLOOR ☐ NORM ☐ NOTE # ☒ N/A ELEVATORS RESTART FROM FIRE SVC. SHUTDOWN AUTOMATICALLY ☐ Y ☐ N

HVAC SHUTDOWN AIR HANDLER SHUTDOWN ☒ NORM ☐ NOTE # ☐ QTY. AIRHANDLER(S) RESTART FROM SHUTDOWN AUTOMATICALLY ☐ Y ☐ N

CITY CONNECTION OR CENTRAL MONITORING STATION
CITY RESPONSE TO ALARM ☐ NORM ☐ NOTE # OFFICIAL CONTACTED
CITY RESPONSE TO TROUBLE ☐ NORM ☐ NOTE # TIME OF DAY OUT OF SERVICE IN SERVICE
LOCAL FIRE DEPT./CENTRAL STATION FD. BUS. PHONE NO./CENTRAL STATION

SPECIAL CONSIDERATIONS - LIST ANY UNIQUE FUNCTIONS TO BE AWARE OF BEFORE TESTING
1. TIED TO N.C. SYSTEM
2. IN ROOMS
3.

MPX/TPR CHECKLIST

MODEL NO. | THE FOLLOWING TRANSPONDERS FAILED THE TEST
NO. OF XPNDRS TESTED | LOCATION NOTE #
POWER SUPPLY VOLTAGE NOTE # ☐ NORM | LOCATION NOTE #
CHARGER VOLTAGE NOTE # ☐ NORM | LOCATION NOTE #
GROUND FAULT NOTE # ☐ Y ☐ N | LOCATION NOTE #
BATTERIES VOLTAGE NOTE # ☐ NORM | LOCATION NOTE #
POINTS TESTED NOTE # ☐ NORM | LOCATION NOTE #
OTHER NOTE # | LOCATION NOTE #
PRINTERS NOTE # ☐ Y ☐ N | CRT'S NOTE # ☐ Y ☐ N | OTHER NOTE #

PERIPHERAL/PARTS USED

ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NC	USG.	UNIT PRICE
1						
2						
3						
4						
5						
6						
7						
8						

THE NUMBER OF PERIPHERAL DEVICES TESTED ARE:

	TOTAL NO. OF DEVICES	No. Tested	↓ okay X See below
STATIONS			
HEAT DETECTORS			
SMOKE DETECTORS	SEE		
ANNUNCIATORS	CONTIN		
DUCT DETECTOR	UATION		
HORNS	SHEET		
BELLS			
CHIMES			
SPRINKLER SYST			
NURSE CALL			
TYPE PROGRAM			
VOICE MESSAGE			

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS: ☐ None ☐ As Follows (describe fully)

RELATED TR	RELATED CALL #

PROBLEM CODE	CORRECTIVE ACTION	CLOSE DATE	SERV. COMPL	RSN
38	04	03.03.95	X	

IF DETAILED TESTING IS REQUIRED - USE CONTINUATION SHEET ADV-0352

M-552-1 9/93

AUTHORITY HAVING JURISDICTION

3:46

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

March 22, 1994 FAX NO. (908) 920-4850

RECEIVED
MAR 2 3 1994
DIV. OF INSPECTION

Messrs. Arthur J. Cierzo, Construction Official
and James A. Heyer, Plumbing Sub-Code Official
Township of Brick
Division of Inspections
401 Chambersbridge Road
Brick, NJ 08723

Re: Ocean Nursing Pavilion

Gentlemen:

Thank you for meeting with me yesterday afternoon at your office in order to review the plumbing in the basement area of Ocean Nursing Pavilion.

This letter is to confirm our conversation and agreement with regard to the sewage ejector and what will be piped to it:

1. The plans will remain as they are. The automatic draw-off grease interceptor will be set at an elevation of approximately five feet (5'-0") above the finished basement floor and arranged so that it can be piped into a removable drum or container which can be removed periodically from the basement area, up the elevator, and to the loading dock for removal from the site.

2. The remaining sewer lines will remain as shown on the plans. Although it might be possible to make connections by gravity, it is our intention to pipe the few fixtures into the sewage ejector in order to reduce piping runs in the basement, maintain the minimum amount of ceiling work and minimize cost at the same time.

3. In accordance with your interpretation of the 1993 National Standard Plumbing Code, paragraph 11.7.1, there is no contradiction to the method utilized here because it is a judgmental factor relative to the interpretation of this particular paragraph and there will be no problem if the project is installed in the manner shown on the plan when field-reviewed.

Thank you again for the time you spent with me. Please keep in touch if you find anything as the project progresses. We want you to be comfortable with the project and satisfied with the work as it proceeds.

Very truly yours,

JAMES F. MURPHY ENGINEERS, INC.

James F. Murphy, P.E.
President

JFM:jmp

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: Ocean Nursing Pavilion SCD NO.: 4652

BLOCK NO.(s) 1170 LOT NO.(s) 18.02, 18.03

Complete Compliance ☐ Temporary Compliance ☑

Block No.	Lot No.	Conditions
		This TEMPORARY compliance expires on 5/1/95. The applicant is required to notify this office when work is properly completed. A $75.00 re-inspection fee will be billed to the applicant for each day the required work is not properly completed.

TOTAL FEES DUE: $ 75.00

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: Joe Paulson

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 3/23/95

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: Ocean Nursing Pavilion SCD NO.: 4652

BLOCK NO.(s) 1170 LOT NO.(s) 18.02, 18.03

Complete Compliance ☐ Temporary Compliance ☑

Block No.	Lot No.	Conditions
		This **TEMPORARY** compliance expires on 5/1/95. The applicant is required to notify this office when work is properly completed. A $75.00 re-inspection fee will be billed to the applicant for each day the required work is not properly completed.

TOTAL FEES DUE: $ 75.00

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: Joe Pinkus

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 3/23/95

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

INSPECTOR: George Rivera

DATE: 5/15/95

JOB: Ocean Township SECTION: Pavilion

TYPE OF WORK: Final Cert

WEATHER: Sunny

LOCATION: Jack Martin Blvd

TEMPERATURE: 60°

BLOCK: 120 LOT: 18.28

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: All items 1-19 have been satisfied

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: K Shafer

DATE: 3/23/95

JOB: Ocean Nursing Pavilion SP#2058 SECTION: Hospital Zone

TYPE OF WORK: Temp CO

WEATHER: Sunny

LOCATION: Jack Martin Blvd

TEMPERATURE: 50°s

BLOCK: 170 LOT: 18.02/.05

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	/	
2. Grading	/	
3. Sidewalk	/	
4. Road Pavement	/	
5. Landscaping & Sodding	/	
6. Clean-up Procedures	/	
7. Note on going construction in immediate area	/	
8. Safety	/	

COMMENTS REFERENCING ITEM NUMBER:

~~#~~ Temp conditions to be completed by 5/1/95

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #2 (2ND FLOOR) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

esign Specifications	Water Supply Information	System Demand
ensity : 0.100	72.00 psi @ 0.00 gpm	58.99 psi
esign Area: 1500.00	61.00 psi @ 1200.00 gpm	@
		334.2 gpm
		+ 100.0 gpm Hose

Total Demand: 434.2 gpm @ 58.99 psi

System safety factor: 11.39 psi

otes:

ist of Fitting Abbreviations

xample: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

ode:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	ButterflyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Def.Sp Val	Y :	Red.F.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

Calcs By: DF Checked: 12/94

Ser:*210303* Hydrocalc Program by Crowley Design Group, (215)-357-7060

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION)

esign density: .10

upplied flow and pressure is based on 58.99 psi available at supply
(70.32 psi is actually available)

ef. t.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
01	19.52		19.52	5.60	24.7	14.8	66.9%	A01
03	11.42		11.42	5.60	19.9	14.8	27.7%	A03
05	11.53		11.53	5.60	19.0	14.8	28.4%	A05
06	11.07		11.07	5.60	18.6	14.8	25.7%	A06
07	10.37		10.37	5.60	18.0	14.8	21.6%	A07
08	7.20		7.23	5.60	15.1	14.8	2.0%	A08
09	7.01		7.01	5.60	14.8	14.8	0.0%	A09
12	17.47		17.47	5.60	23.4	14.8	58.1%	A12
13	18.88		18.88	5.60	24.3	14.8	64.2%	A13
14	17.32		17.32	5.60	23.3	14.8	57.4%	A14
15	20.16		20.16	5.60	25.2	14.8	70.3%	A15
16	18.99		18.99	5.60	24.4	14.8	64.9%	A16
17	15.65		15.65	5.60	22.2	14.8	50.0%	A17
18	14.16		14.16	5.60	21.1	14.8	42.6%	A18
19	13.49		13.49	5.60	20.6	15.0	37.3%	A19
20	13.55		13.55	5.60	20.6	15.0	37.3%	A20

Calcs By: DF Checked: _____ 08/22/94

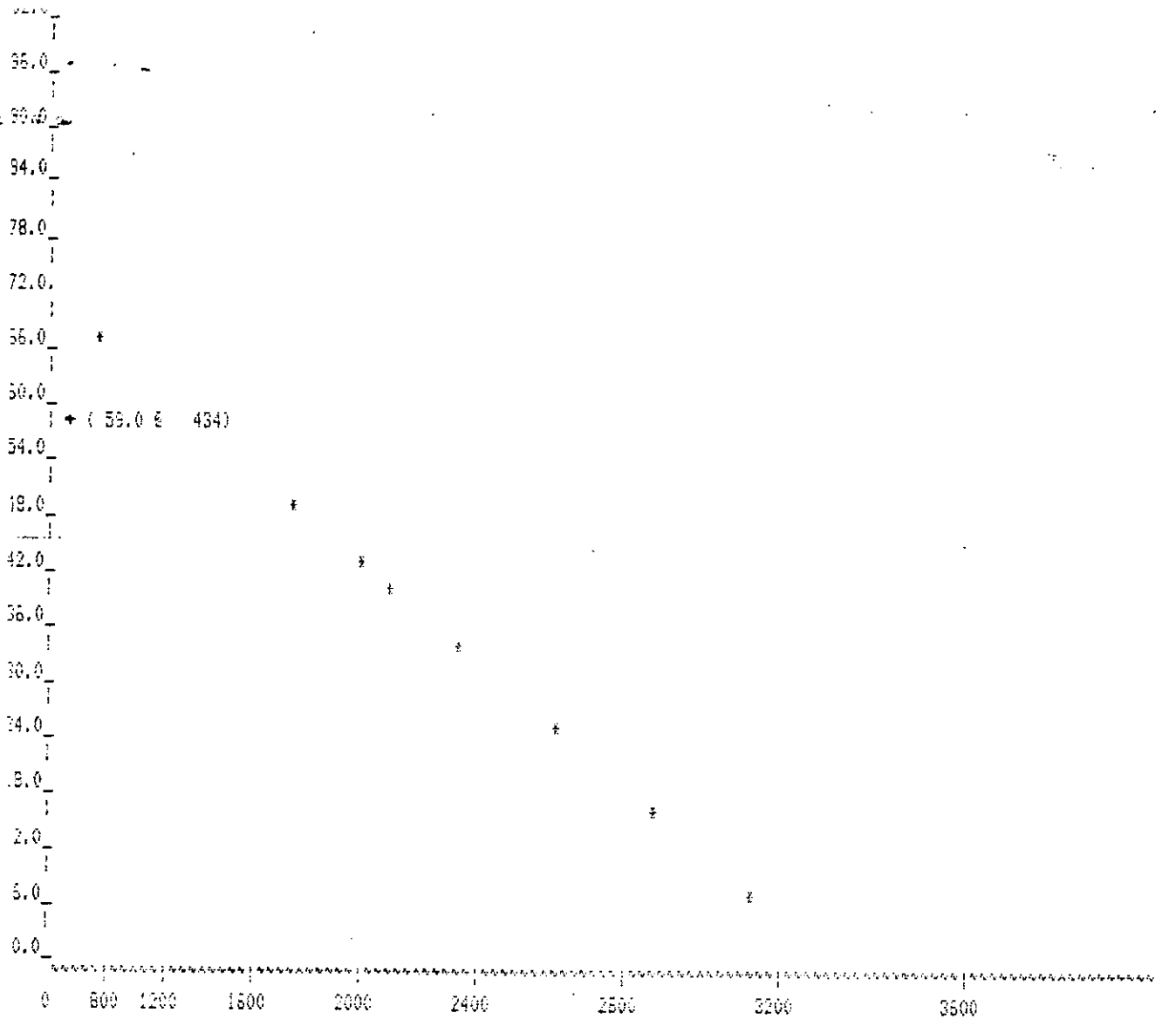
Ser:#310303# Hydrocalc Program by Crowley Design Group, (215)-337-7050

Job No:3080 OCEAN NURSING PAVILION)

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Ft/ft	Diam	C	Flow	Velocity fps
30.00	A01 <<	24.7 <<	15.52	3.95	0.00	23.47	M09	30.00	10.50	2T	10.00	20.50	0.193	1.049	120	24.7	9.2
30.00	A02 >>	18.9 >>	12.01	-0.59	0.00	11.42	A03	30.00	5.00			5.00	0.118	1.049	120	18.9	7.0
30.00	A02 <<	18.9 <<	12.01	1.29	0.00	13.30	M14	30.00	6.00	T	5.00	11.00	0.118	1.049	120	18.9	7.0
30.00	A04 >>	19.0 >>	12.12	-0.59	0.00	11.53	A05	30.00	5.00			5.00	0.119	1.049	120	19.0	7.0
30.00	A04 <<	19.0 <<	12.12	1.19	0.00	13.30	M14	30.00	5.00	T	5.00	10.00	0.119	1.049	120	19.0	7.0
30.00	A06 >>	47.9 >>	11.07	-0.69	0.00	10.37	A07	30.00	0.50	T	6.00	6.50	0.081	1.610	120	47.9	7.5
30.00	A06 <<	66.5 <<	11.07	2.24	0.00	13.30	M14	30.00	7.00	T	8.00	15.00	0.149	1.610	120	66.5	10.5
29.30	A07 >>	29.9 >>	10.37	-3.14	0.00	7.23	A08	30.00	6.50	T	5.00	11.50	0.273	1.049	120	29.9	11.1
30.00	A08 >>	14.8 >>	7.23	-0.22	0.00	7.01	A09	30.00	1.00	E	2.00	3.00	0.075	1.049	120	14.8	5.5
30.00	A11 >>	23.4 >>	18.34	-0.87	0.00	17.47	A12	30.00	5.00			5.00	0.174	1.049	120	23.4	8.7
30.00	A11 <<	23.4 <<	18.34	1.74	0.00	20.08	M15	30.00	5.00	T	5.00	10.00	0.174	1.049	120	23.4	8.7
30.00	A13 >>	22.3 >>	16.88	-1.55	0.00	17.32	A14	30.00	7.00	E	2.00	9.00	0.172	1.049	120	22.3	8.6
30.00	A13 <<	47.6 <<	16.88	1.21	0.00	20.09	M15	30.00	7.00	T	8.00	15.00	0.080	1.610	120	47.6	7.5
30.00	A15 <<	25.2 <<	20.18	1.99	0.00	22.17	M12	30.00	5.00	T	5.00	10.00	0.139	1.049	120	25.2	9.3
30.00	A16 <<	24.4 <<	18.96	1.13	0.00	20.12	M16	30.00	1.00	T	5.00	6.00	0.188	1.049	120	24.4	9.0
30.00	A17 <<	22.2 <<	15.65	0.94	0.00	16.60	M17	30.00	1.00	T	5.00	6.00	0.157	1.049	120	22.2	8.2
30.00	A18 <<	21.1 <<	14.16	2.44	0.00	16.60	M17	30.00	10.00	TE	7.00	17.00	0.143	1.049	120	21.1	7.8
30.00	A19 <<	20.6 <<	13.49	1.37	0.00	14.86	M18	30.00	5.00	T	5.00	10.00	0.137	1.049	120	20.6	7.6
30.00	A20 <<	20.6 <<	13.55	1.31	0.00	14.86	M18	30.00	4.50	T	5.00	9.50	0.132	1.049	120	20.6	7.6
0.00	M01 >>	334.2 >>	58.13	-0.07	-5.21	52.85	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	334.2	3.4
0.00	M01 <<	334.2 <<	58.13	0.85	0.00	58.99	U01	0.00	155.00	2ETG	91.13	246.13	0.004	6.020	140	334.2	3.8
12.00	M02 >>	334.2 >>	52.85	-1.85	-3.47	47.53	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	334.2	3.4
20.00	M03 >>	334.2 >>	47.53	-0.39	0.00	47.14	M04	20.00	63.00	SE	42.00	105.00	0.004	6.357	120	334.2	3.4
20.00	M04 >>	334.2 >>	47.14	-0.58	0.00	46.56	M05	20.00	2.50	T	20.00	22.50	0.026	4.260	120	334.2	7.5
10.00	M05 >>	334.2 >>	46.56	-0.78	-4.34	41.44	M06	30.00	10.00	T	20.00	30.00	0.026	4.260	120	334.2	7.5
20.00	M06 >>	334.2 >>	41.44	-0.54	0.00	40.90	M07	20.00	1.00	T	20.00	21.00	0.026	4.260	120	334.2	7.5
30.00	M07 >>	334.2 >>	40.90	-8.67	0.00	32.23	M08	30.00	76.00	2EG	15.00	91.00	0.095	3.260	120	334.2	12.8
30.00	M08 >>	334.2 >>	32.23	-8.76	0.00	23.47	M09	30.00	77.00	T	15.00	92.00	0.095	3.260	120	334.2	12.8
30.00	M09 >>	309.5 >>	23.47	-1.20	0.00	22.27	M10	30.00	14.50			14.50	0.082	3.260	120	309.5	11.9
30.00	M10 >>	288.5 >>	22.27	-0.03	0.00	22.25	M11	30.00	0.50			0.50	0.081	3.260	120	288.5	3.1
20.00	M10 >>	71.1 >>	22.27	-2.19	0.00	20.08	M15	30.00	5.00	T	8.00	13.00	0.161	1.610	120	71.1	11.2
10.00	M11 >>	134.0 >>	22.25	-0.08	0.00	22.17	M12	30.00	4.50			4.50	0.018	3.260	120	134.0	5.1
30.00	M11 >>	104.5 >>	22.25	-8.94	0.00	13.30	M14	30.00	10.00	T2E	16.00	26.00	0.344	1.610	120	104.5	16.4
30.00	M12 >>	108.8 >>	22.17	-0.13	0.00	22.04	M13	30.00	11.00			11.00	0.012	3.260	120	108.8	4.2
30.00	M13 >>	67.6 >>	22.04	-1.92	0.00	20.12	M16	30.00	4.50	T	8.00	12.50	0.154	1.610	120	67.6	10.6
30.00	M13 >>	41.2 >>	22.04	-7.18	0.00	14.86	M18	30.00	7.50	TE	7.00	14.50	0.495	1.049	120	41.2	15.2
30.00	M16 >>	43.2 >>	20.12	-3.52	0.00	16.60	M17	30.00	6.50			6.50	0.542	1.049	120	43.2	16.6

Calcs By: DF Checked: 05/22/94

Ser:#210303* Hypercalc Program by Crowley Design Group, (215)-337-7060



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3013.06

OCEAN NURSING PAVILION
ALC. #2 (2ND FLOOR)
RICK N.J07924

OB Number = 9080
8/29/94

8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #3 (1ST FLOOR ROOF) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	51.61 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				330.5 gpm
				+ 100.0 gpm Hose

Total Demand: 430.5 gpm @ 51.61 psi

System safety factor: 18.79 psi

Notes: _____

List of Fitting Abbreviations

Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45-Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

8/29/94

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION

Design density: .10

Supplied flow and pressure is based on 51.61 psi available at supply
(70.35 psi is actually available)

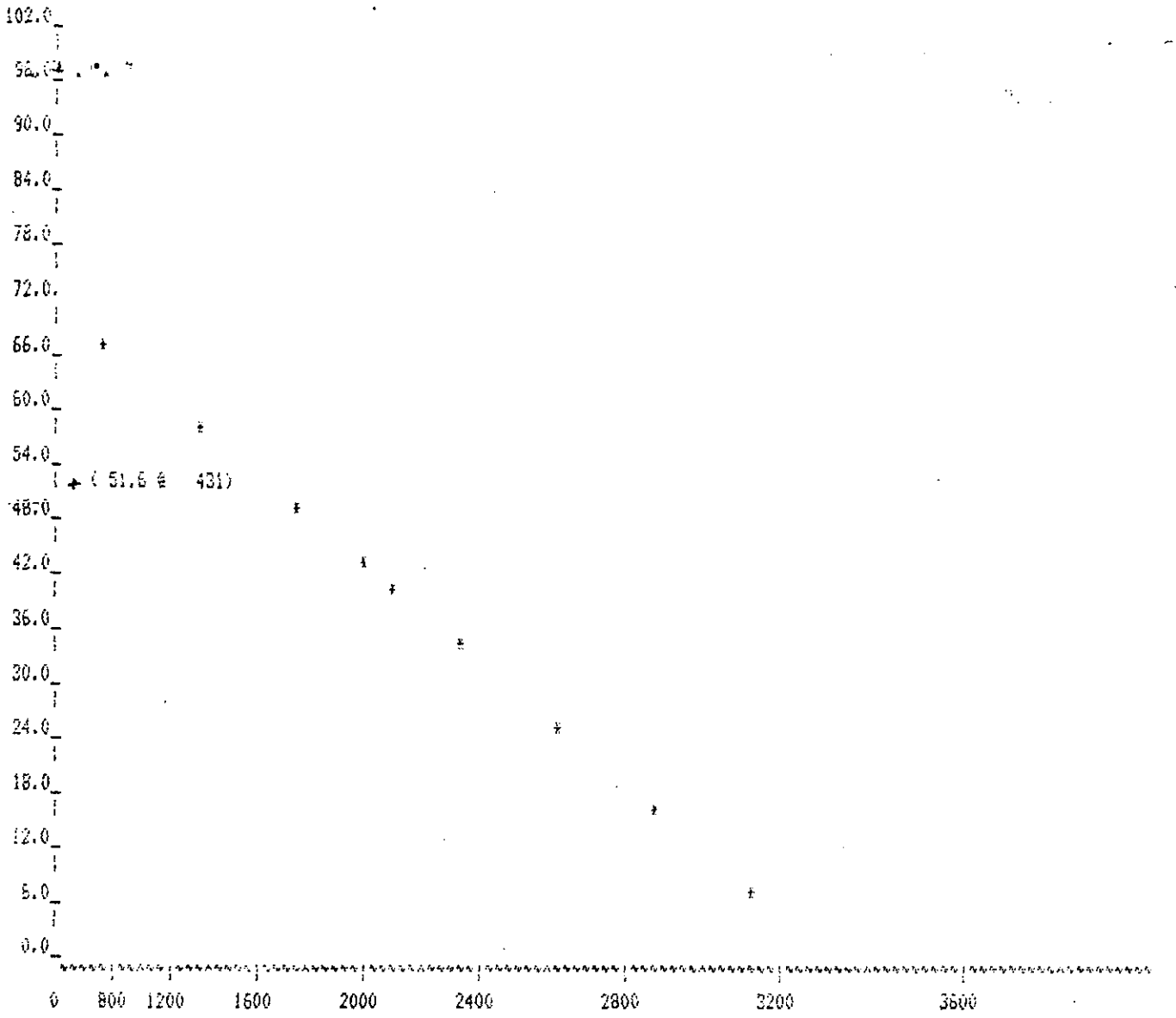
Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	17.44		17.44	5.60	23.4	16.8	39.3%	A01
A02	17.13		17.13	5.60	23.2	16.8	38.1%	A02
A03	16.61		16.61	5.60	22.8	16.8	35.7%	A03
A04	14.93		14.93	5.60	21.6	16.8	28.6%	A04
A05	12.14		12.14	5.60	19.5	16.8	16.1%	A05
A06	16.66		16.66	5.60	22.9	16.8	36.3%	A06
A07	16.99		16.99	5.60	23.1	16.8	37.5%	A07
A08	13.85		13.85	5.60	20.8	16.8	23.8%	A08
A09	11.90		11.90	5.60	19.3	16.8	14.9%	A09
A10	10.68		10.68	5.60	18.3	16.8	8.9%	A10
A11	10.32		10.32	5.60	18.0	16.8	7.1%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12
A13	14.52		14.52	5.60	21.3	16.8	26.8%	A13
A14	13.57		13.57	5.60	20.6	16.8	22.6%	A14
A15	12.80		12.80	5.60	20.0	16.8	19.0%	A15
A16	11.19		11.19	5.60	18.7	16.8	11.3%	A16

Flow and Pressure Summary

Job No:3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT		Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
27.00	A01	<<	23.4	17.44	1.04	0.00	16.49	E01	27.00	1.00	T	5.00	6.00	0.174	1.049	120	23.4	8.7
25.00	A02	<<	23.2	17.13	2.22	-0.87	18.49	E01	27.00	9.00	2E	4.00	13.00	0.171	1.049	120	23.2	8.6
27.00	A03	<<	22.8	16.61	0.17	0.00	16.77	E02	27.00	1.00			1.00	0.166	1.049	120	22.8	8.4
27.00	A04	>>	19.5	14.93	-1.49	-1.30	12.14	A05	30.00	12.00			12.00	0.124	1.049	120	19.5	7.2
27.00	A04	<<	41.1	14.93	1.84	0.00	16.77	E02	27.00	18.00	3E	12.00	30.00	0.061	1.610	120	41.1	6.5
27.00	A06	<<	22.9	16.66	1.67	0.00	16.32	E03	27.00	3.00	TE	7.00	10.00	0.167	1.049	120	22.9	8.5
25.00	A07	<<	23.1	16.99	2.20	-0.87	18.32	E03	27.00	9.00	2E	4.00	13.00	0.170	1.049	120	23.1	8.5
27.00	A08	<<	20.8	13.85	0.84	0.00	14.69	E04	27.00	1.00	T	5.00	6.00	0.140	1.049	120	20.8	7.7
27.00	A09	<<	19.3	11.90	1.22	0.00	13.12	E05	27.00	3.00	TE	7.00	10.00	0.122	1.049	120	19.3	7.2
29.00	A10	>>	34.8	10.68	-0.36	0.00	10.32	A11	29.00	8.00			8.00	0.045	1.610	120	34.8	5.5
29.00	A10	<<	53.1	10.68	1.57	0.87	13.12	E05	27.00	4.00	ET	12.00	16.00	0.098	1.610	120	53.1	8.3
29.00	A11	>>	16.8	10.32	-1.32	0.00	9.00	A12	29.00	14.00			14.00	0.094	1.049	120	16.8	6.2
27.00	A13	<<	21.3	14.52	1.47	0.00	15.99	E06	27.00	3.00	TE	7.00	10.00	0.147	1.049	120	21.3	7.8
27.00	A14	>>	38.8	13.57	-0.77	0.00	12.80	A15	27.00	14.00			14.00	0.055	1.610	120	38.8	6.1
27.00	A14	<<	59.4	13.57	2.42	0.00	15.99	E06	27.00	8.00	TE	12.00	20.00	0.121	1.610	120	59.4	9.3
27.00	A15	>>	18.7	12.80	-1.61	0.00	11.19	A16	27.00	14.00			14.00	0.115	1.049	120	18.7	6.9
14.00	D01	>>	330.5	38.89	-1.82	-2.60	34.46	D02	20.00	8.00	6DEC	64.00	72.00	0.025	4.260	120	330.5	7.4
14.00	D01	<<	330.5	38.89	3.55	-2.60	39.84	M04	20.00	100.00	4E	40.00	140.00	0.025	4.260	120	330.5	7.4
20.00	D02	>>	330.5	34.46	-4.00	0.00	30.46	D03	20.00	108.00	5E	50.00	158.00	0.025	4.260	120	330.5	7.4
20.00	D03	>>	330.5	30.46	-0.38	-2.17	27.91	D04	25.00	5.00	E	10.00	15.00	0.025	4.260	120	330.5	7.4
25.00	D04	>>	330.5	27.91	-0.94	0.00	26.97	D05	25.00	27.00	E	10.00	37.00	0.025	4.260	120	330.5	7.4
25.00	D05	>>	330.5	26.97	-2.86	0.00	24.11	D06	25.00	83.00	ET	30.00	113.00	0.025	4.260	120	330.5	7.4
25.00	D06	>>	330.5	24.11	-3.60	0.00	20.51	D07	25.00	112.00	ET	30.00	142.00	0.025	4.260	120	330.5	7.4
25.00	D07	>>	283.9	20.51	-0.10	0.00	20.42	D08	25.00	5.00			5.00	0.019	4.260	120	283.9	6.4
25.00	D07	>>	46.6	20.51	-1.16	-0.87	18.49	E01	27.00	3.00	ET	12.00	15.00	0.077	1.610	120	46.6	7.3
25.00	D08	>>	219.9	20.42	-0.10	0.00	20.32	D09	25.00	8.00			8.00	0.012	4.260	120	219.9	4.9
25.00	D08	>>	64.0	20.42	-2.78	-0.87	16.77	E02	27.00	8.00	ET	12.00	20.00	0.139	1.610	120	64.0	10.1
25.00	D09	>>	174.0	20.32	-0.02	0.00	20.30	D10	25.00	3.00			3.00	0.008	4.260	120	174.0	3.9
25.00	D09	>>	45.9	20.32	-1.13	-0.87	18.32	E03	27.00	3.00	ET	12.00	15.00	0.075	1.610	120	45.9	7.2
25.00	D10	>>	80.7	20.30	-0.02	0.00	20.28	D11	25.00	12.00			12.00	0.002	4.260	120	80.7	1.8
25.00	D10	>>	93.2	20.30	-4.74	-0.87	14.69	E04	27.00	5.00	TE	12.00	17.00	0.279	1.610	120	93.2	14.7
25.00	D11	>>	80.7	20.28	-3.42	-0.87	15.99	E06	27.00	4.00	TE	12.00	16.00	0.214	1.610	120	80.7	12.7
27.00	E04	>>	72.4	14.69	-1.57	0.00	13.12	E05	27.00	9.00			9.00	0.175	1.610	120	72.4	11.4
6.00	M01	>>	330.5	48.17	-0.07	-2.60	45.50	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	330.5	3.3
6.00	M01	<<	330.5	48.17	0.83	2.60	51.61	U01	0.00	155.00	2EGT	81.13	236.13	0.004	6.020	140	330.5	3.7
12.00	M02	>>	330.5	45.50	-1.81	-3.47	40.22	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	330.5	3.3
20.00	M03	>>	330.5	40.22	-0.38	0.00	39.84	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	330.5	3.3

8/29/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION >
ALC. #3 <1ST FLOOR ROOF>
RICK N.J07824

OB Number: 3080
3/14/94

8/Feb/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R:

OCEAN NURSING PAVILION

CALC. #5 (1st FLOOR) BRICK N.J 07724

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	58.58 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				352.2 gpm
				+ 100.0 gpm Hose

Total Demand: 452.2 gpm @ 58.58 psi

System safety factor: 16.21 psi

Notes: _____

List of Fitting Abbreviations

Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :	-	Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

5/29/94

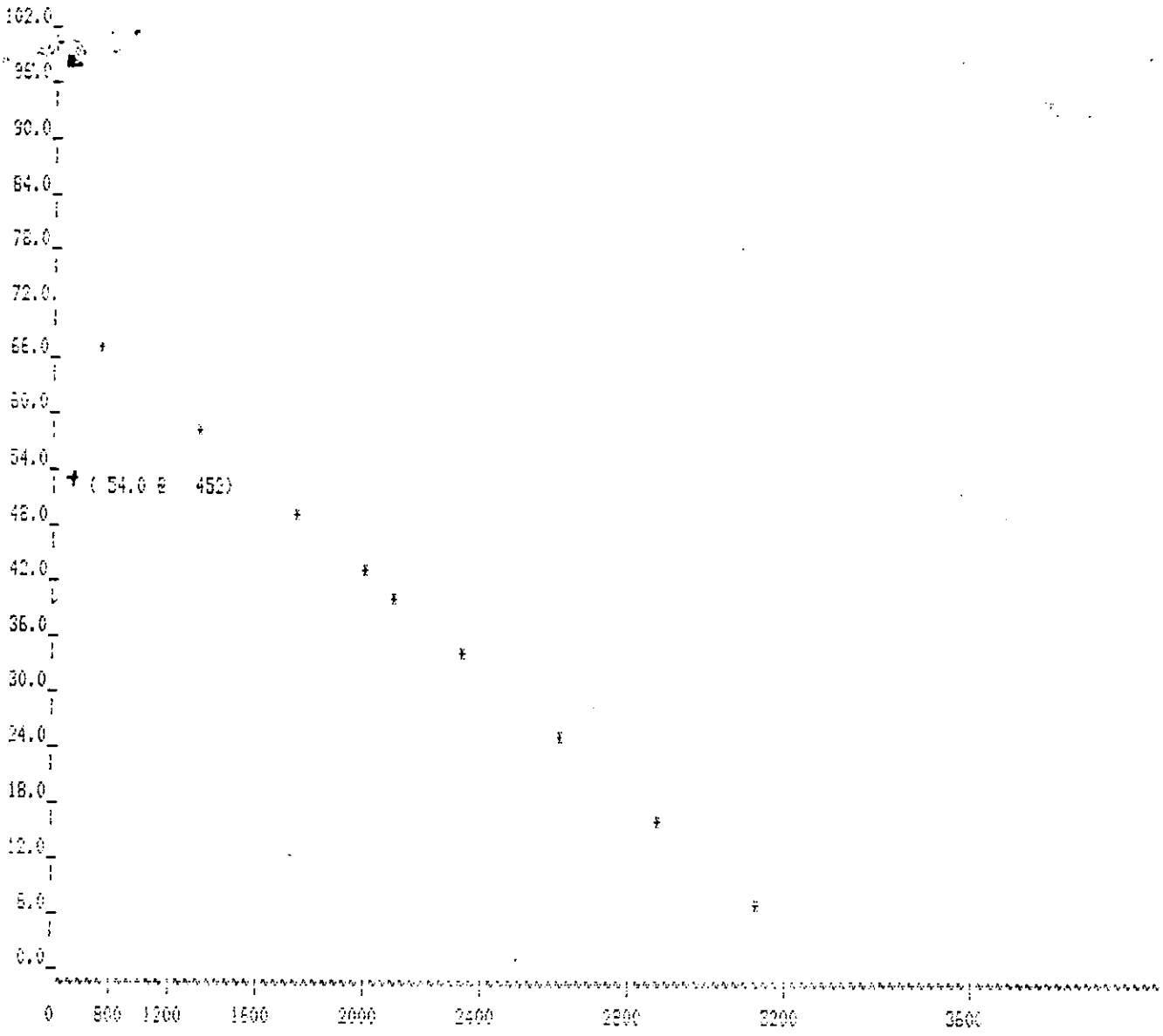
Calcs P... 05/29/94

Flow and Pressure Summary

Job No:3000 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Fi psi	Fe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS Length	Fitting	Length	CALCULATIONS Total	Pf/ft	Diam	C	Flow	Velocity fps
20.00	A01 <<	25.4 <<	20.65	1.93	0.00	22.58	M24	20.00	4.50	T	5.00	9.50	0.203	1.049	120	25.4	5.4
20.00	A02 >>	16.9 >>	12.00	-0.59	0.00	11.41	A03	20.00	5.00			5.00	0.117	1.049	120	16.9	7.0
20.00	A02 <<	18.9 <<	12.00	1.17	0.00	13.17	M29	20.00	5.00	T	5.00	10.00	0.117	1.049	120	16.9	7.0
20.00	A04 >>	15.8 >>	11.89	-0.58	0.00	11.31	A05	20.00	5.00			5.00	0.116	1.049	120	16.8	7.0
20.00	A04 <<	18.8 <<	11.89	1.28	0.00	13.17	M29	20.00	6.00	T	5.00	11.00	0.116	1.049	120	16.8	7.0
20.00	A06 >>	47.9 >>	11.01	-0.69	0.00	10.32	A07	20.00	0.50	T	8.00	8.50	0.061	1.610	120	47.8	7.5
20.00	A06 <<	66.4 <<	11.01	2.16	0.00	13.17	M29	20.00	6.50	T	8.00	14.50	0.149	1.610	120	66.4	10.4
20.00	A07 >>	29.8 >>	10.33	-3.14	0.00	7.19	A08	20.00	6.50	T	5.00	11.50	0.278	1.049	120	29.8	11.0
20.00	A08 >>	14.8 >>	7.19	-0.19	0.00	7.00	A09	20.00	0.50	E	2.00	2.50	0.075	1.049	120	14.8	5.8
20.00	A10 >>	21.3 >>	15.23	-0.73	0.00	14.49	A11	20.00	5.00			5.00	0.146	1.049	120	21.3	7.9
20.00	A10 <<	21.3 <<	15.23	1.46	0.00	16.69	M30	20.00	5.00	T	5.00	10.00	0.146	1.049	120	21.3	7.9
20.00	A12 >>	21.2 >>	15.09	-0.72	0.00	14.37	A13	20.00	5.00			5.00	0.145	1.049	120	21.2	7.9
20.00	A12 <<	21.2 <<	15.09	1.60	0.00	16.69	M30	20.00	6.00	T	5.00	11.00	0.145	1.049	120	21.2	7.9
20.00	A14 >>	54.0 >>	13.99	-0.85	0.00	13.13	A15	20.00	0.50	T	8.00	8.50	0.102	1.610	120	54.0	8.5
20.00	A14 <<	75.6 <<	13.99	2.70	0.00	16.69	M30	20.00	6.50	T	8.00	14.50	0.186	1.610	120	75.0	11.8
20.00	A15 >>	33.7 >>	13.13	-3.94	0.00	9.19	A16	20.00	6.50	T	5.00	11.50	0.342	1.049	120	33.7	12.5
20.00	A16 >>	16.8 >>	9.19	-0.23	0.00	8.96	A17	20.00	0.50	E	2.00	2.50	0.094	1.049	120	16.8	6.2
20.00	A18 <<	22.0 <<	15.50	1.25	0.00	16.75	M31	20.00	3.00	T	5.00	8.00	0.156	1.049	120	22.0	8.2
20.00	A19 <<	21.6 <<	14.87	1.87	0.00	16.75	M31	20.00	7.50	T	5.00	12.50	0.150	1.049	120	21.6	8.0
20.00	A20 <<	25.2 <<	20.28	1.70	0.00	21.98	M25	20.00	3.50	T	5.00	8.50	0.200	1.049	120	25.2	9.3
20.00	A21 <<	36.2 <<	41.77	6.82	0.00	48.60	M20	20.00	12.50	T	5.00	17.50	0.330	1.049	120	36.2	13.4
0.00	M01 >>	352.2 >>	61.72	-0.08	-5.21	56.43	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	352.2	3.6
0.00	M01 <<	352.2 <<	61.72	0.94	-8.66	53.98	U01	20.00	155.00	2ET6	81.13	236.13	0.004	6.020	140	352.2	4.0
2.00	M02 >>	352.2 >>	56.43	-2.04	-3.47	50.92	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	352.2	3.6
20.00	M03 >>	352.2 >>	50.92	-0.43	0.00	50.49	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	352.2	3.6
20.00	M04 >>	352.2 >>	50.49	-0.64	0.00	49.85	M05	20.00	2.50	T	20.00	22.50	0.029	4.260	120	352.2	7.9
20.00	M05 >>	352.2 >>	49.85	-1.25	0.00	48.60	M20	20.00	12.00	TEE	32.00	44.00	0.029	4.260	120	352.2	7.9
20.00	M20 >>	316.0 >>	48.60	-1.91	0.00	46.68	M21	20.00	52.00	T	20.00	82.00	0.023	4.260	120	316.0	7.1
20.00	M21 >>	316.0 >>	46.68	-2.99	0.00	43.70	M22	20.00	108.00	T	20.00	128.00	0.023	4.260	120	316.0	7.1
20.00	M22 >>	316.0 >>	43.70	-8.33	0.00	35.37	M23	20.00	61.00	TEE	36.00	97.00	0.055	3.260	120	316.0	12.1
20.00	M23.>>	316.0 >>	35.37	-12.79	0.00	22.58	M24	20.00	120.00	TEE	26.00	146.00	0.055	3.260	120	316.0	12.1
20.00	M24 >>	290.5 >>	22.58	-0.51	0.00	22.07	M25	20.00	7.00			7.00	0.073	3.260	120	290.5	11.1
20.00	M25 >>	186.4 >>	22.07	-0.03	0.00	22.04	M26	20.00	1.00			1.00	0.022	3.260	120	186.4	7.1
20.00	M25 >>	104.2 >>	22.07	-8.90	0.00	13.17	M29	20.00	10.00	T2E	16.00	26.00	0.342	1.610	120	104.2	16.4
0.00	M26 >>	68.9 >>	22.04	-0.05	0.00	21.98	M27	20.00	10.00			10.00	0.005	2.260	120	68.9	2.8
20.00	M26 >>	117.5 >>	22.04	-5.35	0.00	16.69	M30	20.00	4.50	T	8.00	12.50	0.429	1.610	120	117.5	18.5
20.00	M27 >>	25.2 >>	21.98	-0.01	0.00	21.96	M28	20.00	5.00			5.00	0.004	3.260	120	25.2	1.0
20.00	M27 >>	43.8 >>	21.98	-5.24	0.00	16.75	M31	20.00	4.50	T	5.00	9.50	0.551	1.049	120	43.8	16.2

8/29/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.05

OCEAN NURSING PAVILION
WALL #6 (1st FLOOR)
BRICK N.J 07724

JOB NUMBER: 9080
08/22/94

8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #5 (1st FLOOR) BRICK N.J 07624

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	53.58 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				352.2 gpm
				+ 100.0 gpm Hose

Total Demand: 452.2 gpm @ 53.58 psi

System safety factor: 16.21 psi

Notes: _____

List of Fitting Abbreviations

Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

8/29/94

Calcs By: JF Chapman 08/30/94

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION

Design density: .10

Supplied flow and pressure is based on 50.98 psi available at supply
(70.19 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	20.65		20.65	5.60	25.4	14.8	71.6%	A01
A03	11.41		11.41	5.60	18.9	14.8	27.7%	A03
A05	11.31		11.31	5.60	18.8	14.8	27.0%	A05
A06	11.01		11.01	5.60	18.6	14.8	25.7%	A06
A07	10.33		10.33	5.60	18.0	14.8	21.6%	A07
A08	7.19		7.19	5.60	15.0	14.8	1.4%	A08
A09	7.00		7.00	5.60	14.8	14.8	0.0%	A09
A11	14.49		14.49	5.60	21.3	14.8	43.9%	A11
A13	14.37		14.37	5.60	21.2	14.8	43.2%	A13
A14	13.99		13.99	5.60	20.9	14.8	41.2%	A14
A15	13.13		13.13	5.60	20.3	14.8	37.2%	A15
A16	9.19		9.19	5.60	17.0	14.8	14.9%	A16
A17	8.96		8.96	5.60	16.8	14.8	13.5%	A17
A18	15.50		15.50	5.60	22.0	14.8	48.6%	A18
A19	14.87		14.87	5.60	21.6	14.8	45.9%	A19
A20	20.28		20.28	5.60	25.2	14.8	70.3%	A20
A21	41.77		41.77	5.60	36.2	14.8	144.6%	A21

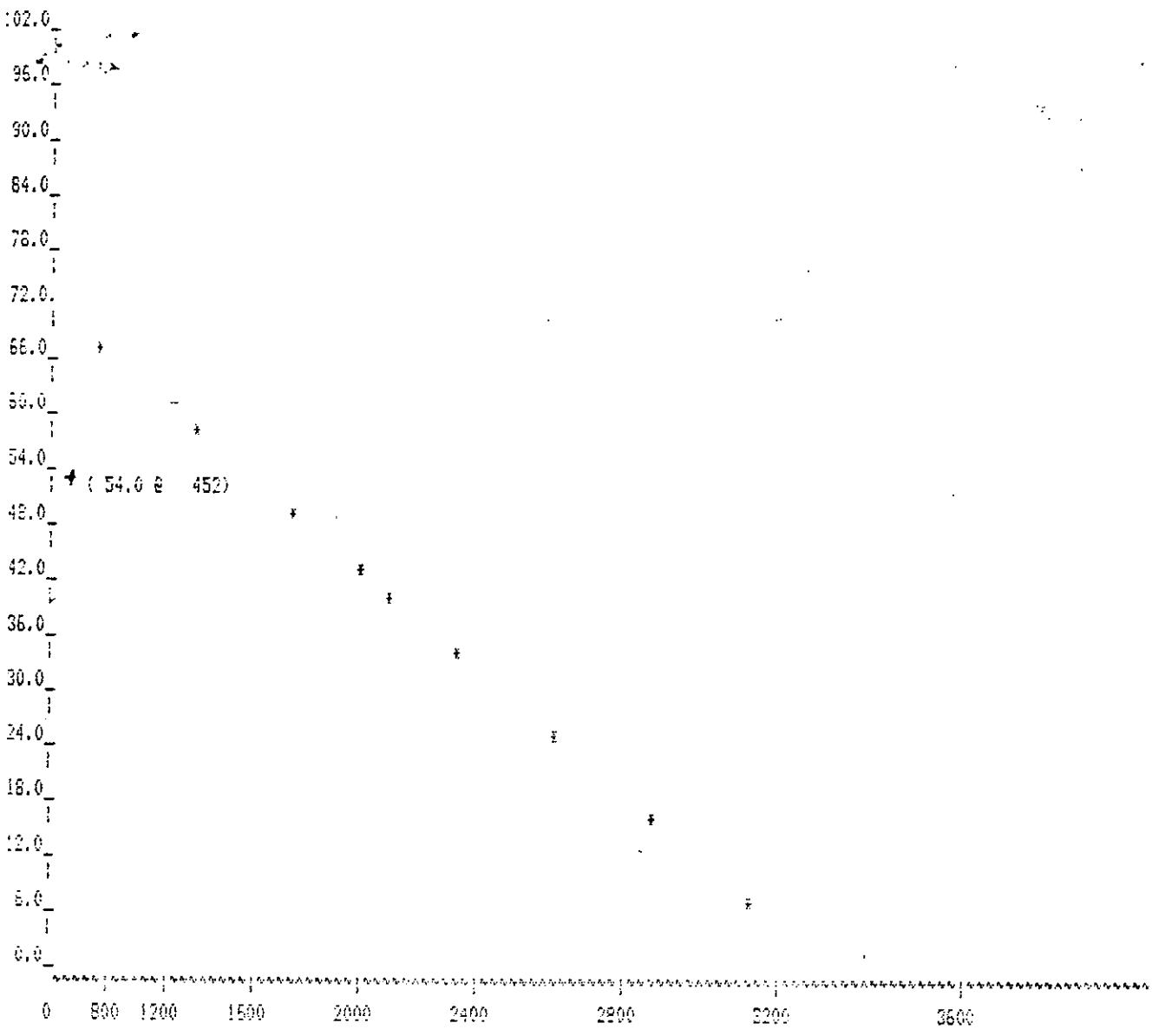
8/29/94

Flow and Pressure Summary

Job No:3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pi psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS Length	Fitting	Length	Total	CALCULATIONS Pf/ft	Diam	C	Flow	Velocity fps
20.00	A01	<<	25.4	<<	20.65	1.93	0.00	22.58	M24	20.00	4.50	T	5.00	9.50	0.203	1.049	120	25.4	9.4
20.00	A02	>>	18.9	>>	12.00	-0.59	0.00	11.41	A03	20.00	5.00			5.00	0.117	1.049	120	18.9	7.0
20.00	A02	<<	18.9	<<	12.00	1.17	0.00	13.17	M29	20.00	5.00	T	5.00	10.00	0.117	1.049	120	18.9	7.0
20.00	A04	>>	18.8	>>	11.83	-0.58	0.00	11.31	A05	20.00	5.00			5.00	0.116	1.049	120	18.8	7.0
20.00	A04	<<	18.8	<<	11.89	1.28	0.00	13.17	M29	20.00	6.00	T	5.00	11.00	0.116	1.049	120	18.8	7.0
20.00	A06	>>	47.8	>>	11.01	-0.69	0.00	10.33	A07	20.00	0.50	T	8.00	8.50	0.081	1.610	120	47.8	7.5
20.00	A06	<<	66.4	<<	11.01	2.16	0.00	13.17	M29	20.00	6.50	T	8.00	14.50	0.149	1.610	120	66.4	10.4
20.00	A07	>>	29.8	>>	10.33	-3.14	0.00	7.19	A08	20.00	6.50	T	5.00	11.50	0.273	1.049	120	29.8	11.0
20.00	A08	>>	14.8	>>	7.19	-0.19	0.00	7.00	A09	20.00	0.50	E	2.00	2.50	0.075	1.049	120	14.9	5.5
20.00	A10	>>	21.3	>>	15.23	-0.73	0.00	14.49	A11	20.00	5.00			5.00	0.145	1.049	120	21.3	7.9
20.00	A10	<<	21.3	<<	15.23	1.46	0.00	16.69	M30	20.00	5.00	T	5.00	10.00	0.145	1.049	120	21.3	7.9
20.00	A12	>>	21.2	>>	15.09	-0.73	0.00	14.37	A13	20.00	5.00			5.00	0.145	1.049	120	21.2	7.9
20.00	A12	<<	21.2	<<	15.09	1.60	0.00	16.69	M30	20.00	6.00	T	5.00	11.00	0.145	1.049	120	21.2	7.9
20.00	A14	>>	54.0	>>	13.99	-0.86	0.00	13.12	A15	20.00	0.50	T	8.00	8.50	0.102	1.610	120	54.0	8.5
20.00	A14	<<	75.0	<<	13.99	2.70	0.00	16.69	M30	20.00	6.50	T	8.00	14.50	0.186	1.610	120	75.0	11.8
20.00	A15	>>	33.7	>>	13.13	-3.94	0.00	9.19	A16	20.00	6.50	T	5.00	11.50	0.342	1.049	120	33.7	12.5
20.00	A16	>>	16.8	>>	9.19	-0.23	0.00	8.96	A17	20.00	0.50	E	2.00	2.50	0.094	1.049	120	16.8	6.2
20.00	A18	<<	22.0	<<	15.50	1.25	0.00	16.75	M31	20.00	3.00	T	5.00	8.00	0.156	1.049	120	22.0	8.2
20.00	A19	<<	21.6	<<	14.87	1.87	0.00	16.75	M31	20.00	7.50	T	5.00	12.50	0.150	1.049	120	21.6	8.0
20.00	A20	<<	25.2	<<	20.28	1.70	0.00	21.98	M28	20.00	3.50	T	5.00	8.50	0.200	1.049	120	25.2	9.3
20.00	A21	<<	36.2	<<	41.77	6.82	0.00	48.60	M20	20.00	12.50	T	5.00	17.50	0.390	1.049	120	36.2	13.4
0.00	M01	>>	352.2	>>	61.72	-0.08	-5.21	56.43	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	352.2	9.6
0.00	M01	<<	352.2	<<	61.72	0.94	-8.66	53.98	U01	20.00	155.00	2ETG	81.13	236.13	0.004	6.020	140	352.2	4.0
12.00	M02	>>	352.2	>>	56.43	-2.04	-3.47	50.92	M03	20.00	16.00	2RZERA	486.00	502.00	0.004	6.357	120	352.2	9.6
20.00	M03	>>	352.2	>>	50.92	-0.43	0.00	50.49	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	352.2	9.6
20.00	M04	>>	352.2	>>	50.49	-0.64	0.00	49.85	M05	20.00	2.50	T	20.00	22.50	0.029	4.260	120	352.2	7.9
20.00	M05	>>	352.2	>>	49.85	-1.25	0.00	48.60	M20	20.00	12.00	TEG	32.00	44.00	0.029	4.260	120	352.2	7.9
20.00	M20	>>	316.0	>>	48.60	-1.91	0.00	46.68	M21	20.00	62.00	T	20.00	82.00	0.023	4.260	120	316.0	7.1
20.00	M21	>>	316.0	>>	46.68	-2.99	0.00	43.70	M22	20.00	108.00	T	20.00	128.00	0.023	4.260	120	316.0	7.1
20.00	M22	>>	316.0	>>	43.70	-8.33	0.00	35.37	M23	20.00	61.00	T3E	36.00	97.00	0.058	3.260	120	316.0	12.1
20.00	M23	>>	316.0	>>	35.37	-12.79	0.00	22.58	M24	20.00	120.00	T2E	23.00	143.00	0.058	3.260	120	316.0	12.1
20.00	M24	>>	290.5	>>	22.58	-0.51	0.00	22.07	M25	20.00	7.00			7.00	0.073	3.260	120	290.5	11.1
20.00	M25	>>	186.4	>>	22.07	-0.03	0.00	22.04	M26	20.00	1.00			1.00	0.022	3.260	120	186.4	7.1
20.00	M25	>>	104.2	>>	22.07	-5.30	0.00	16.17	M29	20.00	10.00	T2E	16.00	26.00	0.342	1.610	120	104.2	16.4
20.00	M26	>>	68.9	>>	22.04	-0.05	0.00	21.92	M27	20.00	10.00			10.00	0.005	2.260	120	68.9	2.6
20.00	M26	>>	117.5	>>	22.04	-5.35	0.00	16.69	M30	20.00	4.50	T	8.00	12.50	0.428	1.610	120	117.5	18.5
20.00	M27	>>	25.2	>>	21.92	-0.01	0.00	21.92	M28	20.00	3.00			3.00	0.001	3.260	120	25.2	1.0
20.00	M27	>>	43.6	>>	21.92	-5.24	0.00	16.75	M31	20.00	4.50	T	5.00	9.50	0.551	1.049	120	43.6	16.2

P Wescott 8/Sept/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.05

OCEAN NURSING PAVILION
SALO. #9 (1st FLOOR)
BRICK NJ 08724

Job Number: 3080
08/29/94

8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #1 (BASEMENT) BRICK N.J 07624

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.150	72.00 psi @	0.00 gpm	41.12 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				247.0 gpm
				+ 250.0 gpm Hose

Total Demand: 497.0 gpm @ 41.12 psi

System safety factor: 28.72 psi

Notes: _____

List of Fitting Abbreviations

Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

Calcs By: DF Checked: _____ 8/29/94 08/14/94

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION

Design density: .15

Supplied flow and pressure is based on 41.10 psi available at supply
(69.85 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	17.16		17.16	5.60	23.2	15.0	54.7%	A01
A02	16.70		16.70	5.60	22.9	15.0	52.7%	A02
A03	16.49		16.49	5.60	22.7	15.0	51.3%	A03
A04	13.48		13.48	5.60	20.6	15.0	37.3%	A04
A05	11.68		11.88	5.60	19.3	15.0	28.7%	A05
A06	11.02		11.02	5.60	18.6	15.0	24.0%	A06
A07	8.08		8.08	5.60	15.9	15.0	6.0%	A07
A08	7.30		7.30	5.60	15.1	15.0	0.7%	A08
A09	13.25		13.25	5.60	20.4	15.0	36.0%	A09
A10	11.68		11.68	5.60	19.1	15.0	27.3%	A10
A11	10.83		10.83	5.60	18.4	15.0	22.7%	A11
A12	7.94		7.94	5.60	15.8	15.0	5.3%	A12
A13	7.17		7.17	5.60	15.0	15.0	0.0%	A13

Calcs By: DF Checked: _____ 8/29/94

FITZPATRICK & ASSOCIATES, INC.
P.O. Box 1408
EATONTOWN, NEW JERSEY 07724

(908) 542-6100
FAX (908) 542-8772

LETTER OF TRANSMITTAL

DATE 3/20/95	JOB NO 9309
ATTENTION FIRE SUBCODE OFFICIAL	
RE: OCEAN PAVILION NURSING HOME	

TO BRICK TWP BLDG DEPT

ATTN: JOE EVARISTO

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☒ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	3/17		ANSUL FIRE SUPPRESSION SYSTEM CERTIFICATION FORM
1	3/16		FIRE UNDERWRITERS INSPECTION REPORT

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

OFFICE

COPY TO FILED

SIGNED: Scott K

If enclosures are not as noted, kindly notify us at once.

FIRE UNDERWRITERS FIRE SYSTEM INSPECTION REPORT

Location of System	Make and Model of System
Name: Ocean Pavilion Nursing	Ansul R-102 - 4.5 gal
Address: [illegible] Martin Blvd	3415
City: [illegible] State: NJ Zip	
Phone No.	

√ = Yes X = No O = Does not apply

	Item	
1.	PRESSURE GAUGE IN OPERABLE RANGE	O
2.	ALL LEAD WIRE SEALS ARE INTACT	√
3.	CHECKED ~~CO_2~~ N_2 CARTRIDGE(S) WEIGHT	√
4.	CHECKED CO_2 CYLINDER(S) WEIGHT	O
5.	CHECKED HYDROTEST DATE OF CYLINDER	95
6.	SYSTEM DISCHARGED OR TAMPERED WITH	X
7.	NOZZLES IN PROPER POSITION	√
8.	PROPER OPERATION OF SELF CLOSING CAPS	√
9.	CYLINDER REMOVED FROM MOUNT	√
10.	OPERATION OF SYSTEM TESTED BY CUTTING LINK IN TERMINAL POSITION	√
11.	CHECKED OPERATION OF REMOVE MANUAL RELEASE	√
12.	CHECKED OPERATION OF GAS SHUT-OFF VALVE	√
13.	CHECKED OPERATION OF MICRO-SWITCH	O
14.	REPLACED FUSIBLE LINKS	√
15.	RESET TENSION ON CYLINDER MOUNTS	√
16.	SYSTEM CYLINDER AND COMPONENTS CLEANED	√
17.	NOZZLES CLEANED	√
18.	REPLACED SYSTEM CYLINDER(S)	√
19.	REMOVED SAFETY PINS	√
20.	RESEALED PINS IN MANUAL RELEASES	√
21.	REPLACED SYSTEM COVERS	√
22.	RESET FUEL SHUT-OFF DEVICES	√
23.	PILOT LIGHTS RE-LIT	O
24.	EXHAUST FAN(S) OPERABLE	√
25.	REINSERTED FILTERS IF ANY	√
26.	INSPECTION AND SERVICE TAG ON CYLINDER	√
27.	SYSTEM LEFT IN OPERATION CONDITION	√

Remarks: Completion Certificate FAX TO Scott Kellerman @ 908 840 6455

This certifies that the above system(s) was (installed) (serviced) (recharged) in accordance with the manufacture's U.L. listing.

By: [illegible] Date: 3-16-95

Acknowledgement: Owner Representative

By: [illegible] Date: 3-16-95

PROVIDENCE FIRE EQUIP. CO.
(215) 763-5252

1627 GERMANTOWN AVENUE
PHILADELPHIA, PENNSYLVANIA 19122

DISTRIBUTOR CERTIFICATION

INSTALLATION – INSPECTION FOR ANSUL R-101 OR R-102 RESTAURANT FIRE SUPPRESSION SYSTEM

Customer Name Ocean Mediterranean Pavillion

Address Jack Martial Blvd. Brick Township NJ

SYSTEM ONE

Model Ansul R102-3gal/1.5gal/Dual

Number of nozzles and Part No. 5 Surface 3 Plenum 2 Duct

Number of detector(s) and degree rating 3-450° 2-360°

Energy shut-off devices – type and size Ansul Mechanical / 5"

Other accessory equipment provided

COOKING/VENTILATING EQUIPMENT

Number of duct(s) and size 2-10"x28" Ea Plenum Size 12"Ø" X 12" X 24"

Cooking Appliances and size (NOTE: List appliances from left to right)

2 Fryers 12" connection each Range 72" Station Pan 42"

SYSTEM TWO

Model

Number of nozzles and Part No.

Number of detector(s) and degree rating

Energy shut-off devices – type and size

Other accessory equipment provided

COOKING/VENTILATING EQUIPMENT

Number of duct(s) and size Plenum Size

Cooking Appliances and size (NOTE: List appliances from left to right)

TO BE COMPLETED BY INSTALLER

☑ YES ☐ NO The fire suppression system is installed in accordance with the manufacturer's instructions, NFPA Standard 96, 17 and 17A (current issue), and all applicable state and local codes.

It is a requirement of the manufacturer and recommendation of the National Fire Protection Association that the fire system be inspected and maintained every 6 months for proper system operation.

Exceptions to other provisions of NFPA 96 that were observed are noted below.

Exceptions: None

☑ YES ☐ NO All electrical work or work provided by others to complete system installation completed.

☑ YES ☐ NO Copy of owner's manual left with owner.

INSTALLER NAME J T LAMONT SIGNATURE J T Lamont

DISTRIBUTOR CHEF'S DESIGN

ADDRESS 1613-27 GERMANTOWN AVE. PHILA. PA

DATE 3-12-15

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

March 14, 1995

Mr. Frank Marinello
290 Frank Applegate Road
Jackson, NJ 08527

Re: Ocean Nursing Pavilion

Dear Mr. Marinello:

In accordance with BOCA National Building Code, 1993 which is part of the Uniform Construction Code of the State of New Jersey, and in particular Section 3006.0 Elevator Operation, Paragraph 3006.2 Emergency Operation, the decision has been made not to require Fire Recall.

In accordance with the letter of March 8, 1995 from Security Elevator Company, please review, approve and process the elevator drawings provided to you.

For your purposes we are providing you with the text of Paragraph 3006.2 Emergency Operation:

"All automatic operation elevators having a travel distance of 25 feet (7620 mm) or more above or below the main floor or other level of a building that is intended to serve the needs of emergency personnel for fire-fighting or rescue purposes shall be equipped with elevator emergency operation in accordance with ASME A17.1 listed in Chapter 35."

This project has no elevator that has a travel distance of 25 feet or more above the main floor or a travel distance of 25 feet or more below the main floor. As such, the provisions of Paragraph 3006.2 exclude these elevators from Fire Recall.

If you have any questions, please contact DCA immediately since we need this matter resolved at once.

Very truly yours,

James F. Murphy, P.E., President
For:
JAMES F. MURPHY ENGINEERS, INC.

JFM:jmp
Copy to: Barry Brommer, Architect
Paulina Caploon - Elevator Subcode Official
Arthur J. Cierzo, Brick Township Construction Official
Fitzpatrick & Associates
Gary Kamp - MCOC

Barry Brommer RA
THE BROMMER GROUP
#08121

SECURITY
ELEVATOR
COMPANY

201 South Gulph Road
P.O. Box 62010
King of Prussia, PA 19406
Phone (610) 992-8180
Fax (610) 992-8182

March 8, 1995

Mr. Frank Marinello
290 Frank Applegate Rd.
Jackson, NJ 08527

Re: Ocean Nursing Pavilion
415 Jack Martin Blvd.
Brick, NJ

Dear Frank,

I have been in conversation with Mr. Jim Murphy from Murphy Engineering. He has advised that they wish to remove the fire service from the new elevators in the subject project. In accordance with his request, he has advised that revised signed and sealed drawings are required which do not show the fire service. We are enclosing those drawings. If this is acceptable, please advise us and we will remove the necessary signal fixture equipment.

Should you have any questions, please feel free to call.

Regards,

Dale D. Goodman

LCS-28d
Mar. 83

NEW JERSEY STATE
DEPARTMENT OF HEALTH

LOCAL APPROVAL FOR HEALTH CARE FACILITY

TO: LOCAL ZONING DEPARTMENT

FACILITY NAME

Ocean Nursing Pavilion

ADDRESS | TEL. NO.

425 Jack Martin Boulevard | 840-3320

CITY | STATE | ZIP CODE

Brick | NJ | 08724

TYPE FACILITY

140 Bed Nursing Home

It should be understood that if the facility is approved locally, this Department reserves the right to enforce State regulations drawn up to govern the operation of such facilities. The facility will not be licensed unless or until all local requirements are met.

Conformance with local ordinances, rules or regulations

- ☐ In conformance
- ☐ Is not in conformity (explain in remarks)
- ☐ No ordinances, rules or regulations exist
- ☑ Will be approved if following requirements are carried out (explain in remarks)

For new structures or additions

- ☑ Will be in conformity
- ☐ Will not be in conformity (explain in remarks)

Remarks

NAME	TITLE
SCOTT MACMILLEN ARTHUR PIZZO	BUSINESS ADMINISTRATOR CONSTRUCTION OFFICIAL
ADDRESS: TOWNSHIP OF BRICK 401 CHAMBERS BRIDGE RD. BRICK, NJ 08723	TEL. NO.: 477-0627052
DATE: 3/6/95	SIGNATURE: Arthur Pizzo C.O. / Scott MacMillen, CA

DISTRIBUTION: (White) New Jersey State Department of Health (Canary) Applicant (Pink) Local Department

P5684

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

FAX TRANSMITTAL

From: Jim Murphy - Murphy Engineers, Inc.

To: Arthur J. Cierzo, Construction Official

FAX No. 908-920-4850

Date: March 14, 1995

Re: Ocean Nursing Pavilion

Message: Attached is a copy of my letter, dated March 14, 1995, to Mr. Marinello along with a copy of Security Elevator's letter to Mr. Marinello dated March 8, 1995.

Total No. of Pages (Including this Transmittal): 4

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

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For:
JAMES F. MURPHY ENGINEERS, INC.

JFM:jmp
Copy to: Barry Brommer, Architect
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Regards,

Dale D. Goodman

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #1 (BASEMENT) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.150	72.00 psi @	0.00 gpm	41.12 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@ 247.0 gpm
				+ 250.0 gpm Hose

Total Demand: 497.0 gpm @ 41.12 psi

System safety factor: 28.72 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

Calcs By: DF Checked: _____ 8/23/94

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION

Design density: .15

Supplied flow and pressure is based on 41.12 psi available at supply
(69.85 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	17.16		17.16	5.60	23.2	15.0	54.7%	A01
A02	16.70		16.70	5.60	22.9	15.0	52.7%	A02
A03	16.49		16.49	5.60	22.7	15.0	51.3%	A03
A04	13.48		13.48	5.60	20.6	15.0	37.3%	A04
A05	11.98		11.88	5.60	19.3	15.0	28.7%	A05
A06	11.02		11.02	5.60	18.6	15.0	24.0%	A06
A07	8.08		8.08	5.60	15.9	15.0	6.0%	A07
A08	7.30		7.30	5.60	15.1	15.0	0.7%	A08
A09	13.25		13.25	5.60	20.4	15.0	36.0%	A09
A10	11.68		11.68	5.60	19.1	15.0	27.3%	A10
A11	10.83		10.83	5.60	18.4	15.0	22.7%	A11
A12	7.94		7.94	5.60	15.8	15.0	5.3%	A12
A13	7.17		7.17	5.60	15.0	15.0	0.0%	A13

Calcs By: DF Checked: 8/24/94

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7050

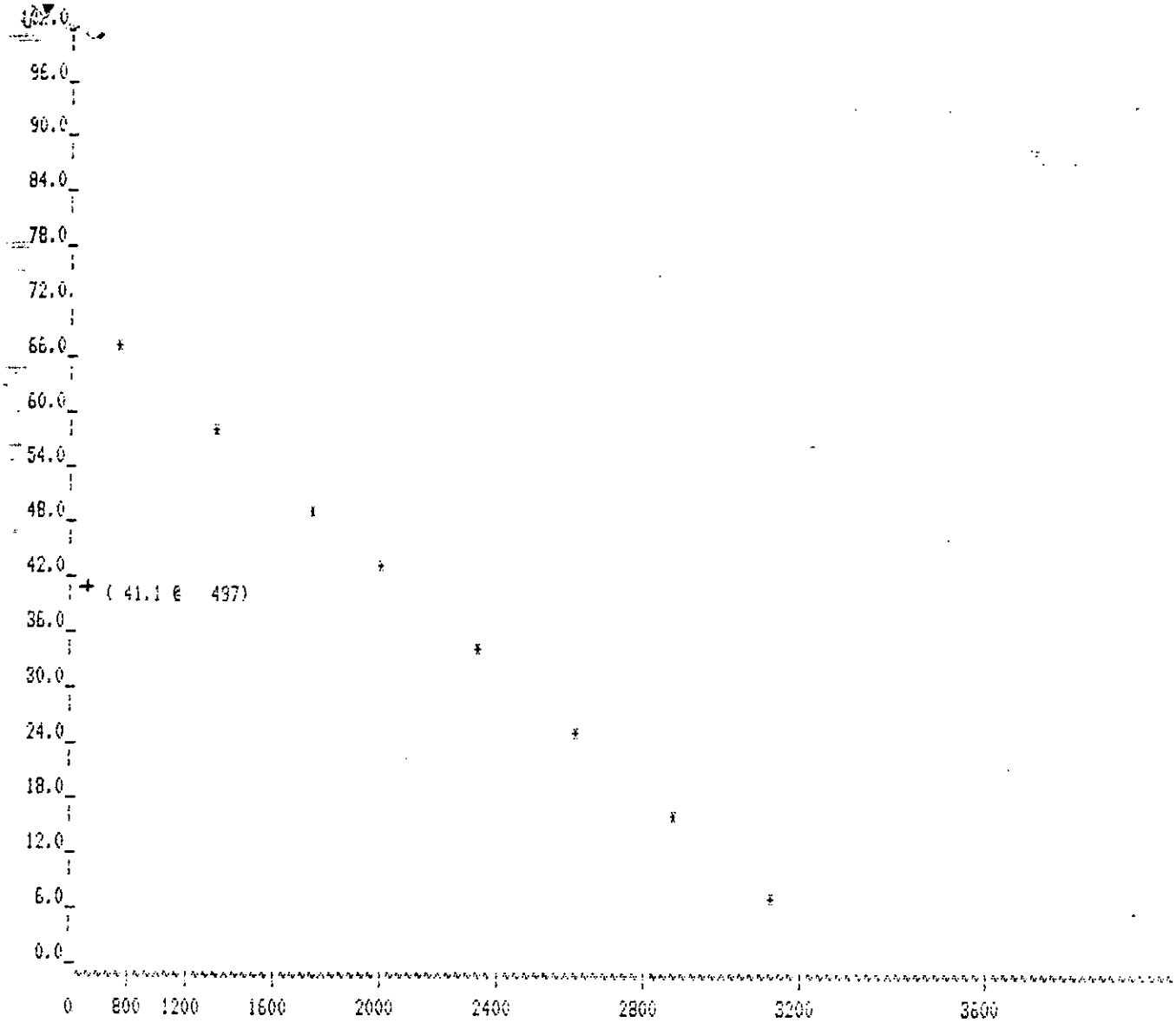
Flow and Pressure Summary

Job No: 3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS Length	Fitting	Length	CALCULATIONS Total	Pf/ft	Diam	C	Flow	Velocity fps
10.00	A01 <<	23.2 <<	17.18	1.71	0.00	18.87	D01	10.00	10.00			10.00	0.171	1.049	120	23.2	5.6
10.00	A02 >>	22.7 >>	16.70	-0.20	0.00	16.49	A03	10.00	10.00			10.00	0.020	1.610	120	22.7	3.6
10.00	A02 <<	45.6 <<	16.70	0.85	0.00	17.56	M15	10.00	4.00	T	8.00	12.00	0.074	1.610	120	45.6	7.2
10.00	A04 >>	68.9 >>	13.48	-1.59	0.00	11.88	A05	10.00	10.00			10.00	0.159	1.610	120	68.9	10.9
10.00	A04 <<	89.5 <<	13.48	3.10	0.00	16.58	M16	10.00	4.00	T	8.00	12.00	0.258	1.610	120	89.5	14.1
10.00	A05 >>	49.6 >>	11.88	-0.87	0.00	11.02	A06	10.00	10.00			10.00	0.087	1.610	120	49.6	7.8
10.00	A06 >>	31.1 >>	11.02	-2.94	0.00	8.08	A07	10.00	10.00			10.00	0.294	1.049	120	31.1	11.5
10.00	A07 >>	15.1 >>	8.08	-0.78	0.00	7.30	A08	10.00	10.00			10.00	0.078	1.049	120	15.1	5.6
10.00	A09 >>	68.3 >>	13.25	-1.57	0.00	11.68	A10	10.00	10.00			10.00	0.157	1.610	120	68.3	10.7
10.00	A09 <<	88.7 <<	13.25	3.05	0.00	16.30	M17	10.00	4.00	T	8.00	12.00	0.254	1.610	120	88.7	13.9
10.00	A10 >>	49.2 >>	11.68	-0.85	0.00	10.83	A11	10.00	10.00			10.00	0.085	1.610	120	49.2	7.7
10.00	A11 >>	30.8 >>	10.83	-2.89	0.00	7.94	A12	10.00	10.00			10.00	0.289	1.049	120	30.8	11.4
10.00	A12 >>	15.0 >>	7.94	-0.76	0.00	7.17	A13	10.00	10.00			10.00	0.076	1.049	120	15.0	5.6
10.00	D01 <<	23.2 <<	16.87	0.25	0.00	19.12	M14	10.00	4.00	T	8.00	12.00	0.021	1.610	120	23.2	3.6
6.00	M01 >>	247.0 >>	38.03	-0.04	-2.60	35.39	M02	12.00	6.00	E	14.00	20.00	0.002	6.357	120	247.0	2.5
6.00	M01 <<	247.0 <<	38.03	0.49	2.60	41.12	U01	0.00	155.00	2ST6	81.13	236.13	0.002	6.020	140	247.0	2.8
12.00	M02 >>	247.0 >>	35.38	-1.06	-3.47	30.85	M03	20.00	16.00	2G2ERA3	486.00	502.00	0.002	6.357	120	247.0	2.5
20.00	M03 >>	247.0 >>	30.85	-0.22	0.00	30.63	M04	20.00	63.00	3E	42.00	105.00	0.002	6.357	120	247.0	2.5
20.00	M04 >>	247.0 >>	30.63	-0.33	0.00	30.30	M05	20.00	2.50	T	20.00	22.50	0.015	4.260	120	247.0	5.5
20.00	M05 >>	247.0 >>	30.30	-0.47	4.34	34.16	M12	10.00	12.00	T	20.00	32.00	0.015	4.260	120	247.0	5.5
10.00	M12 >>	247.0 >>	54.16	-12.59	0.00	21.58	M13	10.00	57.00	TG2E	25.00	82.00	0.153	2.635	120	247.0	14.5
10.00	M13 >>	247.0 >>	21.58	-2.46	0.00	19.12	M14	10.00	4.00	T	12.00	16.00	0.153	2.635	120	247.0	14.5
10.00	M14 >>	223.9 >>	19.12	-1.53	0.00	17.59	M15	10.00	12.00			12.00	0.128	2.635	120	223.9	13.1
10.00	M15 >>	178.2 >>	17.59	-1.01	0.00	16.58	M16	10.00	12.00			12.00	0.084	2.635	120	178.2	10.5
10.00	M16 >>	88.7 >>	16.58	-0.28	0.00	16.30	M17	10.00	12.00			12.00	0.023	2.635	120	88.7	5.2

Calcs By: DF Checked: 8/14/94

Ser:*810303* Hypercalc Program by Crowley Design Group, (215)-337-7060



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION
CALC. #1 (BASEMENT)
BRICK N.J 07824

Job Number: 3080
09/14/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION)

CALC. #4 (2ND FLOOR ROOF) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	60.77 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				348.9 gpm
				+ 100.0 gpm Hose

Total Demand: 448.9 gpm @ 60.77 psi

System safety factor: 9.44 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

8/29/24

Summary of Sprinkler and Hose Flows

Job No: 3080 OCEAN NURSING PAVILION)

Design density: .10

Supplied flow and pressure is based on 80.77 psi available at supply
(70.22 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	19.51		19.51	5.60	24.7	18.0	37.2%	A01
A02	13.20		13.20	5.60	20.3	18.0	12.9%	A02
A03	10.88		10.88	5.60	18.5	18.0	2.8%	A03
A04	19.03		19.03	5.60	24.4	18.0	35.6%	A04
A05	14.58		14.58	5.60	21.4	18.0	18.9%	A05
A06	12.21		12.21	5.60	19.6	18.0	8.9%	A06
A07	15.36		15.36	5.60	21.9	18.0	21.7%	A07
A08	11.40		11.40	5.60	18.9	18.0	5.0%	A08
A09	10.33		10.33	5.60	18.0	18.0	0.0%	A09
A10	17.80		17.80	5.60	23.6	18.0	31.1%	A10
A11	17.45		17.45	5.60	23.4	18.0	30.0%	A11
A12	15.98		15.98	5.60	22.4	18.0	24.4%	A12
A13	14.51		14.51	5.60	21.3	18.0	18.3%	A13
A14	16.04		16.04	5.60	23.8	18.0	32.2%	A14
A15	15.30		15.30	5.60	21.9	18.0	21.7%	A15
A16	19.42		19.42	5.60	24.7	18.0	37.2%	A16

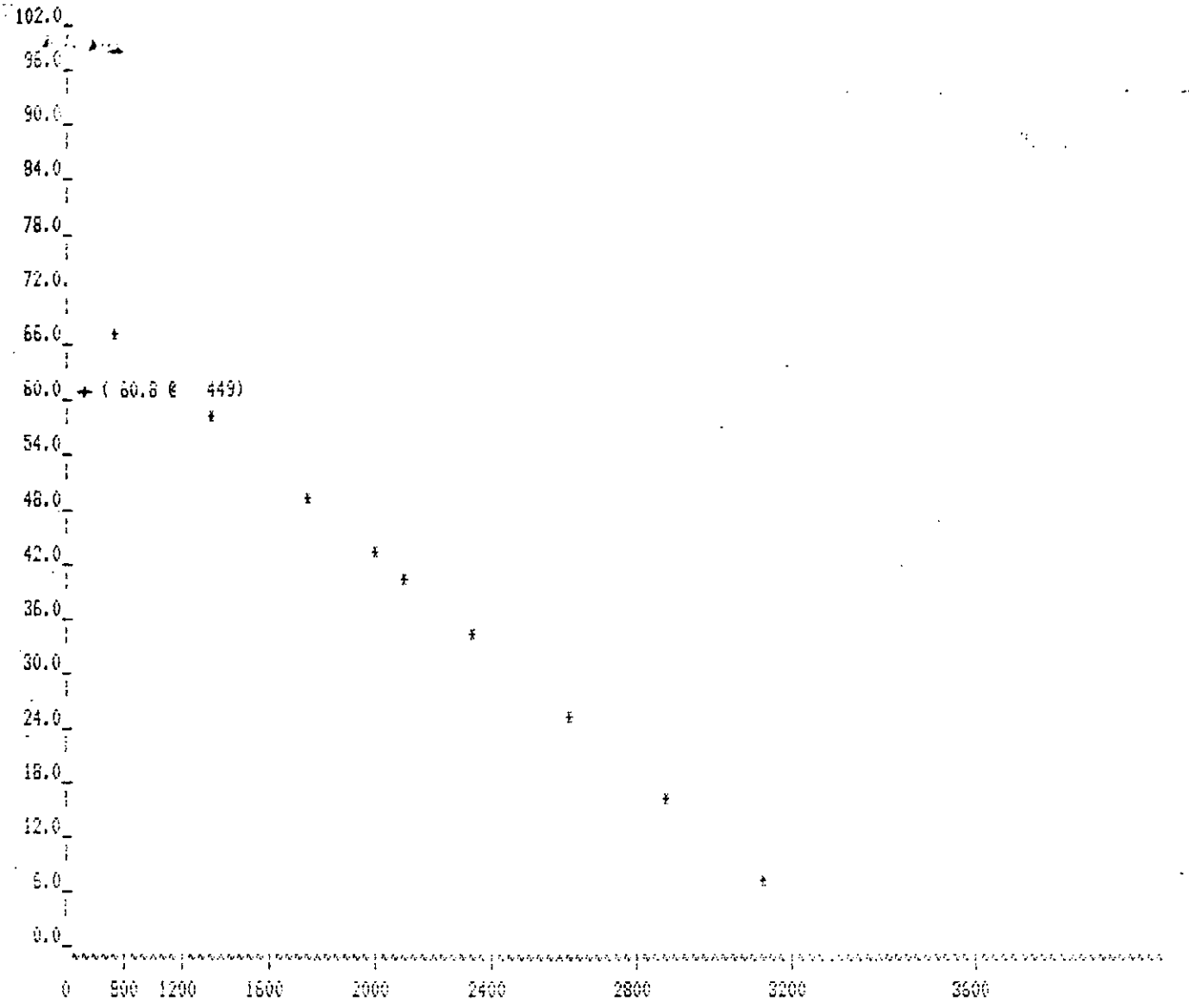
8/29/84

Flow and Pressure Summary

Job No: 3080 — OCEAN NURSING PAVILION

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Dia	C	Flow	Velocity fps
25.00	A01 <<	63.6 <<	19.51	1.23	0.00	20.75	D07	35.00	1.00	T	8.00	9.00	0.137	1.610	120	63.6	10.0
35.00	A01 >>	38.8 >>	19.51	-4.88	-1.30	13.33	F01	38.00	11.00			11.00	0.444	1.049	120	38.8	14.4
38.00	A02 <<	20.3 <<	13.20	0.13	0.00	13.33	F01	38.00	1.00			1.00	0.134	1.049	120	20.3	7.5
39.00	A03 <<	18.5 <<	10.88	2.02	0.43	13.33	F01	38.00	11.00	TE	7.00	18.00	0.112	1.049	120	18.5	6.8
35.00	A04 <<	24.4 <<	19.03	1.13	0.00	20.16	D08	35.00	1.00	T	5.00	6.00	0.188	1.049	120	24.4	9.0
36.00	A05 >>	19.6 >>	14.56	-2.37	0.00	12.21	A06	36.00	10.00	T2E	5.00	15.00	0.125	1.049	120	19.6	7.2
36.00	A05 <<	41.0 <<	14.56	2.94	0.00	17.52	F02	36.00	1.00	T	5.00	6.00	0.490	1.049	120	41.0	15.2
36.00	A07 <<	21.9 <<	15.36	2.16	0.00	17.52	F02	36.00	9.00	T	5.00	14.00	0.155	1.049	120	21.9	8.1
38.00	A08 >>	18.0 >>	11.49	-1.07	0.00	10.33	A09	39.00	10.00			10.00	0.107	1.049	120	18.0	6.7
38.00	A08 <<	36.9 <<	11.49	5.26	0.87	17.52	F02	36.00	11.00	E	2.00	13.00	0.404	1.049	120	36.9	13.7
35.00	A10 <<	23.6 <<	17.80	1.06	0.00	18.86	D10	35.00	1.00	T	5.00	6.00	0.177	1.049	120	23.6	8.7
35.00	A11 >>	43.7 >>	17.45	-1.03	-0.43	15.98	A12	36.00	7.00	2E	8.00	15.00	0.069	1.610	120	43.7	6.9
35.00	A11 <<	67.1 <<	17.45	1.37	0.00	18.81	D11	35.00	1.00	T	8.00	9.00	0.152	1.610	120	67.1	10.5
36.00	A12 >>	21.3 >>	15.98	-1.47	0.00	14.51	A13	36.00	10.00			10.00	0.147	1.049	120	21.3	7.9
38.00	A14 >>	21.9 >>	18.04	-2.31	-0.43	15.30	A15	39.00	11.00	2E	4.00	15.00	0.154	1.049	120	21.9	8.1
38.00	A14 <<	45.7 <<	18.04	7.20	1.30	26.54	F03	35.00	12.00			12.00	0.600	1.049	120	45.7	16.9
40.00	A15 <<	24.7 <<	19.42	5.18	0.87	25.47	F04	38.00	23.00	2E	4.00	27.00	0.132	1.049	120	24.7	9.1
24.00	D01 >>	348.9 >>	41.79	-2.02	-2.60	37.17	D02	30.00	8.00	DGCE	64.00	72.00	0.028	4.260	120	348.9	7.8
24.00	D01 <<	348.9 <<	41.79	3.36	-2.60	42.55	M07	30.00	88.00	TGE	32.00	120.00	0.028	4.260	120	348.9	7.8
30.00	D02 >>	348.9 >>	37.17	-2.27	0.00	34.90	D03	30.00	8.00	2E	14.00	22.00	0.103	3.260	120	348.9	13.4
30.00	D03 >>	348.9 >>	34.90	-1.24	-2.17	31.49	D04	35.00	5.00	E	7.00	12.00	0.103	3.260	120	348.9	13.4
35.00	D04 >>	348.9 >>	31.49	-3.61	0.00	27.88	D05	35.00	20.00	T	15.00	35.00	0.103	3.260	120	348.9	13.4
35.00	D05 >>	278.5 >>	27.88	-1.70	0.00	26.19	D06	35.00	10.00	T	15.00	25.00	0.068	3.260	120	278.5	10.7
35.00	D05 >>	70.4 >>	27.88	-0.29	0.00	27.59	D12	35.00	40.00	T	15.00	55.00	0.005	3.260	120	70.4	2.7
35.00	D06 >>	278.5 >>	26.19	-5.44	0.00	20.75	D07	35.00	65.00	T	15.00	80.00	0.068	3.260	120	278.5	10.7
35.00	D07 >>	215.0 >>	20.75	-0.59	0.00	20.16	D08	35.00	14.00			14.00	0.042	3.260	120	215.0	8.2
35.00	D08 >>	190.5 >>	20.16	-1.08	0.00	19.08	D09	35.00	18.00	2E	14.00	32.00	0.034	3.260	120	190.5	7.3
35.00	D09 >>	90.7 >>	19.08	-0.22	0.00	18.86	D10	35.00	19.00	E	7.00	26.00	0.009	3.260	120	90.7	3.5
35.00	D09 >>	99.8 >>	19.08	-1.12	-0.43	17.52	F02	36.00	2.00	T	10.00	12.00	0.094	2.067	120	99.8	9.5
35.00	D10 >>	67.1 >>	18.86	-0.05	0.00	18.81	D11	35.00	10.00			10.00	0.005	3.260	120	67.1	2.6
35.00	D12 >>	70.4 >>	27.59	-0.35	0.00	27.24	D13	35.00	50.00	T	15.00	65.00	0.005	3.260	120	70.4	2.7
35.00	D13 >>	45.7 >>	27.24	-0.03	0.00	27.21	D14	35.00	14.00			14.00	0.002	3.260	120	45.7	1.8
35.00	D13 >>	24.7 >>	27.24	-0.48	-1.30	25.47	F04	38.00	12.00	T	8.00	20.00	0.024	1.610	120	24.7	8.9
35.00	D14 >>	45.7 >>	27.21	-0.67	0.00	26.54	F03	35.00	1.00	T	8.00	9.00	0.074	1.610	120	45.7	7.2
6.00	M01 >>	348.9 >>	57.24	-0.08	-2.60	54.56	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	348.9	3.5
6.00	M01 <<	348.9 <<	57.24	0.92	2.60	60.77	M01	0.00	155.00	2EGT	81.13	236.13	0.004	6.020	140	348.9	3.9
12.00	M02 >>	348.9 >>	54.56	-2.00	-3.47	49.08	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	348.9	3.5
20.00	M03 >>	348.9 >>	49.08	-0.42	0.00	48.67	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	348.9	3.5
20.00	M04 >>	348.9 >>	48.67	-0.63	0.00	48.04	M05	20.00	2.50	T	20.00	22.50	0.028	4.260	120	348.9	7.8
20.00	M05 >>	348.9 >>	48.04	-0.84	-4.34	42.85	M06	30.00	10.00	T	20.00	30.00	0.028	4.260	120	348.9	7.8
30.00	M06 >>	348.9 >>	42.85	-0.31	0.00	42.55	M07	30.00	1.00	E	10.00	11.00	0.028	4.260	120	348.9	7.8

8/29/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION
CALC. #4 (2ND FLOOR ROOF)
BRICK N.J07824

Job Number: 3080
03/14/94

8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION)

CALC. #4 (2ND FLOOR ROOF) BRICK N.J 07624

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	60.77 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				348.9 gpm
				+ 100.0 gpm Hose

Total Demand: 448.9 gpm @ 60.77 psi

System safety factor: 9.44 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

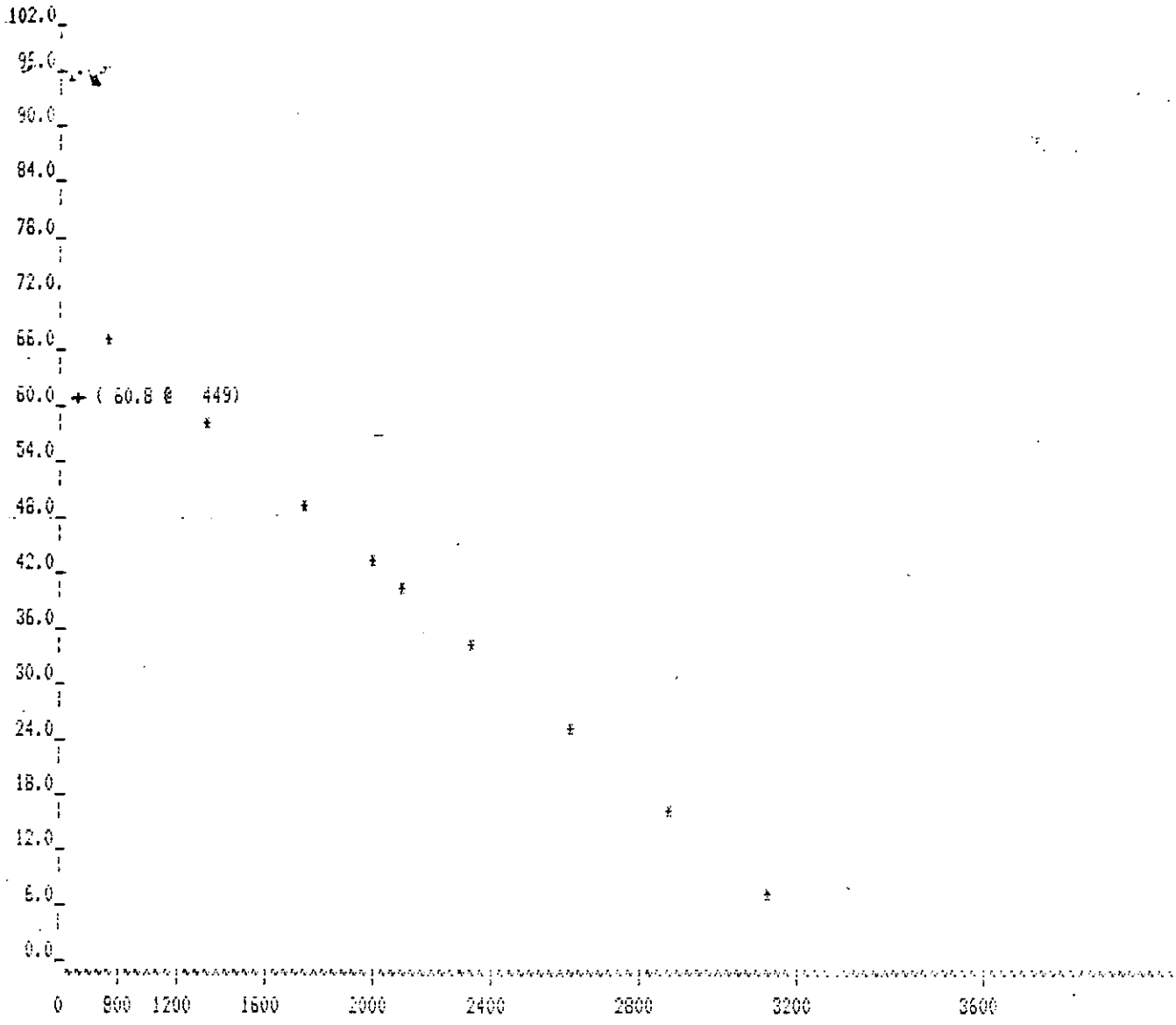
Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Del.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

Flow and Pressure Summary

Job No: 3080 — OCEAN NURSING PAVILION

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
35.00	A01 <<	63.6 <<	19.51	1.23	0.00	20.75	D07	35.00	1.00	T	8.00	9.00	0.137	1.610	120	63.6	10.0
35.00	A01 >>	38.8 >>	19.51	-4.88	-1.30	13.33	F01	38.00	11.00			11.00	0.444	1.049	120	38.8	14.4
38.00	A02 <<	20.3 <<	13.20	0.13	0.00	13.33	F01	38.00	1.00			1.00	0.134	1.049	120	20.3	7.5
39.00	A03 <<	18.5 <<	10.88	2.02	0.43	13.33	F01	38.00	11.00	TE	7.00	18.00	0.112	1.049	120	18.5	6.8
35.00	A04 <<	24.4 <<	19.03	1.13	0.00	20.16	D08	35.00	1.00	T	5.00	6.00	0.188	1.049	120	24.4	9.0
36.00	A05 >>	19.6 >>	14.56	-2.37	0.00	12.21	A06	36.00	10.00	T2E	5.00	15.00	0.125	1.049	120	19.6	7.2
36.00	A05 <<	41.0 <<	14.58	2.94	0.00	17.52	F02	36.00	1.00	T	5.00	6.00	0.490	1.049	120	41.0	15.2
36.00	A07 <<	21.9 <<	15.36	2.16	0.00	17.52	F02	36.00	9.00	T	5.00	14.00	0.155	1.049	120	21.9	8.1
38.00	A08 >>	18.0 >>	11.40	-1.07	0.00	10.33	A09	38.00	10.00			10.00	0.107	1.049	120	18.0	6.7
38.00	A08 <<	36.9 <<	11.40	5.26	0.87	17.52	F02	36.00	11.00	E	2.00	13.00	0.404	1.049	120	36.9	13.7
35.00	A10 <<	23.6 <<	17.80	1.06	0.00	18.86	D10	35.00	1.00	T	5.00	6.00	0.177	1.049	120	23.6	8.7
35.00	A11 >>	43.7 >>	17.45	-1.03	-0.43	15.98	A12	36.00	7.00	2E	8.00	15.00	0.069	1.610	120	43.7	6.9
35.00	A11 <<	67.1 <<	17.45	1.37	0.00	18.81	D11	35.00	1.00	T	8.00	9.00	0.152	1.610	120	67.1	10.5
36.00	A12 >>	21.3 >>	15.98	-1.47	0.00	14.51	A13	36.00	10.00			10.00	0.147	1.049	120	21.3	7.9
38.00	A14 >>	21.9 >>	18.04	-2.31	-0.43	15.30	A15	39.00	11.00	2E	4.00	15.00	0.154	1.049	120	21.9	8.1
38.00	A14 <<	45.7 <<	18.04	7.20	1.30	26.54	F03	35.00	12.00			12.00	0.600	1.049	120	45.7	16.9
40.00	A16 <<	24.7 <<	19.42	5.18	0.87	25.47	F04	38.00	23.00	2E	4.00	27.00	0.152	1.049	120	24.7	9.1
24.00	D01 >>	348.9 >>	41.79	-2.02	-2.60	37.17	D02	30.00	8.00	DBCE	64.00	72.00	0.028	4.260	120	348.9	7.8
24.00	D01 <<	348.9 <<	41.79	3.36	-2.60	42.55	M07	30.00	88.00	TGE	32.00	120.00	0.028	4.260	120	348.9	7.8
30.00	D02 >>	348.9 >>	37.17	-2.27	0.00	34.90	D03	30.00	8.00	2E	14.00	22.00	0.103	3.260	120	348.9	13.4
30.00	D03 >>	348.9 >>	34.90	-1.24	-2.17	31.49	D04	35.00	5.00	E	7.00	12.00	0.103	3.260	120	348.9	13.4
35.00	D04 >>	348.9 >>	31.49	-3.61	0.00	27.88	D05	35.00	20.00	T	15.00	35.00	0.103	3.260	120	348.9	13.4
35.00	D05 >>	278.5 >>	27.88	-1.70	0.00	26.19	D06	35.00	10.00	T	15.00	25.00	0.068	3.260	120	278.5	10.7
35.00	D05 >>	70.4 >>	27.88	-0.29	0.00	27.59	D12	35.00	40.00	T	15.00	55.00	0.005	3.260	120	70.4	2.7
35.00	D06 >>	278.5 >>	26.19	-5.44	0.00	20.75	D07	35.00	65.00	T	15.00	80.00	0.068	3.260	120	278.5	10.7
35.00	D07 >>	215.0 >>	20.75	-0.59	0.00	20.16	D08	35.00	14.00			14.00	0.042	3.260	120	215.0	8.2
35.00	D08 >>	190.5 >>	20.16	-1.08	0.00	19.08	D09	35.00	18.00	2E	14.00	32.00	0.034	3.260	120	190.5	7.3
35.00	D09 >>	90.7 >>	19.08	-0.22	0.00	18.86	D10	35.00	19.00	E	7.00	26.00	0.009	3.260	120	90.7	3.5
35.00	D09 >>	99.8 >>	19.08	-1.12	-0.43	17.52	F02	36.00	2.00	T	10.00	12.00	0.094	2.067	120	99.8	9.8
35.00	D10 >>	67.1 >>	18.86	-0.05	0.00	18.81	D11	35.00	10.00			10.00	0.005	3.260	120	67.1	2.5
35.00	D12 >>	70.4 >>	27.59	-0.35	0.00	27.24	D13	35.00	50.00	T	15.00	65.00	0.005	3.260	120	70.4	2.7
35.00	D13 >>	45.7 >>	27.24	-0.03	0.00	27.21	D14	35.00	14.00			14.00	0.002	3.260	120	45.7	1.8
35.00	D13 >>	24.7 >>	27.24	-0.48	-1.30	25.47	F04	38.00	12.00	T	8.00	20.00	0.024	1.610	120	24.7	3.9
35.00	D14 >>	45.7 >>	27.21	-0.67	0.00	26.54	F03	35.00	1.00	T	8.00	9.00	0.074	1.610	120	45.7	7.2
6.00	M01 >>	348.9 >>	57.24	-0.06	-2.60	54.56	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	348.9	3.5
6.00	M01 <<	348.9 <<	57.24	0.92	2.60	60.77	U01	0.00	155.00	2EBT	81.13	236.13	0.004	6.020	140	348.9	3.9
12.00	M02 >>	348.9 >>	54.56	-2.00	-3.47	49.08	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	348.9	3.5
20.00	M03 >>	348.9 >>	49.08	-0.42	0.00	48.67	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	348.9	3.5
20.00	M04 >>	348.9 >>	48.67	-0.63	0.00	48.04	M05	20.00	2.50	T	20.00	22.50	0.028	4.260	120	348.9	7.8
20.00	M05 >>	348.9 >>	48.04	-0.84	-4.34	42.85	M06	30.00	10.00	T	20.00	30.00	0.028	4.260	120	348.9	7.8
30.00	M06 >>	348.9 >>	42.85	-0.31	0.00	42.55	M07	30.00	1.00	E	10.00	11.00	0.028	4.260	120	348.9	7.8

8/09/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION
CALC. #4 (2ND FLOOR ROOF)
BRICK N.J07824

Job Number: 3080
03/14/94

8/09/94

FITZPATRICK & ASSOCIATES, INC.
P.O. Box 1408
EATONTOWN, NEW JERSEY 07724

(908) 542-6100
FAX (908) 542-8772

LETTER OF TRANSMITTAL

DATE 3/20/95	JOB NO 9309
ATTENTION	
RE: OCEAN PAVILION NURSING HOME	

TO BRICK BLDG DEPT

ATTN: ART CIERZO
RAY KORKOWSKI

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☒ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			CORRESPONDENCE FROM SECURITY ELEVATOR (3/8/95) AND JAMES MURPHY ENGINEERS 3/14/95 (ARCH'T STAMP)

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

OFFICE

COPY TO FIELD

SIGNED: Scott Kellum

If enclosures are not as noted, kindly notify us at once.

SIZING FOR WATER AND SEWER SERVICES

Property Owner Ocean Health Systems Date 1-19-95

Property Address 425 Jack Martin Blvd Block 1170 Lot 18 & 18.3

Zoning _____ Use Group _____

Contractor 3 G's License No. Registration 7828

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	87	(10) 870	( )
2. Lavatory	107	(1) 107	( )
3. Bath Tub	15	(2) 30	( )
4. Shower Stall	6	(2) 12	( )
5. Kitchen Sink	5	(3) 15	( )
6. Service Sink	4	(3) 12	( )
7. ~~Laundry Tray~~ DishWash	3	(3) 9	( )
8. Dishwasher	1	(1) 1	( )
9. Washing Machine	4	( ) 21	( )
10. Urinal	2	(10) 10	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17.		( )	( )
18.		( )	( )

Total 1087

Gallons per minute 208

Size of Service 4"

Date: _____

Approved: Cuzzo Arthur
Brick Township Plumbing Inspector

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #4 (2ND FLOOR ROOF) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	60.77 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				348.9 gpm
				+ 100.0 gpm Hose

Total Demand: 448.9 gpm @ 60.77 psi

System safety factor: 9.44 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

8/20/94

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION)

Design density: .10

Supplied flow and pressure is based on 60.77 psi available at supply
(70.22 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	19.51		19.51	5.60	24.7	18.0	37.2%	A01
A02	18.20		18.20	5.60	20.3	18.0	12.8%	A02
A03	10.88		10.88	5.60	18.5	18.0	2.8%	A03
A04	19.03		19.03	5.60	24.4	18.0	35.6%	A04
A05	14.58		14.58	5.60	21.4	18.0	18.9%	A05
A06	12.21		12.21	5.60	19.6	18.0	8.9%	A06
A07	15.36		15.36	5.60	21.9	18.0	21.7%	A07
A08	11.40		11.40	5.60	18.9	18.0	5.0%	A08
A09	10.33		10.33	5.60	18.0	18.0	0.0%	A09
A10	17.80		17.80	5.60	23.6	18.0	31.1%	A10
A11	17.45		17.45	5.60	23.4	18.0	30.0%	A11
A12	15.98		15.98	5.60	22.4	18.0	24.4%	A12
A13	14.51		14.51	5.60	21.3	18.0	18.3%	A13
A14	18.04		18.04	5.60	23.8	18.0	32.2%	A14
A15	15.30		15.30	5.60	21.9	18.0	21.7%	A15
A16	19.42		19.42	5.60	24.7	18.0	37.2%	A16

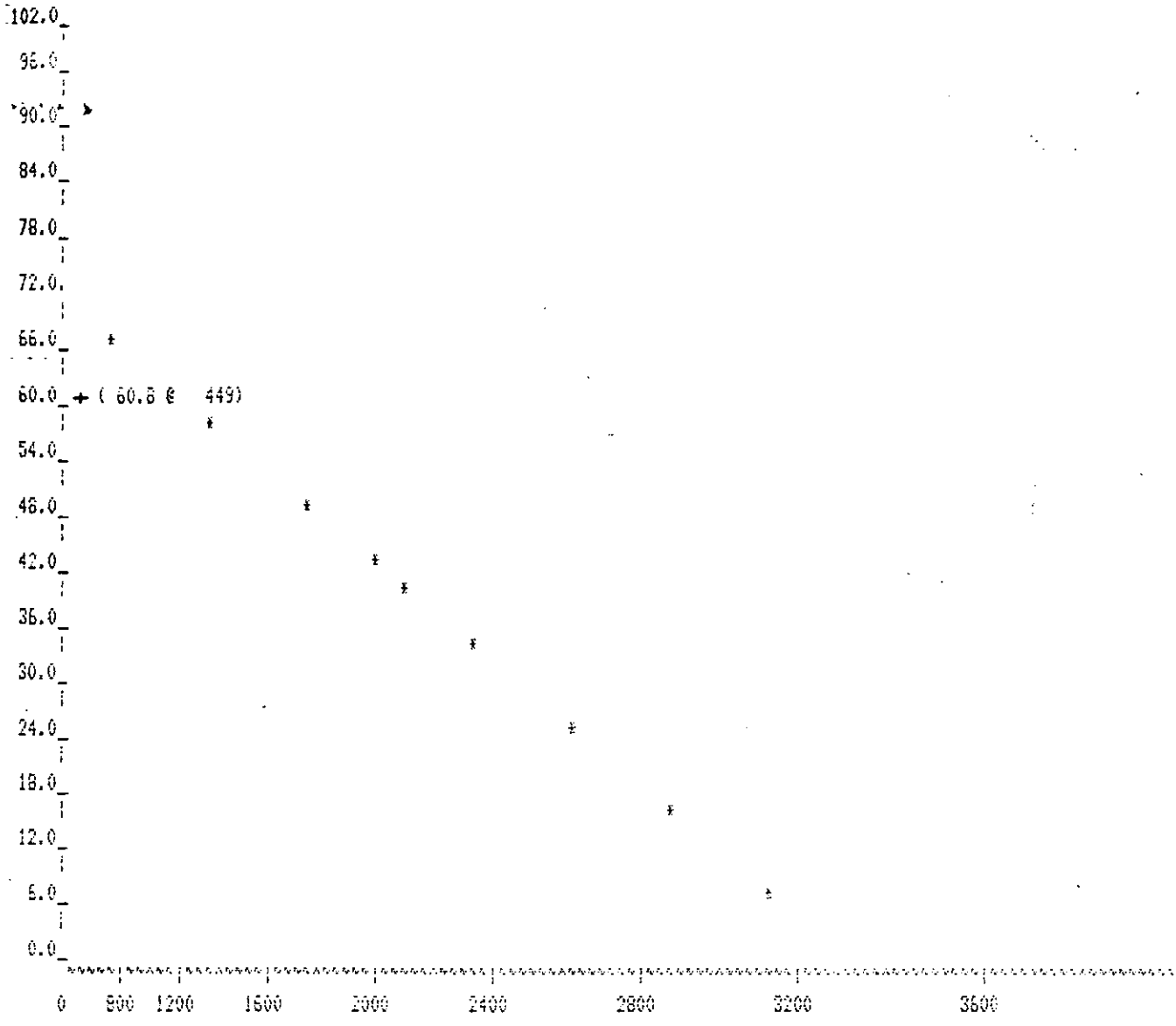
8/28/84

Flow and Pressure Summary

Job No: 3080 — OCEAN NURSING PAVILION

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
35.00	A01	<<	63.6	<<	19.51	1.23	0.00	20.75	D07	35.00	1.00	T	8.00	9.00	0.137	1.610	120	63.6	10.0
35.00	A01	>>	38.8	>>	19.51	-4.88	-1.30	13.33	F01	38.00	11.00			11.00	0.444	1.049	120	38.8	14.4
38.00	A02	<<	20.3	<<	13.20	0.13	0.00	13.33	F01	38.00	1.00			1.00	0.134	1.049	120	20.3	7.5
39.00	A03	<<	18.5	<<	10.88	2.02	0.43	13.33	F01	38.00	11.00	TE	7.00	18.00	0.112	1.049	120	18.5	6.8
35.00	A04	<<	24.4	<<	19.03	1.13	0.00	20.16	D08	35.00	1.00	T	5.00	6.00	0.188	1.049	120	24.4	9.0
36.00	A05	>>	19.6	>>	14.56	-2.37	0.00	12.21	A06	36.00	10.00	T2E	5.00	15.00	0.125	1.049	120	19.6	7.2
36.00	A05	<<	41.0	<<	14.58	2.94	0.00	17.52	F02	36.00	1.00	T	5.00	6.00	0.490	1.049	120	41.0	15.2
36.00	A07	<<	21.9	<<	15.36	2.16	0.00	17.52	F02	36.00	9.00	T	5.00	14.00	0.155	1.049	120	21.9	8.1
38.00	A08	>>	18.0	>>	11.40	-1.07	0.00	10.33	A09	39.00	10.00			10.00	0.107	1.049	120	18.0	6.7
38.00	A08	<<	36.9	<<	11.40	5.26	0.87	17.52	F02	36.00	11.00	E	2.00	13.00	0.404	1.049	120	36.9	13.7
35.00	A10	<<	23.6	<<	17.80	1.06	0.00	18.86	D10	35.00	1.00	T	5.00	6.00	0.177	1.049	120	23.6	8.7
35.00	A11	>>	43.7	>>	17.45	-1.03	-0.43	15.98	A12	36.00	7.00	2E	8.00	15.00	0.069	1.610	120	43.7	6.9
35.00	A11	<<	67.1	<<	17.45	1.37	0.00	18.81	D11	35.00	1.00	T	8.00	9.00	0.152	1.610	120	67.1	10.5
36.00	A12	>>	21.3	>>	15.98	-1.47	0.00	14.51	A13	36.00	10.00			10.00	0.147	1.049	120	21.3	7.9
39.00	A14	>>	21.9	>>	18.04	-2.31	-0.42	15.30	A15	39.00	11.00	2E	4.00	15.00	0.154	1.049	120	21.9	8.1
38.00	A14	<<	45.7	<<	18.04	7.50	1.30	26.54	F03	35.00	12.00			12.00	0.600	1.049	120	45.7	16.9
40.00	A16	<<	24.7	<<	19.42	5.18	0.87	25.47	F04	38.00	23.00	2E	4.00	27.00	0.192	1.049	120	24.7	9.1
24.00	D01	>>	348.9	>>	41.79	-2.02	-2.60	37.17	D02	30.00	8.00	DGCE	64.00	72.00	0.028	4.260	120	348.9	7.8
24.00	D01	<<	348.9	<<	41.79	3.36	-2.60	42.55	M07	30.00	88.00	TGE	32.00	120.00	0.028	4.260	120	348.9	7.8
30.00	D02	>>	348.9	>>	37.17	-2.27	0.00	34.90	D03	30.00	8.00	2E	14.00	22.00	0.103	3.260	120	348.9	13.4
30.00	D03	>>	348.9	>>	34.90	-1.24	-2.17	31.49	D04	35.00	5.00	E	7.00	12.00	0.103	3.260	120	348.9	13.4
35.00	D04	>>	348.9	>>	31.49	-3.61	0.00	27.88	D05	35.00	20.00	T	15.00	35.00	0.103	3.260	120	348.9	13.4
35.00	D05	>>	278.5	>>	27.88	-1.70	0.00	26.19	D06	35.00	10.00	T	15.00	25.00	0.068	3.260	120	278.5	10.7
35.00	D05	>>	70.4	>>	27.88	-0.29	0.00	27.59	D12	35.00	40.00	T	15.00	55.00	0.005	3.260	120	70.4	2.7
35.00	D06	>>	278.5	>>	26.19	-5.44	0.00	20.75	D07	35.00	65.00	T	15.00	80.00	0.068	3.260	120	278.5	10.7
35.00	D07	>>	215.0	>>	20.75	-0.59	0.00	20.16	D08	35.00	14.00			14.00	0.042	3.260	120	215.0	8.2
35.00	D08	>>	190.5	>>	20.16	-1.03	0.00	19.08	D09	35.00	18.00	2E	14.00	32.00	0.034	3.260	120	190.5	7.3
35.00	D09	>>	90.7	>>	19.08	-0.22	0.00	18.86	D10	35.00	19.00	E	7.00	26.00	0.009	3.260	120	90.7	3.5
35.00	D09	>>	99.8	>>	19.08	-1.12	-0.43	17.52	F02	36.00	2.00	T	10.00	12.00	0.094	2.067	120	99.8	9.5
35.00	D10	>>	67.1	>>	18.86	-0.05	0.00	18.81	D11	35.00	10.00			10.00	0.005	3.260	120	67.1	2.6
35.00	D12	>>	70.4	>>	27.59	-0.35	0.00	27.24	D13	35.00	50.00	T	15.00	65.00	0.005	3.260	120	70.4	2.7
35.00	D13	>>	45.7	>>	27.24	-0.03	0.00	27.21	D14	35.00	14.00			14.00	0.002	3.260	120	45.7	1.8
35.00	D13	>>	24.7	>>	27.24	-0.48	-1.30	25.47	F04	38.00	12.00	T	8.00	20.00	0.024	1.610	120	24.7	3.9
35.00	D14	>>	45.7	>>	27.21	-0.67	0.00	26.54	F03	35.00	1.00	T	8.00	9.00	0.074	1.610	120	45.7	7.2
6.00	M01	>>	348.9	>>	57.24	-0.06	-2.60	54.58	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	348.9	3.5
6.00	M01	<<	348.9	<<	57.24	0.92	2.60	60.77	U01	0.00	155.00	2EGT	81.13	236.13	0.004	6.020	140	348.9	3.9
12.00	M02	>>	348.9	>>	54.58	-2.00	-3.47	49.08	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	348.9	3.5
20.00	M03	>>	348.9	>>	49.08	-0.42	0.00	48.67	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	348.9	3.5
20.00	M04	>>	348.9	>>	48.67	-0.63	0.00	48.04	M05	20.00	2.50	T	20.00	22.50	0.028	4.260	120	348.9	7.8
20.00	M05	>>	348.9	>>	48.04	-0.84	-4.34	42.85	M06	30.00	10.00	T	20.00	30.00	0.028	4.260	120	348.9	7.8
30.00	M06	>>	348.9	>>	42.85	-0.31	0.00	42.55	M07	30.00	1.00	E	10.00	11.00	0.028	4.260	120	348.9	7.8

8/29/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION
CALC. #4 (2ND FLOOR ROOF)
BRICK N.J07824

Job Number: 3080
03/14/94

P. Amato 8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #1 (BASEMENT) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.150	72.00 psi @	0.00 gpm	41.12 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@ 247.0 gpm
				+ 250.0 gpm Hose

Total Demand: 497.0 gpm @ 41.12 psi

System safety factor: 28.72 psi

Notes: _____

List of Fitting Abbreviations

Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:Description	Code:Description	Code:Description	Code:Description
A : Alarm Va	H : Deluge Val	O :	V : Vic.Cpl.
B : Butt'flyVa	I :	P : P.I.V	W :
C : Check Va	J :	Q :	X : Backflow P
D : DryPipeVa	K : Globe Val.	R : Det.Ck.Val	Y : Red.P.Back
E : Std. Elbow	L : LongTurnEl	S :	Z :
F : 45 Elbow	M : Meter	T : Std. Tee	
G : Gate Va	N :	U :	

Calcs By: DF Checked: _____ 03/14/94

Ser:#310303# Hypercalc Program by Crowley Design Group, (215)-337-7060

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION

Design density: .15

Supplied flow and pressure is based on 41.12 psi available at supply
(69.85 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	17.16		17.16	5.60	23.2	15.0	54.7%	A01
A02	16.70		16.70	5.60	22.9	15.0	52.7%	A02
A03	16.49		16.49	5.60	22.7	15.0	51.3%	A03
A04	13.48		13.48	5.60	20.6	15.0	37.3%	A04
A05	11.88		11.88	5.60	19.3	15.0	28.7%	A05
A06	11.02		11.02	5.60	18.6	15.0	24.0%	A06
A07	8.08		8.08	5.60	15.9	15.0	6.0%	A07
A08	7.30		7.30	5.60	15.1	15.0	0.7%	A08
A09	13.25		13.25	5.60	20.4	15.0	36.0%	A09
A10	11.68		11.68	5.60	19.1	15.0	27.3%	A10
A11	10.83		10.83	5.60	18.4	15.0	22.7%	A11
A12	7.94		7.94	5.60	15.8	15.0	5.3%	A12
A13	7.17		7.17	5.60	15.0	15.0	0.0%	A13

Calcs By: DF Checked:_____ 03/14/94

Ser:#810303# Hypercalc Program by Crowley Design Group, (215)-337-7060

Flow and Pressure Summary

Job No:3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
10.00	A01	<<	23.2	<<	17.16	1.71	0.00	18.87	D01	10.00	10.00			10.00	0.171	1.049	120	23.2	8.6
10.00	A02	>>	22.7	>>	16.70	-0.20	0.00	16.49	A03	10.00	10.00			10.00	0.020	1.610	120	22.7	3.6
10.00	A02	<<	45.6	<<	16.70	0.89	0.00	17.59	M15	10.00	4.00	T	8.00	12.00	0.074	1.610	120	45.6	7.2
10.00	A04	>>	68.9	>>	13.48	-1.59	0.00	11.88	A05	10.00	10.00			10.00	0.159	1.610	120	68.9	10.9
10.00	A04	<<	89.5	<<	13.48	3.10	0.00	16.58	M16	10.00	4.00	T	8.00	12.00	0.258	1.610	120	89.5	14.1
10.00	A05	>>	49.8	>>	11.88	-0.87	0.00	11.02	A06	10.00	10.00			10.00	0.087	1.610	120	49.8	7.9
10.00	A06	>>	31.1	>>	11.02	-2.94	0.00	8.08	A07	10.00	10.00			10.00	0.294	1.049	120	31.1	11.5
10.00	A07	>>	15.1	>>	8.08	-0.78	0.00	7.30	A08	10.00	10.00			10.00	0.078	1.049	120	15.1	5.8
10.00	A08	>>	68.3	>>	13.25	-1.57	0.00	11.68	A10	10.00	10.00			10.00	0.157	1.610	120	68.3	10.7
10.00	A09	<<	88.7	<<	13.25	3.05	0.00	16.30	M17	10.00	4.00	T	8.00	12.00	0.254	1.610	120	88.7	13.9
10.00	A10	>>	49.2	>>	11.68	-0.85	0.00	10.83	A11	10.00	10.00			10.00	0.085	1.610	120	49.2	7.7
10.00	A11	>>	30.8	>>	10.83	-2.89	0.00	7.94	A12	10.00	10.00			10.00	0.289	1.049	120	30.8	11.4
10.00	A12	>>	15.0	>>	7.94	-0.78	0.00	7.17	A13	10.00	10.00			10.00	0.078	1.049	120	15.0	5.6
10.00	D01	<<	23.2	<<	18.87	0.25	0.00	19.12	M14	10.00	4.00	T	8.00	12.00	0.021	1.610	120	23.2	3.6
6.00	M01	>>	247.0	>>	38.03	-0.04	-2.60	35.38	M02	12.00	6.00	E	14.00	20.00	0.002	6.357	120	247.0	2.5
6.00	M01	<<	247.0	<<	38.03	0.45	2.60	41.12	U01	0.00	155.00	2ET6	81.13	236.13	0.002	6.020	140	247.0	2.9
12.00	M02	>>	247.0	>>	35.38	-1.06	-3.47	30.85	M03	20.00	16.00	2G2ERA3	486.00	502.00	0.002	6.357	120	247.0	2.5
20.00	M03	>>	247.0	>>	30.85	-0.22	0.00	30.63	M04	20.00	63.00	3E	42.00	105.00	0.002	6.357	120	247.0	2.5
20.00	M04	>>	247.0	>>	30.63	-0.33	0.00	30.30	M05	20.00	2.50	T	20.00	22.50	0.015	4.260	120	247.0	5.5
20.00	M05	>>	247.0	>>	30.30	-0.47	4.34	34.16	M12	10.00	12.00	T	20.00	32.00	0.015	4.260	120	247.0	5.5
10.00	M12	>>	247.0	>>	34.16	-12.59	0.00	21.58	M13	10.00	57.00	TG2E	25.00	82.00	0.153	2.635	120	247.0	14.5
10.00	M13	>>	247.0	>>	21.58	-2.46	0.00	19.12	M14	10.00	4.00	T	12.00	16.00	0.153	2.635	120	247.0	14.5
10.00	M14	>>	223.9	>>	19.12	-1.53	0.00	17.59	M15	10.00	12.00			12.00	0.128	2.635	120	223.9	13.1
10.00	M15	>>	178.2	>>	17.59	-1.01	0.00	16.58	M16	10.00	12.00			12.00	0.084	2.635	120	178.2	10.5
10.00	M16	>>	88.7	>>	16.58	-0.28	0.00	16.30	M17	10.00	12.00			12.00	0.023	2.635	120	88.7	5.2

Calcs By: DF Checked: _____ 03/14/94

8/29/94

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #3 (1ST FLOOR ROOF) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	51.61 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				330.5 gpm
				+ 100.0 gpm Hose

Total Demand: 430.5 gpm @ 51.61 psi

System safety factor: 18.79 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

8/29/94

Summary of Sprinkler and Hose Flows

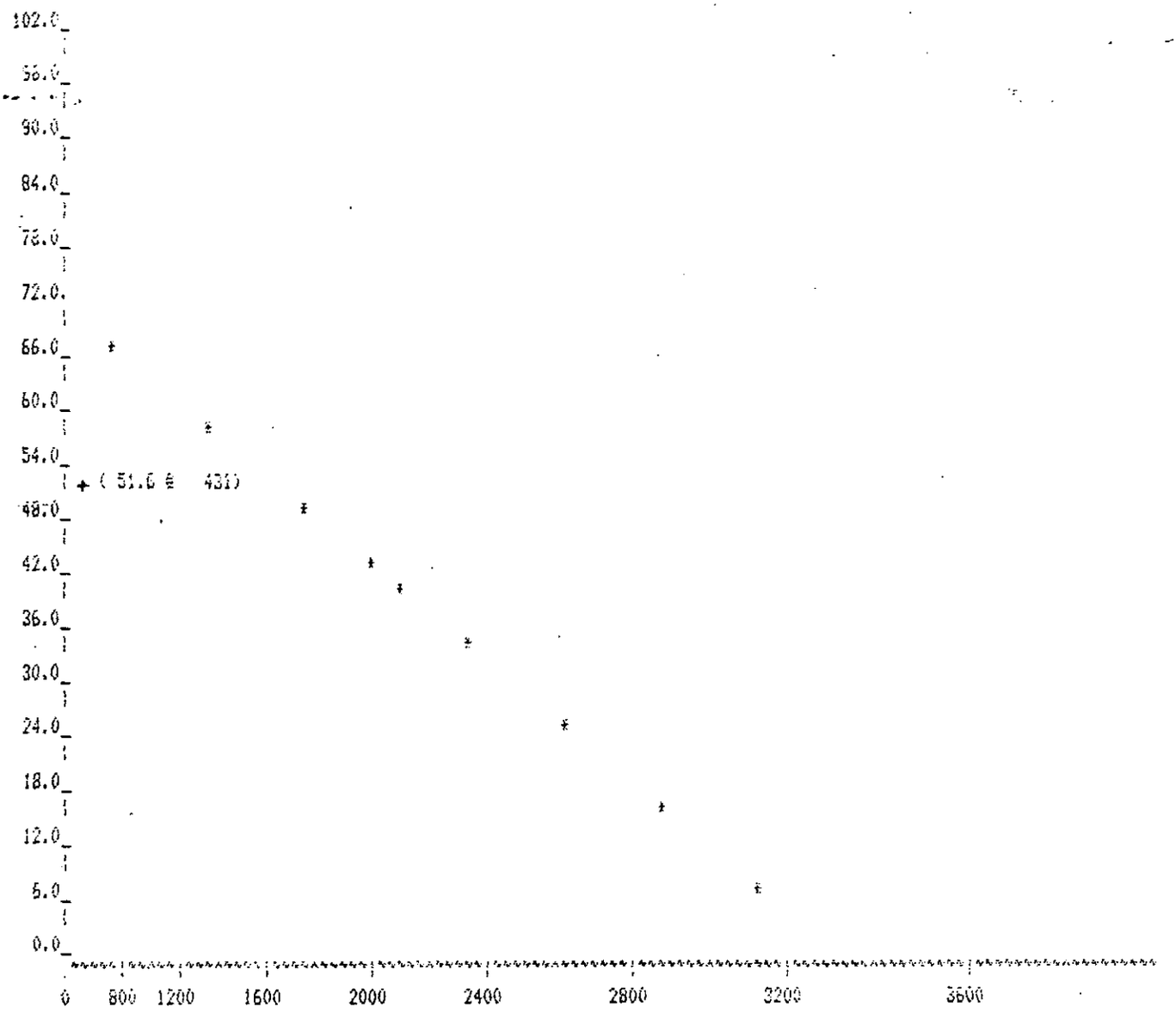
Job No:3080 OCEAN NURSING PAVILION

Design density: .10

Supplied flow and pressure is based on 51.61 psi available at supply
(70.35 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	17.44		17.44	5.60	23.4	16.8	39.3%	A01
A02	17.13		17.13	5.60	23.2	16.8	38.1%	A02
A03	16.61		16.61	5.60	22.8	16.8	35.7%	A03
A04	14.93		14.93	5.60	21.6	16.8	28.6%	A04
A05	12.14		12.14	5.60	19.5	16.8	16.1%	A05
A06	16.66		16.66	5.60	22.9	16.8	36.3%	A06
A07	16.99		16.99	5.60	23.1	16.8	37.5%	A07
A08	13.85		13.85	5.60	20.8	16.8	23.8%	A08
A09	11.90		11.90	5.60	19.3	16.8	14.9%	A09
A10	10.68		10.68	5.60	18.3	16.8	8.9%	A10
A11	10.32		10.32	5.60	18.0	16.8	7.1%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12
A13	14.52		14.52	5.60	21.3	16.8	26.8%	A13
A14	13.57		13.57	5.60	20.6	16.8	22.6%	A14
A15	12.80		12.80	5.60	20.0	16.8	19.0%	A15
A16	11.19		11.19	5.60	18.7	16.8	11.3%	A16

8/29/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION)
ALC. #3 (1ST FLOOR ROOF)
RICK N.J07824

cb Number: 3080
3/14/94

8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #2 (2ND FLOOR) BRICK N.J 07824

For Allied Fire permit #018-94

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

esign Specifications		Water Supply Information		System Demand
ensity :	0.100	72.00 psi @	0.00 gpm	58.99 psi
esign Area:	1500.00	61.00 psi @	1200.00 gpm	@
				394.2 gpm
				+ 100.0 gpm Hose

Total Demand: 494.2 gpm @ 58.99 psi

System safety factor: 11.99 psi

otes:

ist of Fitting Abbreviations

xample: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

ode:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	ButtFlyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck Val	Y :	Red.F.Sock
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

Calcs By: DF Checked: _____ 08/22/94

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION)

esign density: .10

upplied flow and pressure is based on 58.99 psi available at supply
(70.32 psi is actually available)

ef.	PRESSURE			K	FLOW		Percent	Ref.
t.	Pt	Pv	Pn	Factor	Actual	Minimum	Excess	Pt.
01	19.52		19.52	5.60	24.7	14.8	66.9%	A01
03	11.42		11.42	5.60	18.9	14.8	27.7%	A03
05	11.53		11.53	5.60	19.0	14.8	28.4%	A05
06	11.07		11.07	5.60	18.5	14.9	25.7%	A06
07	10.37		10.37	5.60	18.0	14.8	21.6%	A07
08	7.23		7.23	5.60	15.1	14.8	2.0%	A08
09	7.01		7.01	5.60	14.8	14.8	0.0%	A09
12	17.47		17.47	5.60	23.4	14.0	58.1%	A12
13	18.88		18.88	5.60	24.3	14.8	64.2%	A13
14	17.32		17.32	5.60	23.2	14.8	57.4%	A14
15	20.18		20.18	5.60	25.2	14.8	70.3%	A15
16	18.99		18.99	5.60	24.4	14.8	64.9%	A16
17	15.65		15.65	5.60	22.2	14.8	50.0%	A17
18	14.16		14.16	5.60	21.1	14.8	42.6%	A18
19	13.49		13.49	5.60	20.6	15.0	37.3%	A19
20	13.55		13.55	5.60	20.6	15.0	37.3%	A20

8/29/94

Calcs By: DF Checked:_____ 08/22/94

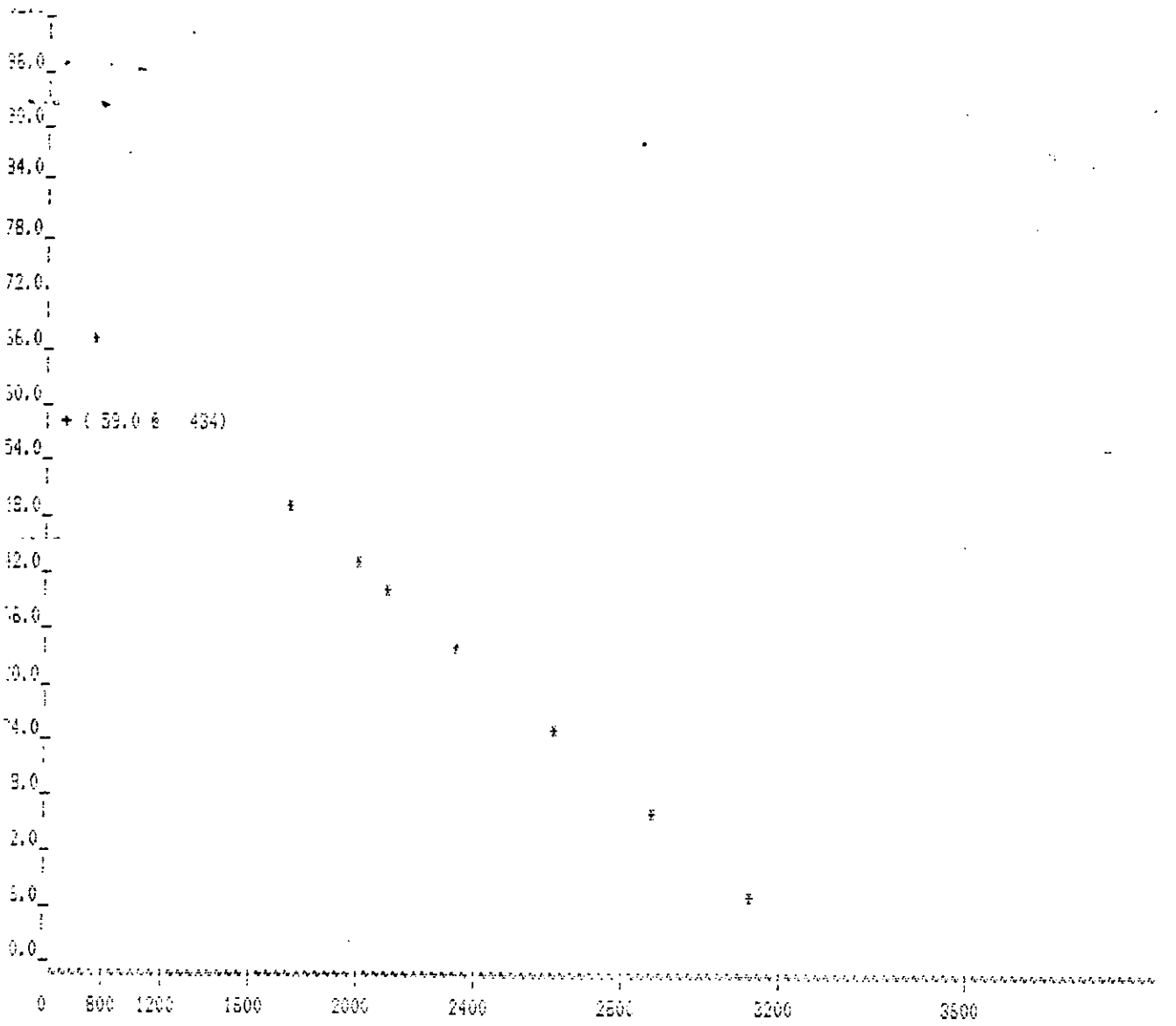
Ser:*310303* Hydrocalc Program by Crowley Design Group, (215)-337-7060

Job No:3080 OCEAN NURSING PAVILION

ev.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	F I T T I N G	L O S S Length	Fitting	Length	C A L C U L A T I O N S Total	Pf/ft	Dia.	C	Flow	Velocity fps
30.00	A01 <<	24.7 <<	16.52	3.95	0.00	23.47	M09	30.00		10.50	2T	10.00	20.50	0.192	1.049	120	24.7	9.2
30.00	A02 >>	18.9 >>	12.01	-0.59	0.00	11.42	A03	30.00		5.00			5.00	0.118	1.049	120	18.9	7.0
30.00	A02 <<	18.9 <<	12.01	1.29	0.00	13.30	M14	30.00		6.00	T	5.00	11.00	0.118	1.049	120	18.9	7.0
30.00	A04 >>	19.0 >>	12.12	-0.59	0.00	11.53	A05	30.00		5.00			5.00	0.119	1.049	120	19.0	7.0
30.00	A04 <<	19.0 <<	12.12	1.19	0.00	13.30	M14	30.00		5.00	T	5.00	10.00	0.119	1.049	120	19.0	7.0
30.00	A06 >>	47.9 >>	11.07	-0.69	0.00	10.37	A07	30.00		0.50	T	6.00	6.50	0.081	1.610	120	47.9	7.5
30.00	A06 <<	66.5 <<	11.07	2.24	0.00	13.30	M14	30.00		7.00	T	8.00	15.00	0.149	1.610	120	66.5	10.5
30.00	A07 >>	29.9 >>	10.37	-3.14	0.00	7.23	A08	30.00		6.50	T	5.00	11.50	0.273	1.049	120	29.9	11.1
30.00	A08 >>	14.8 >>	7.23	-0.22	0.00	7.01	A09	30.00		1.00	E	2.00	3.00	0.075	1.049	120	14.8	5.8
30.00	A11 >>	23.4 >>	18.34	-0.87	0.00	17.47	A12	30.00		5.00			5.00	0.174	1.049	120	23.4	8.7
30.00	A11 <<	23.4 <<	18.34	1.74	0.00	20.08	M15	30.00		5.00	T	5.00	10.00	0.174	1.049	120	23.4	8.7
30.00	A12 >>	22.3 >>	18.85	-1.53	0.00	17.32	A14	30.00		7.00	E	2.00	9.00	0.172	1.049	120	22.3	8.6
30.00	A13 <<	47.6 <<	18.85	1.21	0.00	20.08	M15	30.00		7.00	T	8.00	15.00	0.080	1.610	120	47.6	7.5
30.00	A15 <<	25.2 <<	20.18	1.96	0.00	22.17	M12	30.00		5.00	T	5.00	10.00	0.199	1.049	120	25.2	9.8
30.00	A16 <<	24.4 <<	18.96	1.13	0.00	20.12	M16	30.00		1.00	T	5.00	6.00	0.188	1.049	120	24.4	9.0
30.00	A17 <<	22.2 <<	15.65	0.94	0.00	16.60	M17	30.00		1.00	T	5.00	6.00	0.157	1.049	120	22.2	8.2
30.00	A18 <<	21.1 <<	14.16	2.44	0.00	16.60	M17	30.00		10.00	TE	7.00	17.00	0.143	1.049	120	21.1	7.8
30.00	A19 <<	20.6 <<	13.49	1.37	0.00	14.86	M18	30.00		5.00	T	5.00	10.00	0.137	1.049	120	20.6	7.6
30.00	A20 <<	20.6 <<	13.55	1.31	0.00	14.86	M18	30.00		4.50	T	5.00	9.50	0.132	1.049	120	20.6	7.6
0.00	M01 >>	334.2 >>	58.13	-0.07	-5.21	52.85	M02	12.00		6.00	E	14.00	20.00	0.004	6.357	120	334.2	3.4
0.00	M01 <<	334.2 <<	58.13	0.85	0.00	58.99	U01	0.00		155.00	2ETG	81.13	236.13	0.004	6.020	140	334.2	3.8
12.00	M02 >>	334.2 >>	52.85	-1.85	-3.47	47.53	M03	20.00		16.00	2G2ERA	486.00	502.00	0.004	6.357	120	334.2	3.4
20.00	M03 >>	334.2 >>	47.53	-0.39	0.00	47.14	M04	20.00		63.00	3E	42.00	105.00	0.004	6.357	120	334.2	3.4
20.00	M04 >>	334.2 >>	47.14	-0.58	0.00	46.56	M05	20.00		2.50	T	20.00	22.50	0.026	4.260	120	334.2	7.5
10.00	M05 >>	334.2 >>	46.56	-0.78	-4.34	41.44	M06	30.00		10.00	T	20.00	30.00	0.026	4.260	120	334.2	7.5
0.00	M06 >>	334.2 >>	41.44	-0.54	0.00	40.90	M07	30.00		1.00	T	20.00	21.00	0.026	4.260	120	334.2	7.5
70.00	M07 >>	334.2 >>	40.90	-8.67	0.00	32.23	M08	30.00		76.00	2EB	15.00	91.00	0.095	3.260	120	334.2	12.8
70.00	M08 >>	334.2 >>	32.23	-8.76	0.00	23.47	M09	30.00		77.00	T	15.00	92.00	0.095	3.260	120	334.2	12.9
0.00	M09 >>	309.5 >>	23.47	-1.20	0.00	22.27	M10	30.00		14.50			14.50	0.083	3.260	120	309.5	11.6
70.00	M10 >>	238.5 >>	22.27	-0.03	0.00	22.25	M11	30.00		0.50			0.50	0.001	3.260	120	238.5	8.9
30.00	M10 >>	71.1 >>	22.27	-2.19	0.00	20.08	M15	30.00		5.00	T	8.00	13.00	0.169	1.610	120	71.1	11.2
10.00	M11 >>	134.0 >>	22.25	-0.08	0.00	22.17	M12	30.00		4.50			4.50	0.018	3.260	120	134.0	5.1
30.00	M11 >>	104.5 >>	22.25	-8.94	0.00	13.30	M14	30.00		10.00	T2E	16.00	26.00	0.344	1.610	120	104.5	16.4
0.00	M12 >>	108.8 >>	22.17	-0.13	0.00	22.04	M13	30.00		11.00			11.00	0.012	3.260	120	108.8	4.2
70.00	M13 >>	67.6 >>	22.04	-1.92	0.00	20.12	M16	30.00		4.50	T	8.00	12.50	0.154	1.610	120	67.6	10.6
0.00	M13 >>	41.2 >>	22.04	-7.18	0.00	14.86	M18	30.00		7.50	TE	7.00	14.50	0.495	1.049	120	41.2	15.2
10.00	M16 >>	43.2 >>	20.12	-3.52	0.00	16.60	M17	30.00		6.50			6.50	0.542	1.049	120	43.2	16.0

Calcs By: DF Checked: _____ 08/22/94

Ver:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3013.06

OCEAN NURSING PAVILION)
ALC. #2 (2ND FLOOR)
RICK N.J07024

OB Number = 3080
8/22/94

8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #5 (1st FLOOR) BRICK N.J 07624

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	55.36 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				352.2 gpm
				+ 100.0 gpm Hose

Total Demand: 452.2 gpm @ 55.36 psi

System safety factor: 16.21 psi

Notes: _____

List of Fitting Abbreviations

Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.F.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

8/29/94

Calcs By: JT Chester 08/22/94

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION

Design Density: .10

Supplied flow and pressure is based on 53.98 psi available at supply
(70.19 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	20.65		20.65	5.60	25.4	14.8	71.6%	A01
A03	11.41		11.41	5.60	18.9	14.8	27.7%	A03
A05	11.31		11.31	5.60	18.8	14.8	27.0%	A05
A06	11.01		11.01	5.60	18.6	14.8	25.7%	A06
A07	10.33		10.33	5.60	18.0	14.8	21.6%	A07
A08	7.19		7.19	5.60	15.0	14.8	1.4%	A08
A09	7.00		7.00	5.60	14.8	14.8	0.0%	A09
A11	14.49		14.49	5.60	21.3	14.8	43.9%	A11
A13	14.37		14.37	5.60	21.2	14.8	43.2%	A13
A14	13.99		13.99	5.60	20.9	14.8	41.2%	A14
A15	13.13		13.13	5.60	20.3	14.8	37.2%	A15
A16	9.19		9.19	5.60	17.0	14.8	14.9%	A16
A17	8.96		8.96	5.60	16.8	14.8	13.5%	A17
A18	15.50		15.50	5.60	22.0	14.8	48.6%	A18
A19	14.87		14.87	5.60	21.6	14.8	45.9%	A19
A20	20.28		20.28	5.60	25.2	14.8	70.3%	A20
A21	41.77		41.77	5.60	36.2	14.8	144.6%	A21

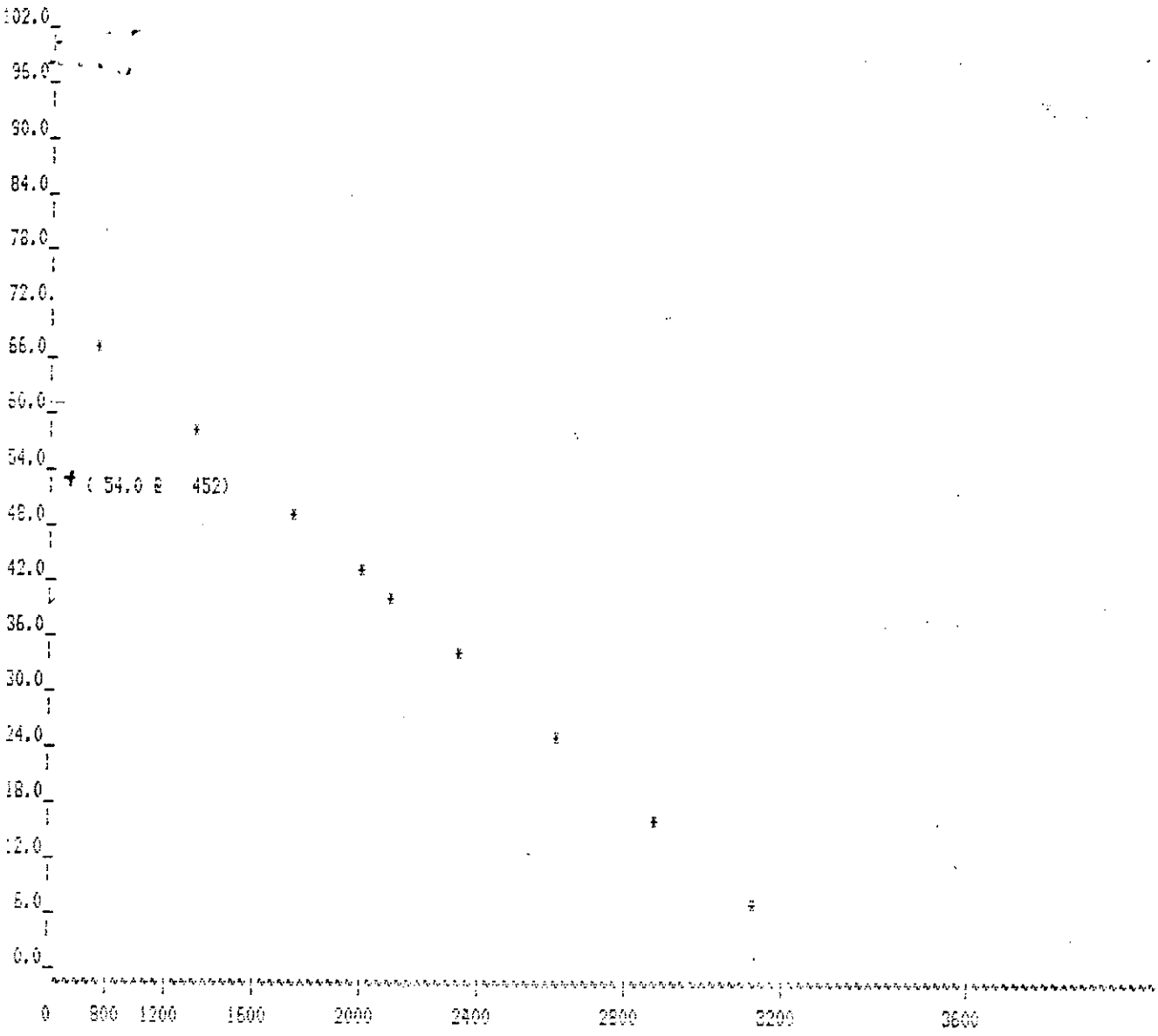
8/29/94

Flow and Pressure Summary

Job No:3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
20.00	A01	<< 25.4 <<	20.65	1.93	0.00	22.58	M24	20.00	4.50	T	5.00	9.50	0.202	1.049	120	25.4	9.4
20.00	A02	>> 18.9 >>	12.00	-0.59	0.00	11.41	A02	20.00	5.00			5.00	0.117	1.049	120	18.9	7.0
20.00	A02	<< 18.9 <<	12.00	1.17	0.00	13.17	M29	20.00	5.00	T	5.00	10.00	0.117	1.049	120	18.9	7.0
20.00	A04	>> 18.8 >>	11.83	-0.52	0.00	11.31	A05	20.00	5.00			5.00	0.116	1.049	120	18.8	7.0
20.00	A04	<< 18.8 <<	11.89	1.28	0.00	13.17	M29	20.00	6.00	T	5.00	11.00	0.116	1.049	120	18.8	7.0
20.00	A06	>> 47.8 >>	11.01	-0.69	0.00	10.32	A07	20.00	0.50	T	8.00	8.50	0.081	1.610	120	47.8	7.5
20.00	A06	<< 66.4 <<	11.01	2.16	0.00	13.17	M29	20.00	6.50	T	8.00	14.50	0.149	1.610	120	66.4	10.4
20.00	A07	>> 29.8 >>	10.33	-3.14	0.00	7.19	A08	20.00	6.50	T	5.00	11.50	0.273	1.049	120	29.8	11.0
20.00	A08	>> 14.6 >>	7.19	-0.19	0.00	7.00	A09	20.00	0.50	E	2.00	2.50	0.075	1.049	120	14.8	5.5
20.00	A10	>> 21.3 >>	15.23	-0.73	0.00	14.45	A11	20.00	5.00			5.00	0.145	1.049	120	21.3	7.9
20.00	A10	<< 21.3 <<	15.23	1.46	0.00	16.69	M30	20.00	5.00	T	5.00	10.00	0.146	1.049	120	21.3	7.9
20.00	A12	>> 21.2 >>	15.09	-0.73	0.00	14.37	A13	20.00	5.00			5.00	0.145	1.049	120	21.2	7.9
20.00	A12	<< 21.2 <<	15.09	1.60	0.00	16.69	M30	20.00	6.00	T	5.00	11.00	0.145	1.049	120	21.2	7.9
20.00	A14	>> 54.0 >>	13.99	-0.85	0.00	13.13	A15	20.00	0.50	T	8.00	8.50	0.102	1.610	120	54.0	8.5
20.00	A14	<< 75.6 <<	13.99	2.70	0.00	15.69	M30	20.00	6.50	T	8.00	14.50	0.166	1.610	120	75.0	11.8
20.00	A15	>> 33.7 >>	13.13	-3.94	0.00	9.19	A16	20.00	6.50	T	5.00	11.50	0.342	1.049	120	33.7	12.5
20.00	A16	>> 16.8 >>	9.19	-0.23	0.00	8.96	A17	20.00	0.50	E	2.00	2.50	0.094	1.049	120	16.8	6.2
20.00	A16	<< 22.0 <<	15.50	1.25	0.00	16.75	M31	20.00	3.00	T	5.00	8.00	0.156	1.049	120	22.0	8.2
20.00	A19	<< 21.6 <<	14.87	1.87	0.00	16.75	M31	20.00	7.50	T	5.00	12.50	0.150	1.049	120	21.6	8.0
20.00	A20	<< 25.2 <<	20.28	1.70	0.00	21.98	M28	20.00	3.50	T	5.00	8.50	0.200	1.049	120	25.2	9.3
20.00	A21	<< 36.2 <<	41.77	6.82	0.00	48.60	M20	20.00	12.50	T	5.00	17.50	0.390	1.049	120	36.2	13.4
0.00	M01	>> 352.2 >>	61.72	-0.08	-5.21	56.43	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	352.2	3.8
0.00	M01	<< 352.2 <<	61.72	0.64	-6.66	55.98	U01	20.00	155.00	2ET6	81.13	236.13	0.004	6.020	140	352.2	4.0
12.00	M02	>> 352.2 >>	56.43	-2.04	-3.47	50.92	M03	20.00	16.00	2G2ER4	486.00	502.00	0.004	6.357	120	352.2	3.8
20.00	M03	>> 352.2 >>	50.92	-0.43	0.00	50.49	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	352.2	3.8
20.00	M04	>> 352.2 >>	50.49	-0.64	0.00	49.85	M05	20.00	2.50	T	20.00	22.50	0.029	4.260	120	352.2	7.9
20.00	M05	>> 352.2 >>	49.85	-1.25	0.00	48.60	M20	20.00	12.00	TEG	32.00	44.00	0.029	4.260	120	352.2	7.9
20.00	M20	>> 316.0 >>	48.60	-1.91	0.00	46.68	M21	20.00	62.00	T	20.00	82.00	0.023	4.260	120	316.0	7.1
20.00	M21	>> 316.0 >>	46.68	-2.99	0.00	43.70	M22	20.00	108.00	T	20.00	128.00	0.023	4.260	120	316.0	7.1
20.00	M22	>> 316.0 >>	43.70	-8.33	0.00	35.37	M23	20.00	61.00	T3E	36.00	97.00	0.086	3.260	120	316.0	12.1
20.00	M23	>> 316.0 >>	35.37	-12.79	0.00	22.58	M24	20.00	120.00	T2E	25.00	145.00	0.088	3.260	120	316.0	12.1
20.00	M24	>> 290.5 >>	22.58	-0.51	0.00	22.07	M25	20.00	7.00			7.00	0.072	3.260	120	290.5	11.1
20.00	M25	>> 186.4 >>	22.07	-0.03	0.00	22.04	M26	20.00	1.00			1.00	0.032	3.260	120	186.4	7.1
20.00	M25	>> 104.2 >>	22.07	-8.90	0.00	13.17	M29	20.00	10.00	T2E	16.00	26.00	0.342	1.610	120	104.2	16.4
20.00	M26	>> 68.9 >>	22.04	-0.05	0.00	21.98	M27	20.00	10.00			10.00	0.005	2.260	120	68.9	2.6
20.00	M26	>> 117.5 >>	22.04	-5.35	0.00	16.69	M30	20.00	4.50	T	8.00	12.50	0.429	1.610	120	117.5	18.5
20.00	M27	>> 25.2 >>	21.98	-0.01	0.00	21.98	M28	20.00	5.00			5.00	0.001	3.260	120	25.2	1.0
20.00	M27	>> 43.8 >>	21.98	-5.24	0.00	16.75	M31	20.00	4.50	T	5.00	9.50	0.551	1.049	120	43.8	16.2

P. Ruyatt 8/29/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3818.05

OCEAN NURSING PAVILION
BALD. #5 (1st FLOOR)
BRICK N.J 07824

Job Number : 3080
08/22/94

8/29/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION)

CALC. #3 (1ST FLOOR ROOF) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	51.61 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				330.5 gpm
				+ 100.0 gpm Hose

Total Demand: 430.5 gpm @ 51.61 psi

System safety factor: 18.79 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Rec.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

8/29/94

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION)

Design density: .10

Supplied flow and pressure is based on 51.61 psi available at supply
(70.35 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	17.44		17.44	5.60	23.4	16.8	39.3%	A01
A02	17.13		17.13	5.60	23.2	16.8	38.1%	A02
A03	16.61		16.61	5.60	22.8	16.8	35.7%	A03
A04	14.93		14.93	5.60	21.6	16.8	28.6%	A04
A05	12.14		12.14	5.60	19.5	16.8	16.1%	A05
A06	16.66		16.66	5.60	22.9	16.8	36.3%	A06
A07	16.99		16.99	5.60	23.1	16.8	37.5%	A07
A08	13.85		13.85	5.60	20.8	16.8	23.8%	A08
A09	11.90		11.90	5.60	19.3	16.8	14.9%	A09
A10	10.68		10.68	5.60	18.3	16.8	8.9%	A10
A11	10.32		10.32	5.60	18.0	16.8	7.1%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12
A13	14.52		14.52	5.60	21.3	16.8	26.8%	A13
A14	13.57		13.57	5.60	20.6	16.8	22.6%	A14
A15	12.80		12.80	5.60	20.0	16.8	19.0%	A15
A16	11.19		11.19	5.60	18.7	16.8	11.3%	A16

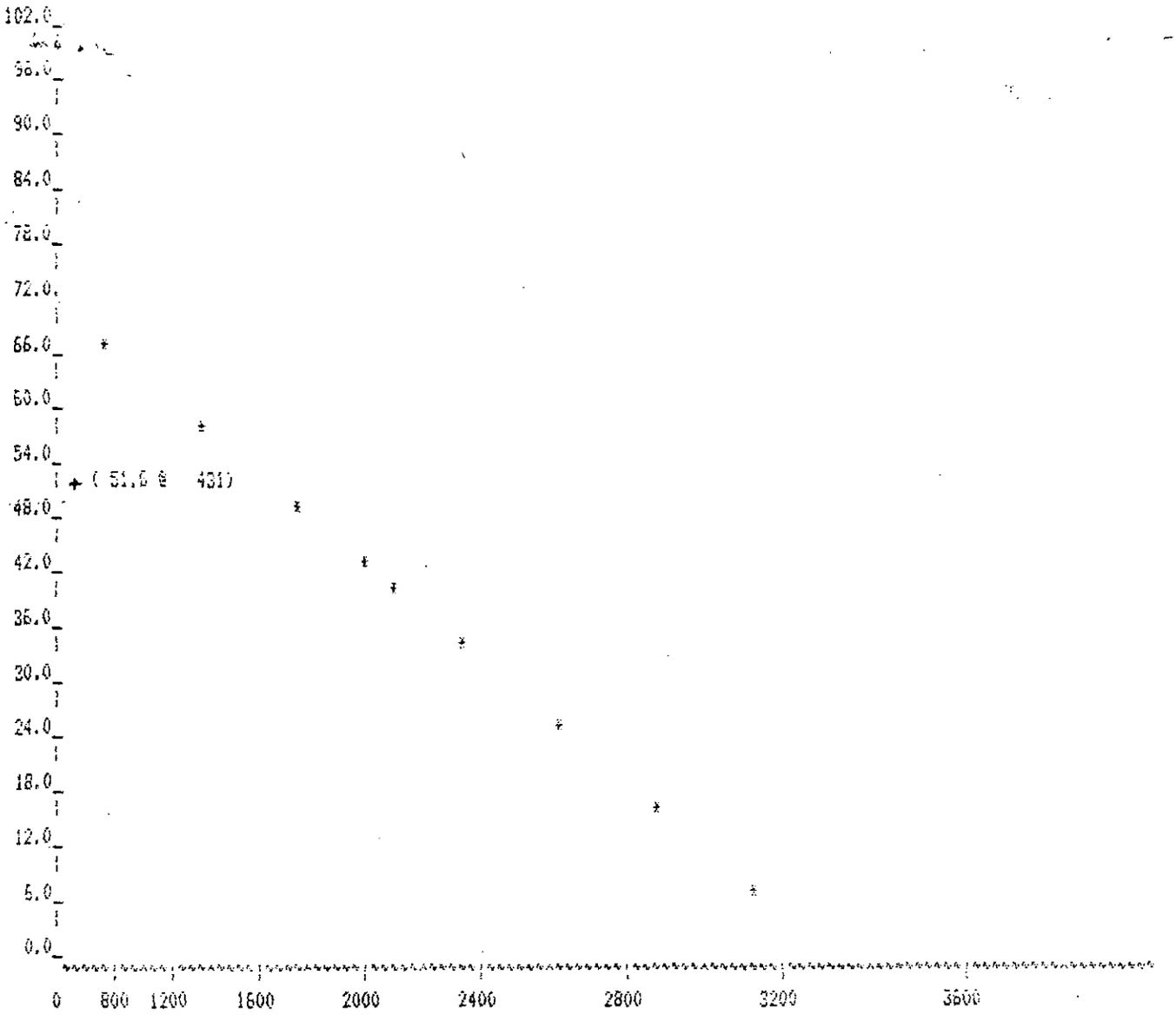
8/28/04

Flow and Pressure Summary

Job No: 3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
27.00	A01	<<	23.4	<<	17.44	1.04	0.00	16.49	E01	27.00	1.00	T	5.00	6.00	0.174	1.049	120	23.4	8.7
25.00	A02	<<	22.2	<<	17.13	2.22	-0.87	16.49	E01	27.00	9.00	2E	4.00	13.00	0.171	1.049	120	23.2	8.6
27.00	A03	<<	22.8	<<	16.61	0.17	0.00	16.77	E02	27.00	1.00			1.00	0.166	1.049	120	22.8	8.4
27.00	A04	>>	19.5	>>	14.93	-1.49	-1.30	12.14	A05	30.00	12.00			12.00	0.124	1.049	120	19.5	7.2
27.00	A04	<<	41.1	<<	14.93	1.84	0.00	16.77	E02	27.00	18.00	3E	12.00	30.00	0.061	1.610	120	41.1	6.5
27.00	A06	<<	22.9	<<	16.66	1.67	0.00	18.32	E03	27.00	3.00	TE	7.00	10.00	0.167	1.049	120	22.9	8.5
25.00	A07	<<	23.1	<<	16.99	2.20	-0.87	18.32	E03	27.00	9.00	2E	4.00	13.00	0.170	1.049	120	23.1	8.5
27.00	A08	<<	20.8	<<	13.85	0.84	0.00	14.69	E04	27.00	1.00	T	5.00	6.00	0.140	1.049	120	20.8	7.7
27.00	A09	<<	19.3	<<	11.90	1.22	0.00	13.12	E05	27.00	3.00	TE	7.00	10.00	0.122	1.049	120	19.3	7.2
29.00	A10	>>	34.8	>>	10.68	-0.36	0.00	10.32	A11	29.00	8.00			8.00	0.045	1.610	120	34.8	5.5
29.00	A10	<<	53.1	<<	10.68	1.57	0.87	13.12	E05	27.00	4.00	ET	12.00	16.00	0.098	1.610	120	53.1	8.3
29.00	A11	>>	16.8	>>	10.32	-1.32	0.00	9.00	A12	29.00	14.00			14.00	0.094	1.049	120	16.8	6.2
27.00	A13	<<	21.3	<<	14.52	1.47	0.00	15.99	E06	27.00	3.00	TE	7.00	10.00	0.147	1.049	120	21.3	7.9
27.00	A14	>>	38.8	>>	13.57	-0.77	0.00	12.80	A15	27.00	14.00			14.00	0.055	1.610	120	38.8	6.1
27.00	A14	<<	59.4	<<	13.57	2.42	0.00	15.99	E06	27.00	8.00	TE	12.00	20.00	0.121	1.610	120	59.4	9.3
27.00	A15	>>	18.7	>>	12.80	-1.61	0.00	11.19	A16	27.00	14.00			14.00	0.115	1.049	120	18.7	6.9
14.00	D01	>>	330.5	>>	38.89	-1.82	-2.60	34.46	D02	20.00	8.00	GDEC	64.00	72.00	0.025	4.260	120	330.5	7.4
14.00	D01	<<	330.5	<<	38.89	3.55	-2.60	39.84	M04	20.00	100.00	4E	40.00	140.00	0.025	4.260	120	330.5	7.4
20.00	D02	>>	330.5	>>	34.46	-4.00	0.00	30.46	D03	20.00	108.00	5E	50.00	158.00	0.025	4.260	120	330.5	7.4
20.00	D03	>>	330.5	>>	30.46	-0.38	-2.17	27.91	D04	25.00	5.00	E	10.00	15.00	0.025	4.260	120	330.5	7.4
25.00	D04	>>	330.5	>>	27.91	-0.94	0.00	26.97	D05	25.00	27.00	E	10.00	37.00	0.025	4.260	120	330.5	7.4
25.00	D05	>>	330.5	>>	26.97	-2.86	0.00	24.11	D06	25.00	83.00	ET	30.00	113.00	0.025	4.260	120	330.5	7.4
25.00	D06	>>	330.5	>>	24.11	-3.60	0.00	20.51	D07	25.00	112.00	ET	30.00	142.00	0.025	4.260	120	330.5	7.4
25.00	D07	>>	283.9	>>	20.51	-0.10	0.00	20.42	D08	25.00	5.00			5.00	0.019	4.260	120	283.9	6.4
25.00	D07	>>	46.6	>>	20.51	-1.16	-0.87	18.49	E01	27.00	3.00	ET	12.00	15.00	0.077	1.610	120	46.6	7.3
25.00	D08	>>	219.9	>>	20.42	-0.10	0.00	20.32	D09	25.00	8.00			8.00	0.012	4.260	120	219.9	4.9
25.00	D08	>>	64.0	>>	20.42	-2.78	-0.87	16.77	E02	27.00	8.00	ET	12.00	20.00	0.139	1.610	120	64.0	10.1
25.00	D09	>>	174.0	>>	20.32	-0.02	0.00	20.30	D10	25.00	3.00			3.00	0.008	4.260	120	174.0	3.9
25.00	D09	>>	45.9	>>	20.32	-1.13	-0.87	18.32	E03	27.00	3.00	ET	12.00	15.00	0.075	1.610	120	45.9	7.2
25.00	D10	>>	80.7	>>	20.30	-0.02	0.00	20.28	D11	25.00	12.00			12.00	0.002	4.260	120	80.7	1.8
25.00	D10	>>	93.2	>>	20.30	-4.74	-0.87	14.69	E04	27.00	5.00	TE	12.00	17.00	0.279	1.610	120	93.2	14.7
25.00	D11	>>	80.7	>>	20.28	-3.42	-0.87	15.99	E06	27.00	4.00	TE	12.00	16.00	0.214	1.610	120	80.7	12.7
27.00	E04	>>	72.4	>>	14.69	-1.57	0.00	13.12	E05	27.00	9.00			9.00	0.175	1.610	120	72.4	11.4
6.00	M01	>>	330.5	>>	48.17	-0.07	-2.60	45.50	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	330.5	3.3
6.00	M01	<<	330.5	<<	48.17	0.83	2.60	51.61	U01	0.00	155.00	2EGT	81.13	236.13	0.004	6.020	140	330.5	3.7
12.00	M02	>>	330.5	>>	45.50	-1.81	-3.47	40.22	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	330.5	3.3
20.00	M03	>>	330.5	>>	40.22	-0.38	0.00	39.84	M04	20.00	62.00	3E	42.00	105.00	0.004	6.357	120	330.5	3.3

8/29/94



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION)
ALC. #3 (1ST FLOOR ROOF)
RICK N.J07824

ob Number: 3080
3/14/94

8/08/94

FITZPATRICK & ASSOCIATES, INC.
P.O. BOX 1408 EATONTOWN, NEW JERSEY 07724
1115 PINEBROOK ROAD TINTON FALLS, NEW JERSEY 07724

PHONE (908) 542-6100
FAX (908) 542-8772

TO: OCEAN COUNTY ELEC. INSPECTION
239 WASHINGTON STREET
TOMS RIVER, NJ 08754

LETTER OF TRANSMITTAL

SHEET NO. 1

DATE	JOB NO.
4/5/95	9309

ATTN: BOB KOCHES

RE: **OCEAN NURSING PAVILION**

FILE ☐ DAILY ☐ FIELD ☐

QUAN	CATEGORY	TYPE	DWG NO	DESCRIPTION	STATUS	F#	REMARKS
1	FOOD SERVICE EQUIP	SD	KE-3 REV 2	FOOD SERVICE ELECTRICAL ROUGH-IN PLAN	AS		APPROVED BY MURPHY ENGINEERS 08/10/94

REF: BLOCK # 1170
LOT # 18.02 - 18.03
OCEAN NURSING PAVILION
415 JACK MARTIN BLVD.
BRICK, NJ
ELEC. SUBCODE PERMIT # 2281
BUILDING PERMIT # 018-94

AD = ADMINISTRATIVE DOCUMENT PD = PRODUCT DATA SD = SHOP DRAWING SA = SAMPLE MU = MOCK-UP (FIELD) MI = MISC ITEM
AN = APPVD AS NOTED AN/RFR = APPVD AS NOTED/RESUBMIT FOR RECORD AN/RS = APPVD AS NOTED/RESUBMIT FOR FINAL APPROVAL
AS = APPRVD AS SUBMITTED CORD = ISSUED FOR COORDINATION CORD/R = ISSUED FOR COORD/RESPONSE REQD N/A = SEE REMARKS
NAT = NO ACTION TAKEN NAT/RS = NO ACTION TAKEN/RESUB NR = NOT REVIEWED PRCG = ISSUED FOR PRICING PRELM = PRELIMINARY
PREL/R = PRELIM DOC/RESPONSE REQD REJ = REJECTED/DO NOT RESUB REC = RECORD RFC = RETD FOR CORREC RV/RS = REVISE&RESUB
FYA = FOR YOUR ACTION SFA = SUBMITTED FOR APPROVAL OR REPLY

REMARKS

COPY TO TOWNSHIP OF BRICK / ARTHUR CIERZO

SIGNED

SECURITY
ELEVATOR
COMPANY

201 South Gulph Road
P.O. Box 62010
King of Prussia, PA 19406
Phone (610) 992-8180
Fax (610) 992-8182

March 8, 1995

Mr. Frank Marinello
290 Frank Applegate Rd.
Jackson, NJ 08527

Re: Ocean Nursing Pavilion
415 Jack Martin Blvd.
Brick, NJ

Dear Frank,

I have been in conversation with Mr. Jim Murphy from Murphy Engineering. He has advised that they wish to remove the fire service from the new elevators in the subject project. In accordance with his request, he has advised that revised signed and sealed drawings are required which do not show the fire service. We are enclosing those drawings. If this is acceptable, please advise us and we will remove the necessary signal fixture equipment.

Should you have any questions, please feel free to call.

Regards,

Dale D. Goodman

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

March 14, 1995

Mr. Frank Marinello
290 Frank Applegate Road
Jackson, NJ 08527

Re: Ocean Nursing Pavilion

Dear Mr. Marinello:

In accordance with BOCA National Building Code, 1993 which is part of the Uniform Construction Code of the State of New Jersey, and in particular Section 3006.0 Elevator Operation, Paragraph 3006.2 Emergency Operation, the decision has been made not to require Fire Recall.

In accordance with the letter of March 8, 1995 from Security Elevator Company, please review, approve and process the elevator drawings provided to you.

For your purposes we are providing you with the text of Paragraph 3006.2 Emergency Operation:

"All automatic operation elevators having a travel distance of 25 feet (7620 mm) or more above or below the main floor or other level of a building that is intended to serve the needs of emergency personnel for fire-fighting or rescue purposes shall be equipped with elevator emergency operation in accordance with ASME A17.1 listed in Chapter 35."

This project has no elevator that has a travel distance of 25 feet or more above the main floor or a travel distance of 25 feet or more below the main floor. As such, the provisions of Paragraph 3006.2 exclude these elevators from Fire Recall.

If you have any questions, please contact DCA immediately since we need this matter resolved at once.

Very truly yours,

James F. Murphy, P.E., President
For:
JAMES F. MURPHY ENGINEERS, INC.

JFM:jmp
Copy to: Barry Brommer, Architect
Paulina Caploon - Elevator Subcode Official
Arthur J. Cierzo, Brick Township Construction Official
Fitzpatrick & Associates
Gary Kamp - MCOC

DEVICE NUMBER												
TYPE OF INSPECTION/TEST												
	S	U	S	U	S	U	S	U	S	U	S	U
D. ESCALATOR/MOVING WALKS												
1. Stair Treads												
2. Balustrade												
3. Shear Points Protection												
4. Emergency Stop Switches												
5. Steps, Rollers & Tracks												
6. Chains & Sprockets												
7. Safety Devices												
8. Kiosk or Walkway												
9. Comb Plates												
10. Clearances												
11. Handrail												
12. Protection of Thrust & Machinery Space												
13. Skirt & Steps Clearance												
14. Machinery Access Space & Lighting												
15. Escalator Brakes												
16. Machine/Brakes/Gears/Motor												
17. Starting & Switch												
18. Speed Governor												
19. Roller Shutter Device												
20. Signs												
21. Step Lighting												
22. Tests												
23.												

E. TESTS	TRACTION ELEVATOR DEVICES						
1. Car Registration Number							
2. Car Rated Speed							
3. Car Speed							
4. Tripping Speed							
5. Capacity							

HYDRO ELEVATOR DEVICES	1	2	3			
1. Car Registration Number						
2. Working Pressure	370	380	380			
3. Relief Pressure	460	440	460			
4. Capacity	4500	2100	4500			
5. Tags						

3 PASS. HYDROS. DOVER ACCEPTANCE TESTS NOTEMP CERTIFICATE ISSUED. 2/23/95 ← Temp-3 deg Certificate issued 3/21/95.

UNSATISFACTORY CONDITIONS/CODE INFRACTIONS:

#1, 2, 3, INSTALL TELEPHONES IN CABS. OK 3/21/95.

#1, 2, 3, INSTALL SMOKE DETECTORS TOP OF SHAFT, MOTOR ROOMS, AT EACH LANDING. Fire Service Reported on Jan Murphy.

#1, 2, 3, INSTALL HEAT DETECTORS TOP OF SHAFT, MOTOR ROOM, AND TEST SHUNT TRIP SWITCH OK. 3/21/95

#1, 2, 3. INSTALL HEAT DETECTORS TOP OF SHAFT, MOTOR ROOM, AND TEST SHUNT TRIP SWITCH.

ACTION TAKEN:

#1, 2, 3, CHECK SAFTEY EDGE OVERRIDE ON PHASE 1. Fire Service Reserved.

#1, 2, 3. PATCH HOLES IN SHAFTS not Done 3/21/95.

COMMENTS OR RECOMMENDATIONS:

#1, 2, 3, REMOVE TEMP WIRES IN SHAFT & M.R. OK. 3/21/95.

#1, 2, 3. INSTALL METAL COVER OVER SUMP HOLE IN PIT. OK-3/21/95

#2. INSTALL GUARD OF SUFFICIENT STRENGTH BACK OF CAB OK. 3/21/95

FRANK MARINELLO 5933 N.J. Frank Marinello

Inspector's Name and Lic. No. Inspector's Signature

ELEVATOR INSPECTION

Name: Ocean Nursing Pavillion
Address: Jack Martin Blvd.
Town/State/Zip: Brick, N.J. 08724
BUILDING REGISTRATION NO: NEW BUILDING NOT REGISTERED

TYPE OF INSPECTION/TEST: 1 = FA, 2 = 6 Mo, 3 = 1 Yr, 4 = 3 Yr, 5 = 5 Yr, 6 = Reinsp, 7 = Alteration
Pass 3 Fail

DATE 2/23/95

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

Ocean Nursing Pavillion (DEVICE NUMBER)
Jack Martin Blvd.
Brick, N.J. 08724 (TYPE OF INSPECTION/TEST)

	1 (1)		2 (1)		3 (1)							
	S	U	S	U	S	U	S	U	S	U	S	U
A. MACHINE ROOM & MACHINE ROOM EQUIPMENT												
1. Enclosure/Lighting/Vents		✓		✓		✓						
2. Machine/Brake/Gears/Motor	NA		NA		NA							
3. Hydro Power Motor Unit	✓		✓		✓							
4. Motor Generator Set/SCR Drive	NA		NA		NA							
5. Controller/Selector	✓		✓		✓							
6. Governor(s)	NA		NA		NA							
7. Relief & Check Valves	✓		✓		✓							
8. Fused Disconnect	✓		✓		✓							
9. Oil/Hydro Fluid, Leaks, Level	✓		✓		✓							
10. Hydro Fluid Hoses or Pipe	✓		✓		✓							
11. Seals, Plates, Labels, Unit ID	✓		✓		✓							
12.												
B. ELEVATOR CAR AND COUNTERWEIGHT												
1. Car Enclosure/Platform/Sling/Flooring	✓		✓			✓						
2. Guide Shoes/Rollers	✓		✓		✓							
3. Car Gate/Door/Accessories	✓		✓		✓							
4. Car Gate or Door Operator	✓		✓		✓							
5. Car Lighting/Standard & Emergency	✓		✓		✓							
6. Rope Hitches/Platen Hitch	✓		✓		✓							
7. Top-of-Car Operating Station/Stop Switch	✓		✓		✓							
8. Car Operating Station/Stop Switch/Indicators	✓		✓		✓							
9. Emergency Signals & Communication		✓		✓		✓						
10. Emergency Exits/Top/Side	✓		✓		✓							
11. Car Safeties & Accessories	NA		NA		NA							
12. Seals, Plates & Labels	✓		✓		✓							
13. Phase I – Fire Service		✓		✓		✓						
14. Phase II – Fire Service		✓		✓		✓						
15.												
16.												
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT												
1. Enclosure		✓		✓		✓						
2. Door, Closers & Accessories	✓		✓		✓							
3. Door Interlocks/Emergency Key/Access Keys	✓		✓		✓							
4. Guide Rails: Main & Counterweight	✓		✓		✓							
5. Switches and Cams	✓		✓		✓							
6. Pit/Stop Switch/Light/Ladder	✓		✓		✓							
7. Counterweight Guard	NA		NA		NA							
8. Buffers: Spring or Oil	✓				✓							
9. Ropes: Hoist, Governor, Cwt. Compensating Tail	NA		NA		NA							
10. Traveling Cable and Wiring	✓		✓		✓							
11. Plunger, Cylinder and Gland	✓		✓		✓							
12. Governor Rope Tension Sheave & Assembly	NA		NA		NA							
13. Compensating Sheave or Chain	NA		NA		NA							
14. Clearances and Runby	✓		✓		✓							
15. Seals, Plates and Labels	✓		✓		✓							
16. Hall Station/Hall Position Indicator (if required)	✓		✓		✓							
17. Car Door Reopening Device(s)	✓		✓		✓							
18.												

SECURITY ELEVATOR COMPANY
SINCE 1908

1640 Fairmount Avenue
Philadelphia, PA 19130
(215) 236-7040

2575

TO FRANK MARINELLO
290 FRANK APPLEGATE RD
JACKSON, N.J. 08527

DATE SEPT. 23, 1994

SUBJECT OCEAN NURSING PAVILION, BRICK, N.J.

FRANK

ATTACHED HEREWITH FOUR (4) PRINTS EACH OF ELEVATOR LAYOUTS # 94008, 94009, & 94010, REVISED, SIGNED & SEALED.

WE ASK YOU TO COMPLETE FORMS SENT EARLIER & SEND COPY OF EACH TO US.

PLEASE ADVISE FEES & IF ANYTHING ELSE IS REQUIRED.

THANK YOU

SIGNED GEORGE H. MOORE

RETURN TO

please reply here

DATE 19

SIGNED

TO WRITE MESSAGE
WRITE MESSAGE IN UPPER HALF. REMOVE PART 2 FOR YOUR FILE.
PLACE REST OF SET IN #9 ENVELOPE. PART 3 WILL BE RETURNED WITH REPLY.

TO SEND REPLY
WRITE REPLY IN BOTTOM HALF. RETAIN SHEET 1 FOR YOUR FILE.
PLACE LAST SHEET IN #9 WINDOW ENVELOPE.

003 D

SECURITY ELEVATOR COMPANY
SINCE 1908

1640 Fairmount Avenue
Philadelphia, PA 19130
(215) 236-7040

2572

TO TOWNSHIP OF BRICK
DIVISIONS OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, N.J. 08723

DATE AUGUST 19, 1994

SUBJECT OCEAN NURSING PAVILION
BRICK, N.J. 08724

ATTACHED HEREWITH ARE FORMS F-150, & F190A. FILLED IN WITH INFORMATION AVIALABLE.

ALSO ATTACHED ARE FOUR (4) PRINTS OF EACH ELEVATOR LAYOUT, # 94008, 94009, & 94010, SIGNED & SEALED BY A N.J.P.E.

WE ASK YOU, TO COMPLETE FORMS F-150, AND SEND COPIES TO US

PLEASE ADVISE FEES & IF ANYTHING ELSE IS REQUIRED.

CAN THE ABOVE BE DONE A.S.A.P.?

THANK YOU

SIGNED GEORGE H. MOORE

RETURN TO

please reply here

DATE 19

SIGNED

TO WRITE MESSAGE
WRITE MESSAGE IN UPPER HALF. REMOVE PART 2 FOR YOUR FILE.
PLACE REST OF SET IN #9 ENVELOPE. PART 3 WILL BE RETURNED WITH REPLY.

TO SEND REPLY
WRITE REPLY IN BOTTOM HALF. RETAIN SHEET 1 FOR YOUR FILE.
PLACE LAST SHEET IN #9 WINDOW ENVELOPE.

003 D

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

March 14, 1995

Mr. Frank Marinello
290 Frank Applegate Road
Jackson, NJ 08527

Re: Ocean Nursing Pavilion

Dear Mr. Marinello:

In accordance with BOCA National Building Code, 1993 which is part of the Uniform Construction Code of the State of New Jersey, and in particular Section 3006.0 Elevator Operation, Paragraph 3006.2 Emergency Operation, the decision has been made not to require Fire Recall.

In accordance with the letter of March 8, 1995 from Security Elevator Company, please review, approve and process the elevator drawings provided to you.

For your purposes we are providing you with the text of Paragraph 3006.2 Emergency Operation:

"All automatic operation elevators having a travel distance of 25 feet (7620 mm) or more above or below the main floor or other level of a building that is intended to serve the needs of emergency personnel for fire-fighting or rescue purposes shall be equipped with elevator emergency operation in accordance with ASME A17.1 listed in Chapter 35."

This project has no elevator that has a travel distance of 25 feet or more above the main floor or a travel distance of 25 feet or more below the main floor. As such, the provisions of Paragraph 3006.2 exclude these elevators from Fire Recall.

If you have any questions, please contact DCA immediately since we need this matter resolved at once.

Very truly yours,

James F. Murphy, P.E., President
For:
JAMES F. MURPHY ENGINEERS, INC.

JFM:jmp
Copy to: Barry Brommer, Architect
Paulina Caploon - Elevator Subcode Official
Arthur J. Cierzo, Brick Township Construction Official
Fitzpatrick & Associates
Gary Kamp - MCOC

Barry Brommer RA
THE BROMMER GROUP
#08121

SECURITY ELEVATOR COMPANY

201 South Gulph Road
P.O. Box 62010
King of Prussia, PA 19406
Phone (610) 992-9180
Fax (610) 992-8182

March 8, 1995

Mr. Frank Marinello
290 Frank Applegate Rd.
Jackson, NJ 08527

Re: Ocean Nursing Pavilion
415 Jack Martin Blvd.
Brick, NJ

Dear Frank,

I have been in conversation with Mr. Jim Murphy from Murphy Engineering. He has advised that they wish to remove the fire service from the new elevators in the subject project. In accordance with his request, he has advised that revised signed and sealed drawings are required which do not show the fire service. We are enclosing those drawings. If this is acceptable, please advise us and we will remove the necessary signal fixture equipment.

Should you have any questions, please feel free to call.

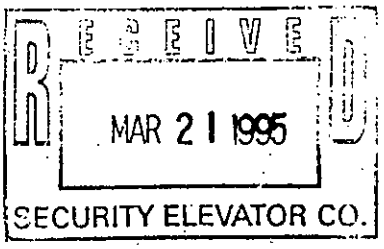
Regards,

Dale D. Goodman

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

March 20, 1995



Mr. Dale Goodman
Security Elevator
201 S. Gulph Road
King of Prussia, PA 19406

Re: Ocean Nursing Pavilion

Dear Dale:

Forwarded herewith via Federal Express is a Permit Update which must be filled out and forwarded to Frank Marinello immediately in order not to delay the project.

Very truly yours,

James F Murphy jm

James F. Murphy, P.E., President
For:
JAMES F. MURPHY ENGINEERS, INC.

JFM:jmp
Encl.

FRANK!
ATTACHED IS EXECUTED FORM. IF THERE IS A PROBLEM, PLEASE CONTACT ME.

SECURITY ELEVATOR CO.
HERB LORENZ

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

OFFICE OF:

(908) 477-3000

FACISIMILE CORRESPONDENCE

(908) 920-4850

DATE 1/4/94 TO FAX NO. 223-6157 PAGES TO FOLLOW 1

TO Mildred

ATTN Medical Center of Ocean City

FROM Tom Golden

MESSAGE B.T. Building Dept

Tina Lenas

FITZPATRICK & ASSOCIATES, INC.
P.O. Box 1408
EATONTOWN, NEW JERSEY 07724

(908) 542-6100
FAX (908) 542-8772

LETTER OF TRANSMITTAL

TO BUILDING DEPARTMENT
TOWNSHIP OF BRICK
BRICK, NJ

DATE	9/24/93	JOB NO.	9309
ATTENTION	ART GERTO		
RE:	OCEAN PAVILION NURSING HOME BRICK, NJ		

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			COMPLETE SET STATE APPROVED DRAWINGS
2			COMPLETE SETS OF DRAWINGS
1			BUILDING PERMIT APPLICATION FORM

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS
ATS - THE INDIVIDUAL APPLICATIONS FOR ELECTRIC, MECHANICAL, & FIRE PROTECTION WILL BE FILED SHORTLY

COPY TO _____

SIGNED: Michael Fitzpatrick

If enclosures are not as noted, kindly notify us at once.

TABLE 501

I (2) 11.250 E . 35%
11 250
11 250
3370

200% for Sprinkler.

57,777 = sf Proposed.

Soil Bearing.

TRUSS - CERTIFY: SHOP DRAWING

Bonding BEAM Inspection

TRUSS. (NOT) 89.

SHOP Drawing

Bonding BEAM 85.

HAND RAIL SECT. 825.2.1
PROJECTION.

Elevator Plans.

S. Pinkles.

35721 sqft.
6632
18570
59923

35721
18

8
12196
96

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

UNIFORM CONSTRUCTION CODE
Chapter 23, Title 5

Approval of Part
5.23-2.16 (g)
5:23

permit # 3865-93

OWNER/AGENT Medical Center of O.C.

ADDRESS 455 Jack Martin Blvd

TOWN Brick NJ ZIP 08723

BLOCK 1170 LOT 18.2 & 18.03

☑ FOOTING Only 12/10/93

☑ FOUNDATION

☐ OTHER

OWNER/AGENT PROCEED AT OWN RISK ☑

OWNER/AGENT Peter F. Wojnarski

BUILDING SUB-CODE OFFICIAL [signature] 12/9/93

CONSTRUCTION OFFICIAL [signature] 12/10/93

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

Date 12/8/93

UCC
5:23-2:16
(g) approval of Part.

Subject: Medical Center of O.C.

Block 1170 Lot 18.2 18.03

AFFIDAVIT:

I Ocean Nursing Pav. II, Ltd, Inc. hereby request a temporary building permit to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

Attorney for Applicant John Paul Doyle 12/10/93 Date

12/7/93 Pastel
Twp. Engineer or Ass't. Engineer Date

Peter Fiduccia

12/6/93 S. Kenning
Zoning Officer Date
Zoning Department

(Soil Boring) as per inspection of 12/10/93

12/9/93
Building Inspector Date
Building Department

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1040
Fax: (908) 920-4850

October 1, 1993

Fitzpatrick & Associates, Inc.
Michael Hintz
1115 Pine Brook Rd
Tinton Falls, NJ 07724

Re: Block 1170, Lot 18.2 & 18.3
425 Jack Martin Blvd
MCOC Nursing Home

Dear Mr. Hintz:

Your application for zoning approval for a construction permit for the nursing home on the referenced property is denied because the site plan has not yet been signed by the Planning Board.

Very truly yours,

Sean Kinnevy
Zoning Officer

cc: Scott MacFadden, BusAdm
Arthur Cierzo, Con Official
Div of Inspections

Thomas Golden
VP for Planning
OHS
1 River Rd
Suite 201
Brick 08730
FAX 223-6157

OK
12/6

FITZPATRICK & ASSOCIATES, INC.

BUILDERS AND CONSTRUCTION MANAGERS

March 6, 1995

Township Building Department

ATTN: Mr. Ken Korkowski
Mr. Art Glenn

RE: Ocean Nursing Pavilion
Our Job #9309

Gentlemen:

As we progress towards completion of the above referenced project, the Medical Center has requested permission to commence with the final cleaning and furniture deliveries within the building with their own personnel prior to the issuance of a formal C.O.

In addition they would also like the opportunity to begin staff training sessions on or about 3/8/95. It is understood that Medical Center personnel will be allowed in the building during normal working hours only, and no patients will be seen until after both state and local inspections have been completed.

The facility is currently in a state of substantial completion as we continue to finalize all "life safety components" we would like to schedule the final C.O. inspections for 3/20/95.

As previously discussed, I would like to schedule a walk-through with you prior to 3/8/95 to finalize any further requirements.

If this request is in order, please contact me to set up a meeting at (908) 840-8380 or beep me at (908) 633-4141.

Thank you for your anticipated cooperation.

Very truly yours,

FITZPATRICK & ASSOCIATES, INC.

Scott Kellerman (sac)

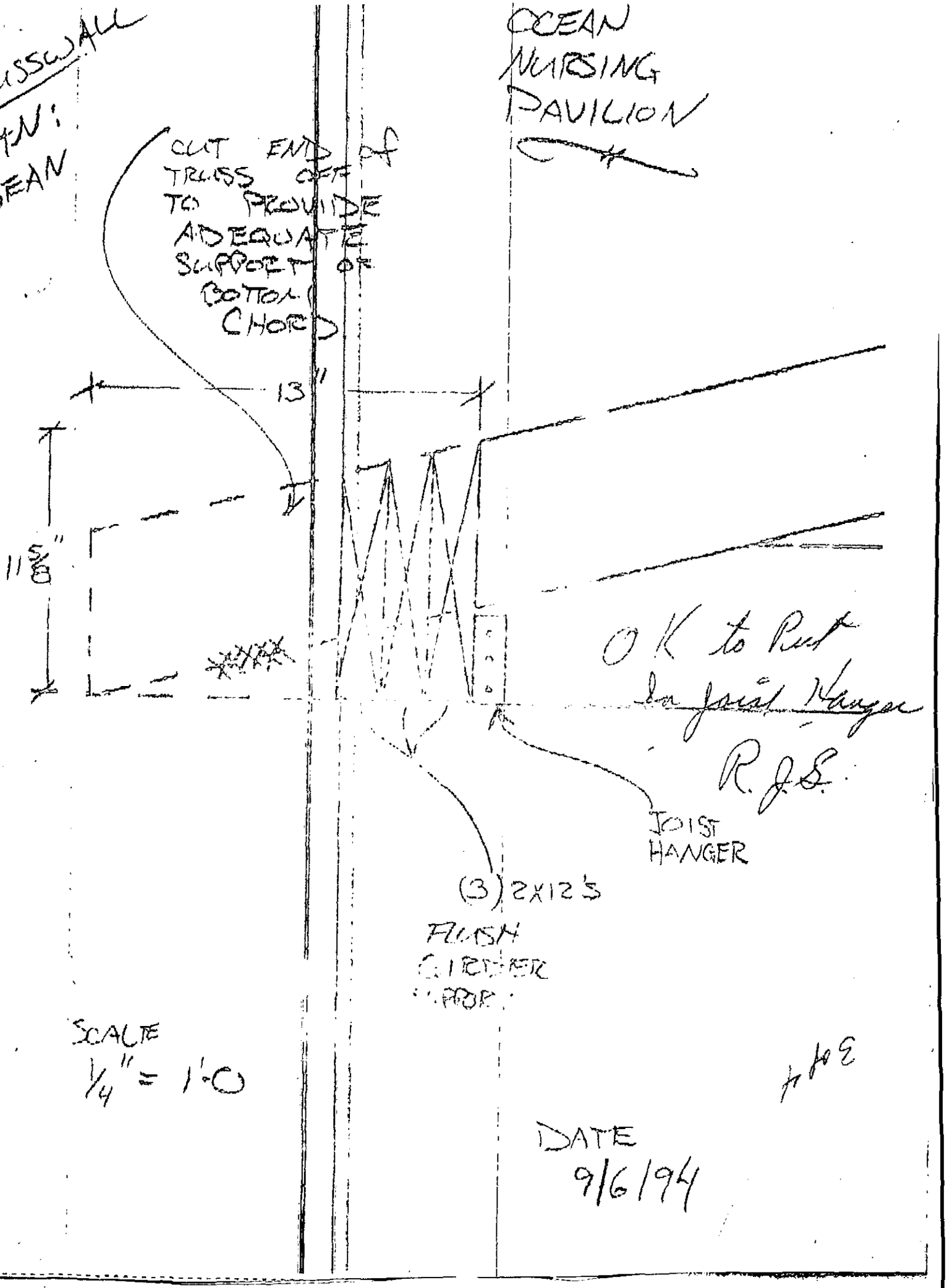
Scott Kellerman
Project Manager

SK/sac
cc: Joseph Pandozzi
File, Daily, Jobsite

P O Box 1408 • Fatontown, N J 07724 • (908) 542-6100 • FAX (908) 542-8772

TRUSSWALL
ATTN: DEAN

OCEAN NURSING PAVILION



SCALE
1/4" = 1'-0

DATE
9/6/94

FIELD ALTERATION-REPAIR DETAIL

GENERAL NOTES

1) This detail is to be used in conjunction with the truss design shown on truswal drg. # H193M011-76. All notes, loading and spacing requirements, lumber and plate size specifications, bracing requirements, etc. shown on the original drawing are applicable unless otherwise indicated in this drawing.

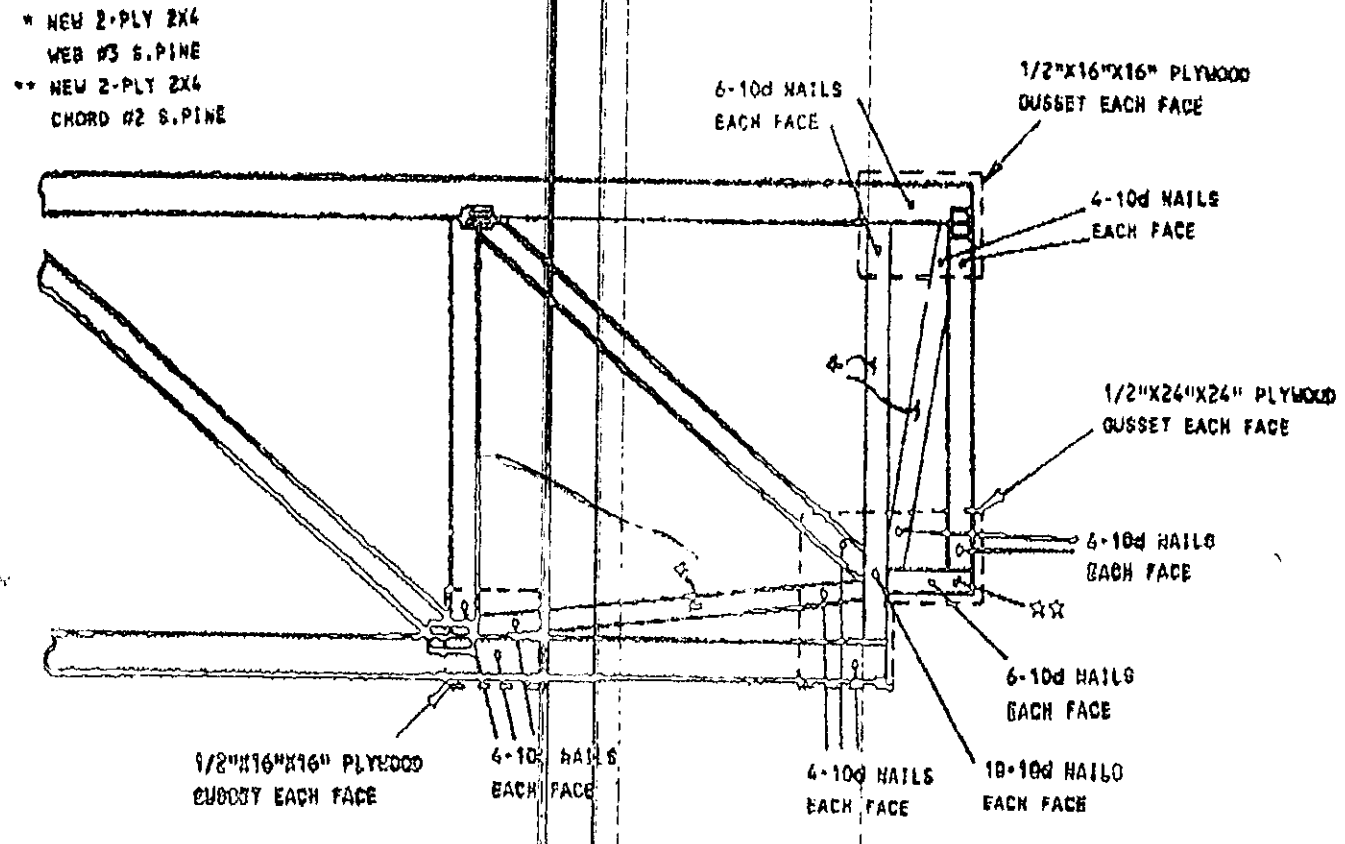
2) Unless othorwise noted all plywood gussets are to be 1\2" APA Rated Sheathing, Exposure 1, having a span rating of 32\16 and are to be applied both faces of the truss, attach with a construction adhesive and 10d common nails of quantity and location shown below, all nail are to be driven thru the plywood, the truss, and the plywood and then clinched creating a double shear condition.

3) All lumber gussets, scabs, or reinforcing members are to be the same size, species and grade as the truss member to which they are applied.

4) All bolts shall conform to ANSI\ANSE Standard B18.2.1-1981 and shall be used with washers placed between both the bolt head the nut and the wood. Bolt holes shall be a minimum of 1\32" and a maximum of 1\16" larger than the specified bolt diameter.

CONDITION: THIS 2-PLY TRUSS NEEDS A 12"X12" BEAM POCKET ON THE RIGHT END AS SHOWN.

CORRECTION: CUT BOTTOM CHORD AND WEBS TO PROPER LENGTH. ADD NEW 2X4 S.PINE MEMBERS AS SHOWN. ATTACH NEW MEMBERS WITH 1/2" PLYWOOD GUSSETS APPLIED WITH GLUE AND 10d NAILS AS SHOWN.



JOB: TIMPLEX	TRUSS ID: H193M011-76
DRG: H242M007	DATE: 8-30-94

TRUSWAL SYSTEMS TRUSWAL SYSTEMS CORPORATION

TOTAL P.01

FIELD ALTERATION-REPAIR DETAIL

GENERAL NOTES

1) This detail is to be used in conjunction with the truss design shown on Truswal drg. # K193M011-50. All notes, loading and spacing requirements, lumber and plate size specifications, bracing requirements, etc. shown on the original drawing are applicable unless otherwise indicated in this drawing.

2) Unless otherwise noted all plywood gussets are; to be 1\2" APA Rated Sheathing, Exposure 1, having a span rating of 32\16 and are to be applied both faces of the truss, attach with a construction adhesive and 10d common nails of quantity and location shown below, all nail are to be driven thru the plywood, the truss, and the plywood and then clinched creating a double shear condition.

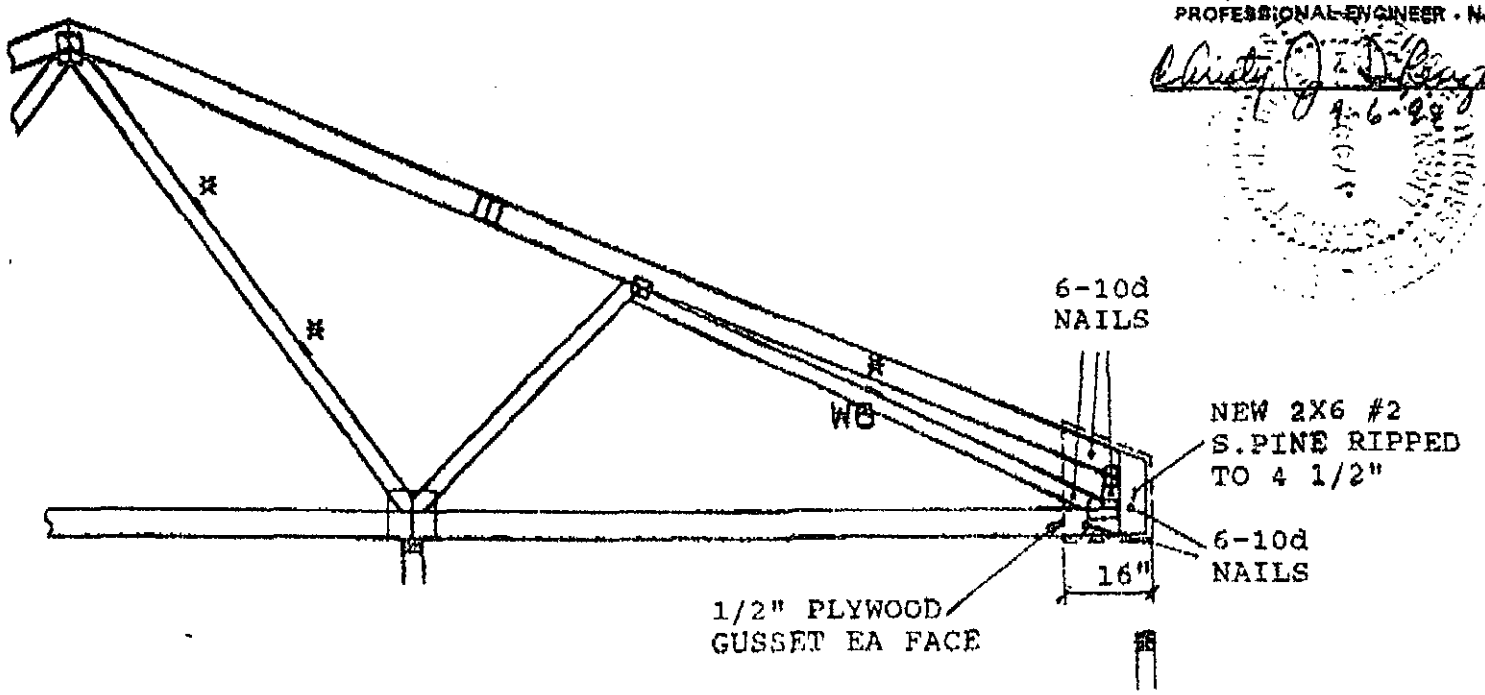
3) All lumber gussets, scabs, or reinforcing members are to be the same size, species and grade as the truss member to which they are applied.

4) All bolts shall conform to ANSI\ANSE Standard B18.2.1-1981 and shall be used with washers placed between both the bolt head the nut and the wood. Bolt holes shall be a minimum of 1\32" and a maximum of 1\16" larger than the specified bolt diameter.

CONDITION: TRUSS NEEDS TO BE 4 1/2" LONGER ON THE RIGHT END.

CORRECTION: ADD A 2X6 #2 S.PINE END VERTICAL RIPPED TO 4 1/2" ON THE RIGHT END AS SHOWN. ATTACH NEW VERTICAL WITH 1/2" PLYWOOD GUSSETS APPLIED WITH GLUE AND 10d NAILS AS SHOWN BELOW.

TRUSWAL SYSTEMS CORPORATION
Christy J. DiRenzo Cert. # 37992
PROFESSIONAL ENGINEER - NJ



JOB: TIMPLEX	TRUSS ID: H193M011-50	
DRG: H249M004	DATE: 9-6-94	

SMITH® JAY R. SMITH MFG. CO.
POST OFFICE BOX 3237
MONTGOMERY, ALABAMA 36193-2201 (USA)
205-277-8529 TELEX • 782396
MEMBER

LOCATION
FAX
840-6453

GREASE INTERCEPTORS

GREASE INTERCEPTOR WITH AUTOMATIC DRAW-OFF

FUNCTION: Used in all areas where grease, oil and fats must be intercepted and collected. Unique automatic draw-off design permits removal of accumulated grease without cover removal. When specific directions are followed, accumulated grease in liquid form is discharged through the automatic draw-off piping and conveniently disposed of. This design eliminates the messy cleaning job which must be done in ordinary types of interceptors.

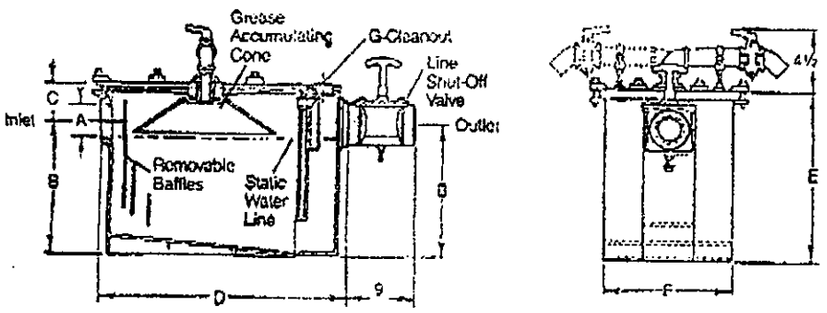


Fig. 8010-GT Shown

Fig. No.	GPM Flow Rate	Grease Cap. Lbs.	Inlet and Outlet Size	Dimensions					C.O. Plug Size
				Roughing Dimensions			Body		
				A	B	C	D	Height E	Width F	G
8007-GT	7	14	2	7¾	3¼	16¾	11	10	2
8010-GT	10	20	2	8½	3½	19	12	10¾	2
8015-GT	15	30	2	9½	3¾	21¼	13¼	13	2
8020-GT	20	40	2	12	3½	25	15½	14	2
8025-GT	25	50	3	13	4	28¼	17	15¾	2
8035-GT	35	70	3	15¼	4½	30	19¾	16¾	2
8050-GT	50	100	3	16	5	32½	21	18¼	2
8075-GT	75	150	3	17½	6¾	35½	24¼	20¾	2
LOW TYPE									
8120-GT	20	40	3	7	3½	38½	10½	21¾	2
8135-GT	35	70	3	7	4¾	49½	11¾	27¾	2
8150-GT	50	100	3	10	6	49½	16	27¾	2

REGULARLY FURNISHED:
Steel Interceptor with Gray Duco Coating Inside and Outside with Steel Cone Draw-off Piping and Valve Line Shut-off Valve and Flow Control Fitting.

VARIATIONS:
☐ No Hub Adaptor (Y) 2 Req'd

OPTIONAL MATERIALS:
☐ Acid Resistant Coating Outside
☐ Acid Resistant Coating Inside
☐ Acid Resistant Coating Inside and Outside

REV.	DATE	DESCRIPTION	BY	CKD. BY
C	6-90	Rev table	EMB	
B	3-87	Rev. art & table	CMB	
A	4-24-85	Revised Regularly Furnished	CM	

WEIGHT POUNDS | VOLUME CUBIC FEET | FIGURE NUMBER 8000-GT SERIES

DRAWING NUMBER S8000GT REV. C A NONE VGD PJ

DIMENSIONS ARE SUBJECT TO MANUFACTURERS TOLERANCE AND CHANGE WITHOUT NOTICE.
WE CAN ASSUME NO RESPONSIBILITY FOR USE OF SUPERSEDED OR VOID DATA.

8000-GT SERIES

BRICK TOWNSHIP PLANNING BOARD

PRELIMINARY AND FINAL MAJOR SITE PLAN APPROVAL

RESOLUTION: R-66-92 Page -1-

CASE NO. PB-2056(1995 MS)-PSP/FSP-7/92 October 28, 1992

WHEREAS, the Medical Center of Ocean County, having a mailing address of 2121 Edgewater Place, Point Pleasant, New Jersey 08742, has applied to the Brick Township Planning Board for preliminary and final major site plan approval pursuant to N.J.S.A. 40:55D-46 & 50; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held in the municipal building on October 14, 1992, at which time testimony and exhibits were presented on behalf of the applicant and all interested parties having been heard; and

WHEREAS, the Board makes the following factual findings and findings of law:

1. The property is designated as Lots 18, 18.02 and 18.03, Block 1170 on the municipal tax map.

2. The property is located in the H-S zone.

3. The applicant proposes to construct a 140 bed nursing facility on a 9.44 acre site in the Hospital Support zone. The

Maps Signed 12-6-93

proposed nursing facility is a permitted use and the application requires no variances.

4. The Board's Engineer, T & M Associates, prepared a report to the Board dated August 14, 1992. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference.

5. The following design waivers have been applied for:

Item	Required	Provided
Traffic report	Yes	No
Environmental Impact Statement	Yes	No

6. The applicant's engineer reviewed the report of T & M Associates, and stipulated that the applicant would comply with all comments and requirements in that report. Further, the applicant agreed to comply with the recommendations of the Shade Tree Commission in its report dated August 20, 1992.

7. The Board finds the design waivers applied for may be granted because:

(a) Although a formal traffic report was not submitted, the applicant's traffic engineer provided testimony relative to the operation of this site and its interrelationship with the hospital campus. The expert witness concluded that the on-site parking and circulation patterns will provide safe and

adequate access to the facilities, and that the sharing of the ingress and egress with the hospital onto Jack Martin Boulevard will provide safe access to the nursing home facility.

(b) Considering the development of adjacent properties by the Medical Center of Ocean County or its affiliates, the Board finds that an environmental impact study is unnecessary. The Board has been provided on previous occasions with testimony relative to the development of this area, and it is unnecessary to require a supplemental study to review the impact of this development.

8. The applicant has complied with the requirements of the site plan ordinance and the overall development plan for this property is consistent with the intent and purpose of the municipal development ordinance. Accordingly, the Board finds that the relief requested can be granted without any detriment to the public good and that this development is compatible with the intent and purpose of the municipal zoning ordinance and master plan.

NOW, THEREFORE, BE IT RESOLVED, by the Brick Township Planning Board on this 28th day of October , 1992, that this application be approved subject to the following conditions:

1. The applicant shall comply with all standard Planning Board conditions for site plan approval as set forth on

attachment "A".

2. The applicant shall comply with all representations and agreements made by the applicant or the applicant's representatives during the presentation of this hearing.

3. The applicant shall comply with all conditions proposed in the Board's engineering report of August 14, 1992.

4. The applicant shall submit a deed of easement to the Planning Board Attorney for review and approval to insure the continuance of hospital parking on part of this site and to insure that the development of the remaining portion of this property will not interfere with the site improvements supporting the nursing home facility.

5. The parking area at the southwest corner of the site shall not be used by employees working on shifts between 6 P.M. to 6 A.M.. Employees working on shifts between 6 P.M. and 6 A.M. shall park at the northeast corner of the site (south of the access road to Jack Martin Boulevard).

6. Plantings shall be added to the south of the parking area serving the hospital to discourage pedestrian traffic between the hospital and nursing facility parking lots at the northwest corner of the site (south of the access road to Jack Martin Boulevard). Also, buffer plantings shall be added at the south side of the building. These improvements shall be

subject to the review and approval of the Board Engineer.

7. The traffic control island within the easterly access driveway, as shown on the site plan, may be removed and the applicant shall provide striping in its place in accordance with Brick Township standards.

8. The applicant shall comply with all requirements set forth in the report of the Shade Tree Commission dated August 20, 1992.

MOVED BY: Mrs. Barlo

SECONDED BY: Mr. Wylie

VOTING IN THE AFFIRMATIVE: Mayor Zboyan Mr. Anderson Councilman Cantillo Mr. Heslin Mr. Jordan Mrs. LaDuke Mr. Wylie Mrs. Barlo

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT: Mr. Vespi Mr. Heidrick

CERTIFICATION

I, E. JOAN KULL, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly ADOPTED by the said Planning Board of the Township of Brick at a regular meeting held on the 28th day of October , 1992.

IN WITNESS WHEREOF, I have set my hand this 30th day of October , 1992.

E. JOAN KULL
Clerk of the Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall resubmit this entire proposal for re-approval should there be any deviation from the terms and

conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.