BLOCK 1170 LOT 18, 18.2, 18.2 & 18.3 ADDRESS (SITE) 425 Jack Martin Blvd, Brick, NJ DIALYSIS SUITE 840-5320 PERMIT NO. 3239-94

RECEIVED

OCT 11 1994

DIV. OF INSPECTION

Called 11/9/94

Called 11/9/94

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, NJ
2. Name of Owner in Fee: Medical Center of Ocean County Tel. (908) 223-2103
   Address 2121 Edgewater Place, Point 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, NJ 07724
   License No. OR, if new home, Builder Reg. No. 7068 Exp. Date 4/22/95
   Federal Emp. No. 22-2013709 Social Security No. _____
5. Architect or Engineer Ewing Cole Cherry Brott Tel. (215) 923-2020
   Address 100 North 6th St., Philadelphia, PA 19106
6. Responsible Person In Charge of Work Joe Pandozzi Tel. (908) 542-6100

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 3990.-		
2. Electrical	308.-		
3. Plumbing			
4. Fire Protection	163.-		
5. Other			
6. Subtotal	$ 4461.-		
7. Less 20% for State Plan Review	446.-		
8. Subtotal	$		
9. DCA Training Fee	247.-		
10. Subtotal	$		
11. Cert. of Occupancy	20.-		
12. Other ZPA	$ 11.00		
13. TOTAL	$ 5,189.-		

VI. BUILDING/SITE CHARACTERISTICS

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

DRAWINGS WILL BE SUBMITTED FOR $380 AT A LATER DATE

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	200,000.
6. ☒ Fire Protection	29,000.
7. ☒ Plumbing	80,000.
8. ☒ Electrical	50,000.
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	359,000.-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval / Rejection	Re-viewer
			10/26/94	RC	11/21/94	JC
			10/24/94	JC	11/21/94	JC
			10/27/94	JC	11/21/94	JC
					11/21/94	BR
	10/5/94					

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

LDS BR 10505456

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 us and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other tha single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whol or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; an I further acknowledge that said new home is not covered under the New Home Warranty and Builde Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasin 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 RESPONSIBILIT FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURINC AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRI EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. 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, alteratior renovation, or repair to an existing single family residence owned and occupied by myself and located o the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will b deemed part of, an existing single family residence that is owned and occupied by myself and located o 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 Jerse 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 Stat county, and local prior approvals have been given, including such certification as the construction official may requir

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): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make th 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 Stat county, and local prior approvals have been given, including such certification as the construction official may requir

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Divisi 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.

(XXX) Check if contractor.

Agent Name Fitzpatrick & Associates, Inc.

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

Telephone (908) 542-6100

Signature _____ Date 12/11/94

OFFICE DATE RECEIVED: _____

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							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☐ Other								
☐								
☐								

COMMENTS

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. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. 3239	11/22/94	
☒ Certificate of Approval	No. _____	_____	

CERTIFICATE

Date Issued 11/22/94
Control #
Permit # 3239-94

IDENTIFICATION

Block 1170 Lot 18
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. 08742
Tele. ( )
Contractor Fitzpatrick & Associates, Inc
Address Tinton Falls, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Interior Alteration
4th floor Dialysis Suite

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

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 _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J Cerzo 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 11/22/94
Control #
Permit # 3239-94

IDENTIFICATION

Block 1170 Lot 18
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. 08742
Tele. ( )
Contractor Fitzpatrick & Associates, Inc
Address Tinton Falls, N.J.

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Interior Alteration
4th floor Dialysis Suite

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXX **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 ____________, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cerza [signature]
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A 1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # FEB 27 96 0 0 1 2 6 9
Permit #

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, 18.2, 18, 3
Work Site Location BACK HOSP. - 4TH FLOOR - DIALYSIS AREA
Jack Martin Blvd.
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 2121 EDGEWATER PLACE
PT. PLEASANT, N.J.
Tele. (908) 295-6000
Contractor ELEMAC CONSTRUCTION CORP.
Address P.O. BOX 3126
WEST END, N.J. 07740
Tele. (908) 222-4728
Lic. No. 5130
Federal Emp. No. 21-0689074 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present HOSPITAL Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as HOSPITAL Utility Co.
Est. Cost of Elec. Work $ 10,650 —

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
14		Fixtures (1)	
29		Receptacles (2)	
12		Switches (3)	
55		Total 1 + 2 + 3	—
—	— Kw	Range	—
—	— Kw	Oven(s)	—
—	— Kw	Surface Unit	—
—	— hp	Dishwasher	—
—	— hp	Garbage Disposal	—
—	— Kw	Dryer	—
—	— Kw	A/C Unit	—
—		Burglar Alarms	—
—		Intercoms Panels	—
—		Smoke Detectors	—
—	— hp	Whirlpool/spa	—
—		Pool Bonding	—
—	— hp	Pool Filter Motor	—
—		Pool Lights	—
—	— Kw	Water Heater(s)	—
—	— Kw	Central heat:	
		oil, gas or elec.	—
—	— Kw	Baseboard Heat Units	—
—		Thermostats	—
7	300 MH	Heat ~~Pump~~ PANELS	—
—	— hp	Pump(s)	—
—	— Amp	Motor Control Center/Sub Panels	—
—		Signs	—
—	—	Light Standards	—
—	— hp	Motors—Fractional H.P.	—
—	— hp	Motors—All Others	—
—	— Kw	Transformers	—
—	— Kw	Generators	—
—	— Amp	Service Entrance	—
—	—	Other	—

Paid [X] Check # 0120	Administrative Surcharge	$ —
	Minimum Fee	$ 44.—
FF	DCA Training Fee	$ 6.—
Collected by:	TOTAL FEE	$ 50.—

U.C.C. Form F-120B

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

11-7-94 4th Floor

Buck

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # OCT 21 94 0 0 9 5 6 1
Permit #

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, 18.1, 18.2, 18.3
Work Site Location 925 JACK MARTIN BLVD. BRICK, N.J. C/O 4TH FLOOR -
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 2121 EDGEWATER PLACE
PT. PLEASANT, N.J. 08742
Tele. (908) 223-2103
Contractor ELECTRIC CONSTRUCTION CORP.
Address P.O. BOX 3126
WEST END, N.J. 07740
Tele. (908) 222-9728
Lic. No. 5130
Federal Emp. No. 21-0684074 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present HOSPITAL Proposed renovation
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as HOSPITAL Utility Co. _____
Est. Cost of Elec. Work $ 50,000. —

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 11-22-94
Approved By: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough Partial			11-7-94	#195
Temporary				
Constr. Serv.				
TCO				
Other			11-22-94	
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 11-22-94

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]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
55	31	Fixtures (1)	
93	42	Receptacles (2)	
55	27	Switches (3)	
~~210~~		Total 1 + 2 + 3	68
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
1	100 Amp	~~Motor Control Center~~/Sub Panels	33
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
32	3600	Other HEAT PANELS	____

	Administrative Surcharge	$ _____
Paid [M] Check # 5255	Minimum Fee	$ 101. —
RF	DCA Training Fee	$ 40. —
Collected by: _____	TOTAL FEE	$ 141. —

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

4th Flr.

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-10-94
Control #
Permit # 3239-94

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, 18.1, 18.2, 18.3
Work Site Location BRICK HOSPITAL - 4th FLOOR
425 JACK MARTIN BLVD., BRICK NJ
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 2121 EDGEWATER PLACE
PT. PLEASANT, [redacted] NJ 08742
Tele. (908) 223-2103
Contractor ALLIED FIRE & SAFETY
Address P.O. BOX 607, 517 GREEN GROVE RD.
NEPTUNE, NJ 07754
Tele. (908) 922-3399
Lic. No.
Federal Emp. No. 22-1904087 or Social Security No.

Please call to follow

B. FIRE PROTECTION CHARACTERISTICS

Use Group · Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ #29,000 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 10/24/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source EXISTING
Method of Valve Supervision TAMPER SWITCH
Local Alarm Supervision WATER FLOW SWITCH
Central Supervision EXISTING
Proprietary Supervision EXISTING

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	140	163
Dry Sprinkler Heads	—	
TOTAL	140	
Smoke Detectors	—	
Heat Detectors	—	
TOTAL	—	
Stand Pipes	—	
Kitchen Hood Exhaust Systems	—	
Pre-Engineered Systems	—	
CO_2 Suppression		
Halon Suppression	—	
Foam Suppression	—	
Dry Chemical	—	
Wet Chemical	✓	
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 163
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

UCC FORM F-140 B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy PRO 205 B

4th FL

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received
Date Issued 11-10-94
Control #
Permit # 3239-94

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, 18.1, 18.2, 18.3
Work Site Location BRICK HOSPITAL - 4th FLOOR
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 ALLIED FIRE & SAFETY
Address P.O. BOX 607, 517 GREEN GROVE RD.
NEPTUNE, NJ 07754
Tele. (908) 922-3399
Lic. No.
Federal Emp. No. 82-1904087 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed Returned Certificate
Constr. Class. Present ______ Proposed On Sp
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ $29,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 10/24/94
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 11/21/94
Approved by:

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Suppression Test	11/4/94 (struck)		11/2/94	
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source EXISTING
Method of Valve Supervision TAMPER SWITCH
Local Alarm Supervision WATER FLOW SWITCH
Central Supervision EXISTING
Proprietary Supervision EXISTING

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	140	
Dry Sprinkler Heads	—	
TOTAL	140	163
Smoke Detectors	—	
Heat Detectors	—	
TOTAL	—	
Stand Pipes	—	
Kitchen Hood Exhaust Systems	—	
Pre-Engineered Systems	—	
CO_2 Suppression		
Halon Suppression	—	
Foam Suppression	—	
Dry Chemical	—	
Wet Chemical	—	
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 163
Paid [ ] Check # ______ Minimum Fee $
DCA Training Fee $
Collected by: ______ TOTAL FEE $

UCC FORM F-140 B 1 White = Inspector Copy 2 Canary = Office Copy *3 Pink = Office Copy* 4 Gold = Applicant Copy **PRO 205 B**

DATE	JOB CONDITION / COMMENTS

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

RECEIVED
OCT 25 1994

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, 18.1, 18.2, & 18.3
Work Site Location 425 Jack Martin Blvd, Brick NJ

Owner in Fee Medical Center of Ocean County
Address 2121 Edgewater Place
Pt. Pleasant, N.J. 08742
Tele. (908) 223-2123
Contractor
Address

Tele. (___)
Lic. No.
Federal Emp. No. ______ or Social Security No. ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class. Present 1B Proposed 1B
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 28,000 00 [ ] Other

JOB SUMMARY (Office Use Only)

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

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

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 ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-10-94
Control #
Permit # 3239-94

Alteration to 4th floor - Dialysis Suite

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, 18.1, 18.2, 18.3
Work Site Location 425 Jack Martin Blvd., Brick, NJ

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

Tele. (908) 223-2103
Contractor Blocker Corp.
Address 343 Snyder Ave., Berkeley Heights, NJ 07922

Tele. (908) 464-3003
Lic. No. 01893
Federal Emp. No. 22-0776670 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size 4" Public Sewer X Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 80,000.00

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 [ ] CSO [X] CA
Approved By:
Date: 11/21/94

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			11/16/94	DBS
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

[XX] 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	
3	Lavatory	21
1	~~Shower~~ mop receptor	7
3	Floor Drain	21.
8	Sink	56.
	Dishwasher	
2	Drinking Fountain	14.
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	25
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	~~Active Solar System~~ Rent	10
22	Other Dialysis Boxes	154
		$308.-

Administrative Surcharge $
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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, 18.1, 18.2, 18.3
Work Site Location 425 Jack Martin Blvd., Brick, NJ

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

Tele. (908) 223-2103
Contractor Blocker Corp.
Address 343 Snyder Ave., Berkeley Heights, NJ 07922

Tele. (908) 464-3003
Lic. No. 01893
Federal Emp. No. 22-0776670 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size 4" Public Sewer X Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 80,000.00

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

[XX] Licensed Plumbing Contractor [ ] Exempt Applicant

Alteration to 4th floor Dialysis Suite

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
3	Lavatory	21
1	~~Shower~~ mop receptor	7
3	Floor Drain	21.
8	Sink	56.
	Dishwasher	
2	Drinking Fountain	14.
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	25
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	~~Active Solar System~~ N/A	70
22	Other Dialysis Boxes	154

Administrative Surcharge $ $308.-
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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-10-94
Control #
Permit # 3239-94

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, 18.1, 18.2 & 18.3
Work Site Location 425 Jack Martin Blvd., Brick, NJ

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

Tele. (908) 223-2103
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
[ ] No Plans Req.		
[X] All	10/24/94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 10-25-94		
Approved By: J. Chusler		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present 1B Proposed 1B
No. of Stories n/a
Height of Structure n/a Ft.
Area—Largest Floor 5,000 Sq. Ft.
New Bldg. Area/All Floors n/a Sq. Ft.
Volume of New Structure n/a Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 200,000.00
3. Total (1+2) $ 200,000.00

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

Alterations to existing Fourth Floor of the Brick Hospital for new Renal Dialysis Suite.

Plans under table

TYPE OF WORK:
[ ] New Building
[ ] Addition
[XX] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/19/94
Date Issued
Control #
Permit # 2599-94

COMMERCIAL

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 18.5

Work Site Location 425 JACK MARTIN BLVD. BRICK, N.J.

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY

Address 425 JACK MARTIN BLVD BRICK, N.J.

Tele. (908) 840-3320

Contractor FITZPATRICK & ASSOCIATES

Address 1115 PINEBROOK RD. TINTON FALLS, N.J. 07724

Tele. (908) 542-6100

Lic. No. or Bldrs. Reg. No. 2278

Federal Emp. No. _____ 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

PARTIAL DEMO OF 4TH FLOOR (SOUTH WING) OF BRICK HOSPITAL

* SEE PLANS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	DEMO 9/14/94	AA
[ ] 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				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [X] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$

Paid [ ] Check # _____
Collected by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed _____
Constr. Class	Present _____	Proposed _____
No. of Stories		
Height of Structure		Ft.
Area—Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

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

U.C.C. Form F-1108 — 1 White = Inspector Copy; 2 Canary = Office Copy; 3 Pink = Office Copy; 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Oct. 13, 1994 10/94 Z0094

Block 1170 **Lot** 18 **Zone** H-S

Property Address: 425 Jack Martin Blvd.

Owner: Medical Center of Ocean County **(Phone):** 223-2103

Applicant: Scott Kellerman, Fitzpatrick & Associate **(Phone):** 542-6100

Use: Brick Hospital

Proposed Construction (if any): Alterations to existing Fourth Floor for a new renal dialysis suite.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinney

Land Use Officer

FROM

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

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

Message Reply

DATE: 9413

FILE NO. 10/24/94

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

ATTENTION: ART CIERZO

SUBJECT: BRICK HOSPITAL

TO: BRICK BLDG DEPT

MESSAGE

ART. ATTACHED PLEASE FIND COPIES OF SCHEMATIC SKETCHES SHOWING RO. WATER PIPING AND WASTE WATER DRAWAGE. PLEASE NOTE THAT 1 BACKFLOW PREVENTER SETUP WILL BE USED

SIGNED:

DATE OF REPLY:

REPLY TO:

REPLY

SIGNED:

SENDER: MAIL RECIPIENT WHITE AND PINK SHEETS.

PLUMBING & MECHANICAL CHECK LIST

BLOCK

LOT

DATE

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A. J. Cierzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

FACISIMILE CORRESPONDENCE

(908) 920-4850

DATE 11/22/94 TO FAX NO. 542-8772 PAGES TO FOLLOW 1

TO MR PANDOLFI

ATTN SAME

FROM BRICK BLDG DEPT.

MESSAGE.

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

BRICK HOSPITAL

4TH FLOOR DIALYSIS AREA 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	150.00 psi @	0.00 gpm	59.62 psi
Design Area:	1500.00	120.00 psi @	1000.00 gpm	@
				214.8 gpm
				+ 500.0 gpm Hose

Total Demand: 714.8 gpm @ 59.62 psi

System safety factor: 74.25 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: 10/23/94 10/20/94

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

Summary of Sprinkler and Hose [illegible]

Job No:3140 BRICK HOSPITAL

Design density: .10

Supplied flow and pressure is based on 59.62 psi available at supply
(133.88 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	11.79		11.79	5.60	19.2	16.8	14.3%	A01
A02	10.94		10.94	5.60	18.5	16.8	10.1%	A02
A03	10.07		10.07	5.60	17.8	16.8	6.0%	A03
A04	10.87		10.87	5.60	18.5	16.8	10.1%	A04
A05	10.08		10.08	5.60	17.8	16.8	6.0%	A05
A06	9.44		9.44	5.60	17.2	16.8	2.4%	A06
A07	10.56		10.56	5.60	18.2	16.8	8.3%	A07
A08	9.81		9.81	5.60	17.5	16.8	4.2%	A08
A09	9.19		9.19	5.60	17.0	16.8	1.2%	A09
A10	11.42		11.42	5.60	18.9	16.8	12.5%	A10
A11	9.61		9.61	5.60	17.4	16.8	3.6%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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

Flow and Pressure Summary

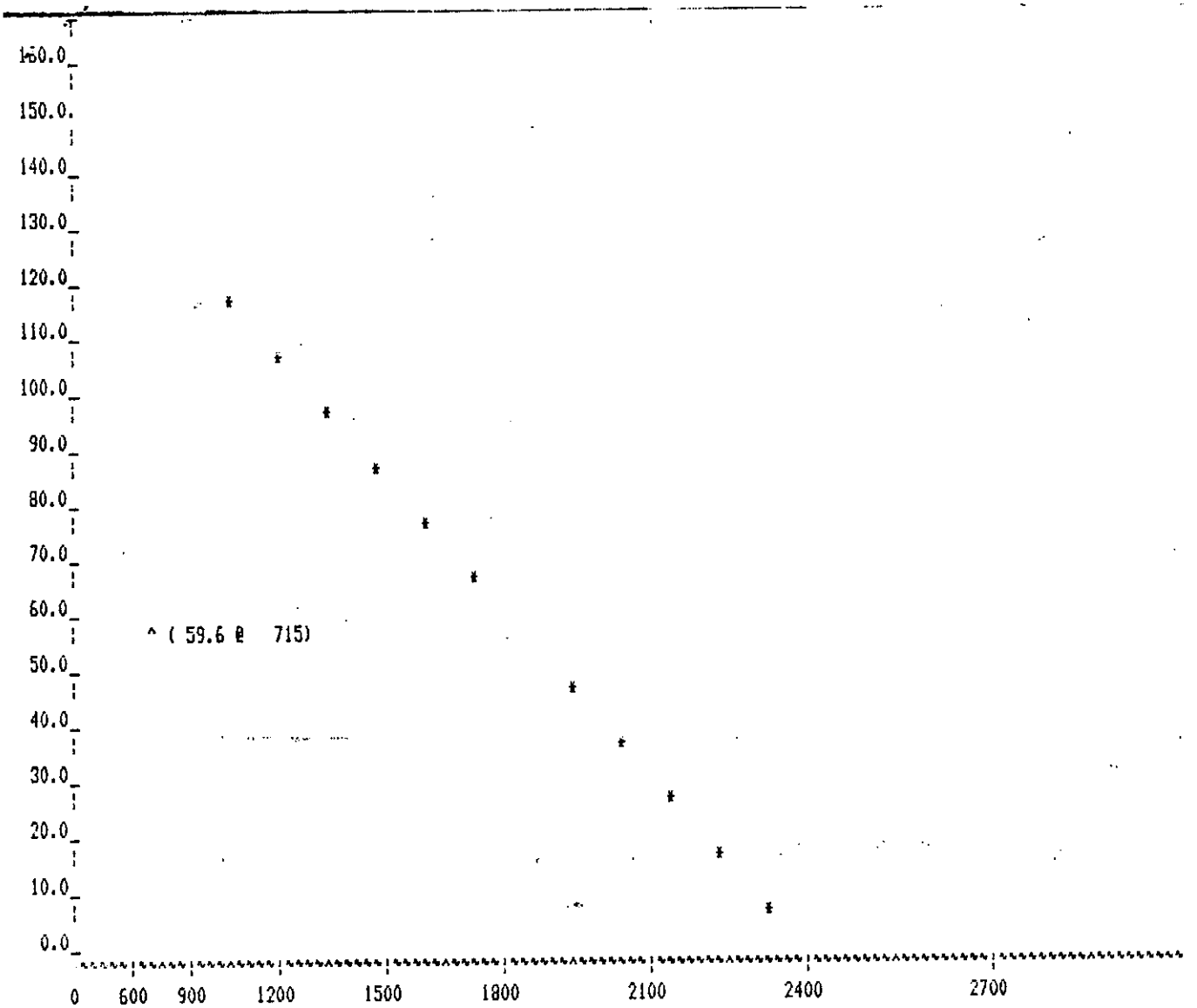
Job No:3140 — BRICK HOSPITAL

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
0.00	108	>>	214.8 >>	59.62	-0.18	-3.47	55.98	109	8.00	15.00	2EGCT	93.00	108.00	0.002	6.357	120	214.8	2.2
8.00	109	>>	214.8 >>	55.98	-1.56	-29.08	25.33	110	75.00	75.00	4ETG	62.00	137.00	0.011	4.260	120	214.8	4.8
75.00	110	>>	214.8 >>	25.33	-7.34	0.00	17.99	111	75.00	25.00	2E2TG	37.00	62.00	0.118	2.635	120	214.8	12.6
75.00	111	>>	108.5 >>	17.99	-3.01	0.00	14.98	112	75.00	78.00	2E	12.00	90.00	0.033	2.635	120	108.5	6.4
75.00	111	>>	106.3 >>	17.99	-1.55	0.00	16.44	126	75.00	36.00	T	12.00	48.00	0.032	2.635	120	106.3	6.2
75.00	112	>>	108.5 >>	14.98	-1.14	0.00	13.84	114	75.00	22.00	T	12.00	34.00	0.033	2.635	120	108.5	6.4
75.00	114	>>	53.0 >>	13.84	-0.07	0.00	13.77	115	75.00	8.00			8.00	0.009	2.635	120	53.0	3.1
75.00	114	>>	55.5 >>	13.84	-0.96	0.00	12.88	119	75.00	1.00	T	8.00	9.00	0.107	1.610	120	55.5	8.7
75.00	115	>>	159.3 >>	13.77	-0.89	0.00	12.88	116	75.00	1.00	T	12.00	13.00	0.068	2.635	120	159.3	9.3
75.00	115	<<	106.3 <<	13.77	2.68	0.00	16.44	126	75.00	71.00	T	12.00	83.00	0.032	2.635	120	106.3	6.2
75.00	116	>>	105.8 >>	12.88	-0.35	0.00	12.53	117	75.00	11.00			11.00	0.032	2.635	120	105.8	6.2
75.00	116	>>	53.5 >>	12.88	-1.00	0.00	11.88	121	75.00	2.00	T	8.00	10.00	0.100	1.610	120	53.5	8.4
75.00	117	>>	53.1 >>	12.53	-0.12	0.00	12.40	118	75.00	14.00			14.00	0.009	2.635	120	53.1	3.1
75.00	117	>>	52.7 >>	12.53	-0.87	0.00	11.66	123	75.00	1.00	T	8.00	9.00	0.097	1.610	120	52.7	8.3
75.00	118	>>	53.1 >>	12.40	-0.98	0.00	11.42	A10	75.00	2.00	T	8.00	10.00	0.098	1.610	120	53.1	8.3
75.00	119	>>	36.3 >>	12.88	-0.92	0.00	11.95	120	75.00	11.00	2E	8.00	19.00	0.049	1.610	120	36.3	5.7
75.00	119	>>	19.2 >>	12.88	-1.09	0.00	11.79	A01	75.00	4.00	T	5.00	9.00	0.121	1.049	120	19.2	7.1
75.00	120	>>	18.5 >>	11.95	-1.02	0.00	10.94	A02	75.00	2.00	TE	7.00	9.00	0.113	1.049	120	18.5	6.9
75.00	120	>>	17.8 >>	11.95	-1.88	0.00	10.07	A03	75.00	14.00	2E	4.00	18.00	0.105	1.049	120	17.8	6.6
75.00	121	>>	35.0 >>	11.88	-0.86	0.00	11.02	122	75.00	11.00	2E	8.00	19.00	0.045	1.610	120	35.0	5.5
75.00	121	>>	18.5 >>	11.88	-1.01	0.00	10.87	A04	75.00	2.00	TE	7.00	9.00	0.112	1.049	120	18.5	6.8
75.00	122	>>	17.8 >>	11.02	-0.94	0.00	10.08	A05	75.00	2.00	TE	7.00	9.00	0.105	1.049	120	17.8	6.6
75.00	122	>>	17.2 >>	11.02	-1.58	0.00	9.44	A06	75.00	12.00	2E	4.00	16.00	0.099	1.049	120	17.2	6.4
75.00	123	>>	34.5 >>	11.66	-0.93	0.00	10.72	124	75.00	13.00	2E	8.00	21.00	0.044	1.610	120	34.5	5.4
75.00	123	>>	18.2 >>	11.66	-1.09	0.00	10.56	A07	75.00	3.00	TE	7.00	10.00	0.109	1.049	120	18.2	6.7
75.00	124	>>	17.5 >>	10.72	-0.92	0.00	9.81	A08	75.00	2.00	TE	7.00	9.00	0.102	1.049	120	17.5	6.5
75.00	124	>>	17.0 >>	10.72	-1.54	0.00	9.19	A09	75.00	12.00	2E	4.00	16.00	0.096	1.049	120	17.0	6.3
75.00	125	<<	34.2 <<	10.51	0.91	0.00	11.42	A10	75.00	13.00	2E	8.00	21.00	0.043	1.610	120	34.2	5.4
75.00	125	>>	17.4 >>	10.51	-0.90	0.00	9.61	A11	75.00	2.00	TE	7.00	9.00	0.100	1.049	120	17.4	6.4
75.00	125	>>	16.8 >>	10.51	-1.51	0.00	9.00	A12	75.00	12.00	2E	4.00	16.00	0.094	1.049	120	16.8	6.2

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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



Pressure vs. Flow

150.00	0.00
120.00	1000.00
0	2386.83

BRICK HOSPITAL
4TH FLOOR DIALYSIS AREA
BRICK N.J07824

Job Number: 3140
10/20/94

10/23/94

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

BRICK HOSPITAL

4TH FLOOR DIALYSIS AREA 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	150.00 psi @	0.00 gpm	59.62 psi
Design Area:	1500.00	120.00 psi @	1000.00 gpm	@
				214.8 gpm
				+ 500.0 gpm Hose

Total Demand: 714.8 gpm @ 59.62 psi

System safety factor: 74.25 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 :			

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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

Summary of Sprinkler and Hose ...

Job No:3140 BRICK HOSPITAL

Design density: .10

Supplied flow and pressure is based on 59.62 psi available at supply
(133.88 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	11.79		11.79	5.60	19.2	16.8	14.3%	A01
A02	10.94		10.94	5.60	18.5	16.8	10.1%	A02
A03	10.07		10.07	5.60	17.8	16.8	6.0%	A03
A04	10.87		10.87	5.60	18.5	16.8	10.1%	A04
A05	10.08		10.08	5.60	17.8	16.8	6.0%	A05
A06	9.44		9.44	5.60	17.2	16.8	2.4%	A06
A07	10.56		10.56	5.60	18.2	16.8	8.3%	A07
A08	9.81		9.81	5.60	17.5	16.8	4.2%	A08
A09	9.19		9.19	5.60	17.0	16.8	1.2%	A09
A10	11.42		11.42	5.60	18.9	16.8	12.5%	A10
A11	9.61		9.61	5.60	17.4	16.8	3.6%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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

Flow and Pressure Summary

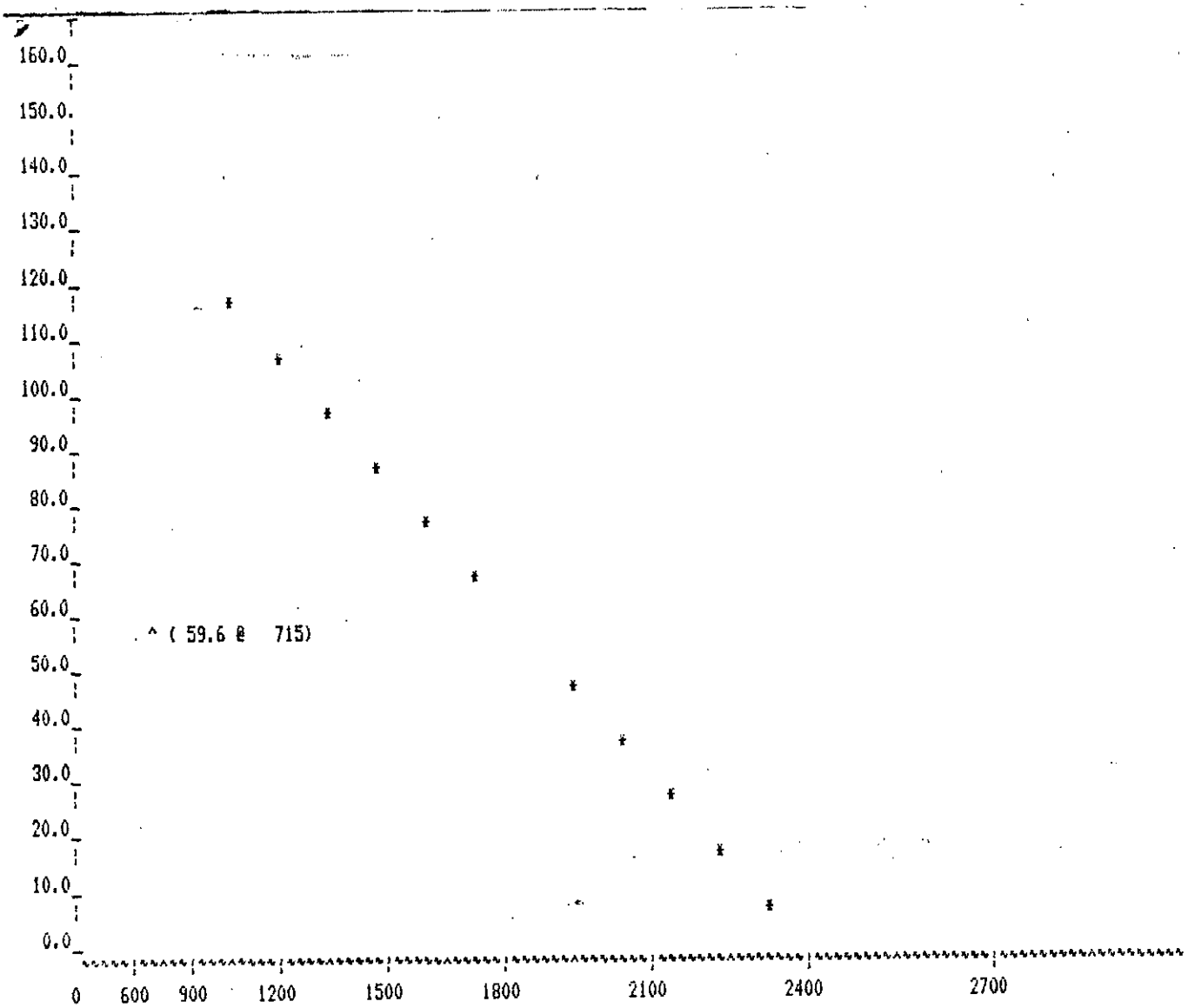
Job No:3140 BRICK HOSPITAL

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
0.00	108 >>	214.8 >>	59.62	-0.18	-3.47	55.98	109	8.00	15.00	2EGCT	93.00	108.00	0.002	6.357	120	214.8	2.2
8.00	109 >>	214.8 >>	55.98	-1.56	-29.08	25.33	110	75.00	75.00	4ETG	62.00	137.00	0.011	4.260	120	214.8	4.8
75.00	110 >>	214.8 >>	25.33	-7.34	0.00	17.99	111	75.00	25.00	2E2TG	37.00	62.00	0.118	2.635	120	214.8	12.6
75.00	111 >>	108.5 >>	17.99	-3.01	0.00	14.98	112	75.00	78.00	2E	12.00	90.00	0.033	2.635	120	108.5	6.4
75.00	111 >>	106.3 >>	17.99	-1.55	0.00	16.44	126	75.00	36.00	T	12.00	48.00	0.032	2.635	120	106.3	6.2
75.00	112 >>	108.5 >>	14.98	-1.14	0.00	13.84	114	75.00	22.00	T	12.00	34.00	0.033	2.635	120	108.5	6.4
75.00	114 >>	53.0 >>	13.84	-0.07	0.00	13.77	115	75.00	8.00			8.00	0.009	2.635	120	53.0	3.1
75.00	114 >>	55.5 >>	13.84	-0.96	0.00	12.88	119	75.00	1.00	T	8.00	9.00	0.107	1.610	120	55.5	8.7
75.00	115 >>	159.3 >>	13.77	-0.89	0.00	12.88	116	75.00	1.00	T	12.00	13.00	0.068	2.635	120	159.3	9.3
75.00	115 <<	106.3 <<	13.77	2.68	0.00	16.44	126	75.00	71.00	T	12.00	83.00	0.032	2.635	120	106.3	6.2
75.00	116 >>	105.8 >>	12.88	-0.35	0.00	12.53	117	75.00	11.00			11.00	0.032	2.635	120	105.8	6.2
75.00	116 >>	53.5 >>	12.88	-1.00	0.00	11.88	121	75.00	2.00	T	8.00	10.00	0.100	1.610	120	53.5	8.4
75.00	117 >>	53.1 >>	12.53	-0.12	0.00	12.40	118	75.00	14.00			14.00	0.009	2.635	120	53.1	3.1
75.00	117 >>	52.7 >>	12.53	-0.87	0.00	11.66	123	75.00	1.00	T	8.00	9.00	0.097	1.610	120	52.7	8.3
75.00	118 >>	53.1 >>	12.40	-0.98	0.00	11.42	A10	75.00	2.00	T	8.00	10.00	0.098	1.610	120	53.1	8.3
75.00	119 >>	36.3 >>	12.88	-0.92	0.00	11.95	120	75.00	11.00	2E	8.00	19.00	0.049	1.610	120	36.3	5.7
75.00	119 >>	19.2 >>	12.88	-1.09	0.00	11.79	A01	75.00	4.00	T	5.00	9.00	0.121	1.049	120	19.2	7.1
75.00	120 >>	18.5 >>	11.95	-1.02	0.00	10.94	A02	75.00	2.00	TE	7.00	9.00	0.113	1.049	120	18.5	6.9
75.00	120 >>	17.8 >>	11.95	-1.88	0.00	10.07	A03	75.00	14.00	2E	4.00	18.00	0.105	1.049	120	17.8	6.6
75.00	121 >>	35.0 >>	11.88	-0.86	0.00	11.02	122	75.00	11.00	2E	8.00	19.00	0.045	1.610	120	35.0	5.5
75.00	121 >>	18.5 >>	11.88	-1.01	0.00	10.87	A04	75.00	2.00	TE	7.00	9.00	0.112	1.049	120	18.5	6.8
75.00	122 >>	17.8 >>	11.02	-0.94	0.00	10.08	A05	75.00	2.00	TE	7.00	9.00	0.105	1.049	120	17.8	6.6
75.00	122 >>	17.2 >>	11.02	-1.58	0.00	9.44	A06	75.00	12.00	2E	4.00	16.00	0.099	1.049	120	17.2	6.4
75.00	123 >>	34.5 >>	11.66	-0.93	0.00	10.72	124	75.00	13.00	2E	8.00	21.00	0.044	1.610	120	34.5	5.4
75.00	123 >>	18.2 >>	11.66	-1.09	0.00	10.56	A07	75.00	3.00	TE	7.00	10.00	0.109	1.049	120	18.2	6.7
75.00	124 >>	17.5 >>	10.72	-0.92	0.00	9.81	A08	75.00	2.00	TE	7.00	9.00	0.102	1.049	120	17.5	6.5
75.00	124 >>	17.0 >>	10.72	-1.54	0.00	9.19	A09	75.00	12.00	2E	4.00	16.00	0.096	1.049	120	17.0	6.3
75.00	125 <<	34.2 <<	10.51	0.91	0.00	11.42	A10	75.00	13.00	2E	8.00	21.00	0.043	1.610	120	34.2	5.4
75.00	125 >>	17.4 >>	10.51	-0.90	0.00	9.61	A11	75.00	2.00	TE	7.00	9.00	0.100	1.049	120	17.4	6.4
75.00	125 >>	16.8 >>	10.51	-1.51	0.00	9.00	A12	75.00	12.00	2E	4.00	16.00	0.094	1.049	120	16.8	6.2

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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



Pressure vs. Flow

150.00	0.00
120.00	1000.00
0	2386.83

BRICK HOSPITAL
4TH FLOOR DIALYSIS AREA
BRICK N.J07824

Job Number: 3140
10/20/94

10/23/94

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

BRICK HOSPITAL

4TH FLOOR DIALYSIS AREA 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	150.00 psi @	0.00 gpm	59.62 psi
Design Area:	1500.00	120.00 psi @	1000.00 gpm	@ 214.8 gpm
				+ 500.0 gpm Hose

Total Demand: 714.8 gpm @ 59.62 psi

System safety factor: 74.25 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 :			

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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

Flow and Pressure Summary

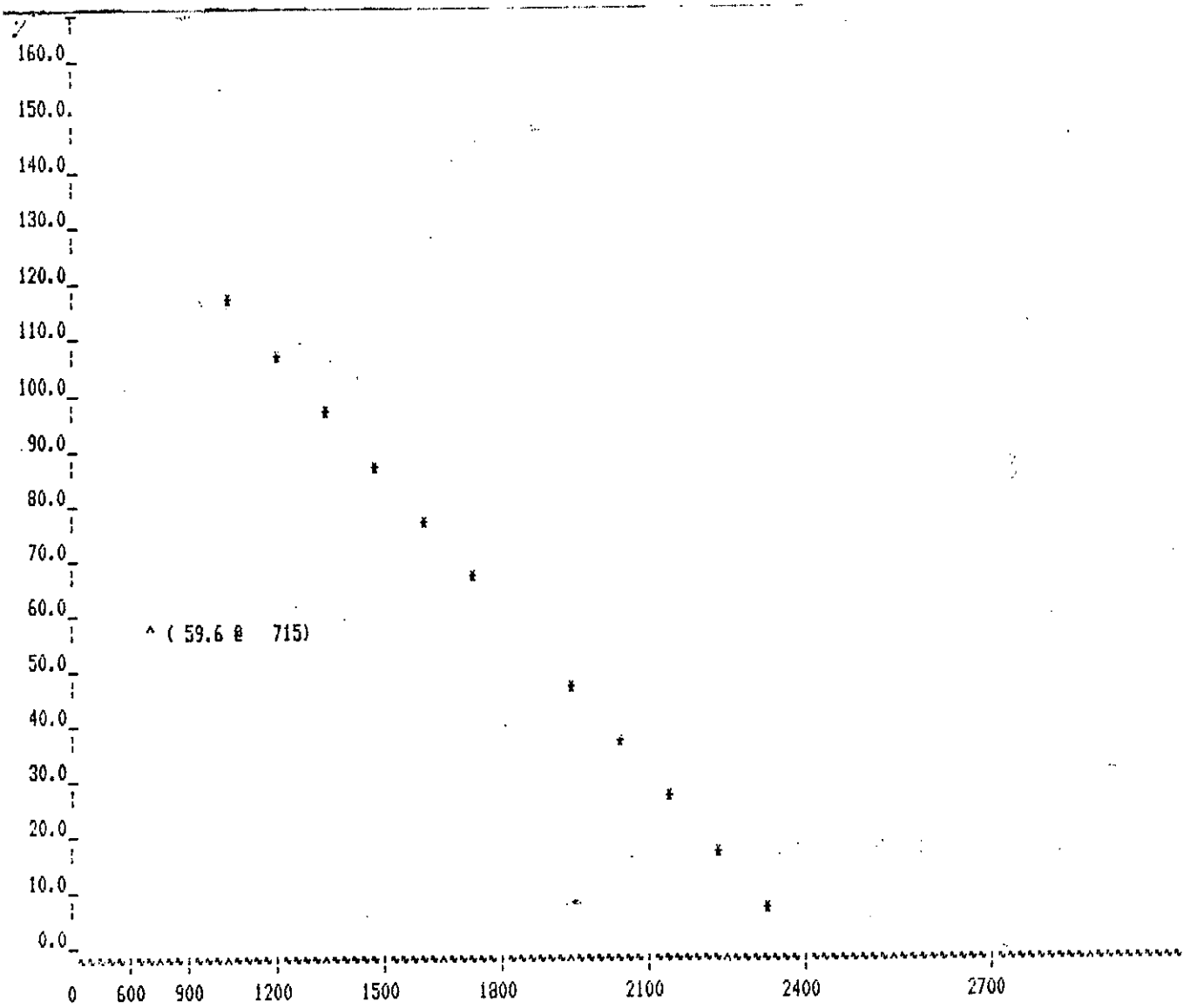
Job No:3140 BRICK HOSPITAL

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
0.00	108	>>	214.8	>>	59.62	-0.18	-3.47	55.98	109	8.00	15.00	2EGCT	93.00	108.00	0.002	6.357	120	214.8	2.2
8.00	109	>>	214.8	>>	55.98	-1.56	-29.08	25.33	110	75.00	75.00	4ETG	62.00	137.00	0.011	4.260	120	214.8	4.8
75.00	110	>>	214.8	>>	25.33	-7.34	0.00	17.99	111	75.00	25.00	2E2TG	37.00	62.00	0.118	2.635	120	214.8	12.6
75.00	111	>>	108.5	>>	17.99	-3.01	0.00	14.98	112	75.00	78.00	2E	12.00	90.00	0.033	2.635	120	108.5	6.4
75.00	111	>>	106.3	>>	17.99	-1.55	0.00	16.44	126	75.00	36.00	T	12.00	48.00	0.032	2.635	120	106.3	6.2
75.00	112	>>	108.5	>>	14.98	-1.14	0.00	13.84	114	75.00	22.00	T	12.00	34.00	0.033	2.635	120	108.5	6.4
75.00	114	>>	53.0	>>	13.84	-0.07	0.00	13.77	115	75.00	8.00			8.00	0.009	2.635	120	53.0	3.1
75.00	114	>>	55.5	>>	13.84	-0.96	0.00	12.88	119	75.00	1.00	T	8.00	9.00	0.107	1.610	120	55.5	8.7
75.00	115	>>	159.3	>>	13.77	-0.89	0.00	12.88	116	75.00	1.00	T	12.00	13.00	0.068	2.635	120	159.3	9.3
75.00	115	<<	106.3	<<	13.77	2.68	0.00	16.44	126	75.00	71.00	T	12.00	83.00	0.032	2.635	120	106.3	6.2
75.00	116	>>	105.8	>>	12.88	-0.35	0.00	12.53	117	75.00	11.00			11.00	0.032	2.635	120	105.8	6.2
75.00	116	>>	53.5	>>	12.88	-1.00	0.00	11.88	121	75.00	2.00	T	8.00	10.00	0.100	1.610	120	53.5	8.4
75.00	117	>>	53.1	>>	12.53	-0.12	0.00	12.40	118	75.00	14.00			14.00	0.009	2.635	120	53.1	3.1
75.00	117	>>	52.7	>>	12.53	-0.87	0.00	11.66	123	75.00	1.00	T	8.00	9.00	0.097	1.610	120	52.7	8.3
75.00	118	>>	53.1	>>	12.40	-0.98	0.00	11.42	A10	75.00	2.00	T	8.00	10.00	0.098	1.610	120	53.1	8.3
75.00	119	>>	36.3	>>	12.88	-0.92	0.00	11.95	120	75.00	11.00	2E	8.00	19.00	0.049	1.610	120	36.3	5.7
75.00	119	>>	19.2	>>	12.88	-1.09	0.00	11.79	A01	75.00	4.00	T	5.00	9.00	0.121	1.049	120	19.2	7.1
75.00	120	>>	18.5	>>	11.95	-1.02	0.00	10.94	A02	75.00	2.00	TE	7.00	9.00	0.113	1.049	120	18.5	6.9
75.00	120	>>	17.8	>>	11.95	-1.88	0.00	10.07	A03	75.00	14.00	2E	4.00	18.00	0.105	1.049	120	17.8	6.6
75.00	121	>>	35.0	>>	11.88	-0.86	0.00	11.02	122	75.00	11.00	2E	8.00	19.00	0.045	1.610	120	35.0	5.5
75.00	121	>>	18.5	>>	11.88	-1.01	0.00	10.87	A04	75.00	2.00	TE	7.00	9.00	0.112	1.049	120	18.5	6.8
75.00	122	>>	17.8	>>	11.02	-0.94	0.00	10.08	A05	75.00	2.00	TE	7.00	9.00	0.105	1.049	120	17.8	6.6
75.00	122	>>	17.2	>>	11.02	-1.58	0.00	9.44	A06	75.00	12.00	2E	4.00	16.00	0.099	1.049	120	17.2	6.4
75.00	123	>>	34.5	>>	11.66	-0.93	0.00	10.72	124	75.00	13.00	2E	8.00	21.00	0.044	1.610	120	34.5	5.4
75.00	123	>>	18.2	>>	11.66	-1.09	0.00	10.56	A07	75.00	3.00	TE	7.00	10.00	0.109	1.049	120	18.2	6.7
75.00	124	>>	17.5	>>	10.72	-0.92	0.00	9.81	A08	75.00	2.00	TE	7.00	9.00	0.102	1.049	120	17.5	6.5
75.00	124	>>	17.0	>>	10.72	-1.54	0.00	9.19	A09	75.00	12.00	2E	4.00	16.00	0.096	1.049	120	17.0	6.3
75.00	125	<<	34.2	<<	10.51	0.91	0.00	11.42	A10	75.00	13.00	2E	8.00	21.00	0.043	1.610	120	34.2	5.4
75.00	125	>>	17.4	>>	10.51	-0.90	0.00	9.61	A11	75.00	2.00	TE	7.00	9.00	0.100	1.049	120	17.4	6.4
75.00	125	>>	16.8	>>	10.51	-1.51	0.00	9.00	A12	75.00	12.00	2E	4.00	16.00	0.094	1.049	120	16.8	6.2

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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



Pressure vs. Flow

150.00	0.00
120.00	1000.00
0	2386.83

BRICK HOSPITAL
4TH FLOOR DIALYSIS AREA
BRICK N.JO7824

Job Number: 3140
10/20/94

10/23/94

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

BRICK HOSPITAL

4TH FLOOR DIALYSIS AREA 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	150.00 psi @	0.00 gpm	59.62 psi
Design Area:	1500.00	120.00 psi @	1000.00 gpm	@ 214.8 gpm
				+ 500.0 gpm Hose

Total Demand: 714.8 gpm @ 59.62 psi

System safety factor: 74.25 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: 10/33/94 10/20/94

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

Flow and Pressure Summary

Job No:3140 BRICK HOSPITAL

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
0.00	108	>>	214.8	>>	59.62	-0.18	-3.47	55.98	109	8.00	15.00	2EGCT	93.00	108.00	0.002	6.357	120	214.8	2.2
8.00	109	>>	214.8	>>	55.98	-1.56	-29.08	25.33	110	75.00	75.00	4ETG	62.00	137.00	0.011	4.260	120	214.8	4.8
75.00	110	>>	214.8	>>	25.33	-7.34	0.00	17.99	111	75.00	25.00	2E2TG	37.00	62.00	0.118	2.635	120	214.8	12.6
75.00	111	>>	108.5	>>	17.99	-3.01	0.00	14.98	112	75.00	78.00	2E	12.00	90.00	0.033	2.635	120	108.5	6.4
75.00	111	>>	106.3	>>	17.99	-1.55	0.00	16.44	126	75.00	36.00	T	12.00	48.00	0.032	2.635	120	106.3	6.2
75.00	112	>>	108.5	>>	14.98	-1.14	0.00	13.84	114	75.00	22.00	T	12.00	34.00	0.033	2.635	120	108.5	6.4
75.00	114	>>	53.0	>>	13.84	-0.07	0.00	13.77	115	75.00	8.00			8.00	0.009	2.635	120	53.0	3.1
75.00	114	>>	55.5	>>	13.84	-0.96	0.00	12.88	119	75.00	1.00	T	8.00	9.00	0.107	1.610	120	55.5	8.7
75.00	115	>>	159.3	>>	13.77	-0.89	0.00	12.88	116	75.00	1.00	T	12.00	13.00	0.068	2.635	120	159.3	9.3
75.00	115	<<	106.3	<<	13.77	2.68	0.00	16.44	126	75.00	71.00	T	12.00	83.00	0.032	2.635	120	106.3	6.2
75.00	116	>>	105.8	>>	12.88	-0.35	0.00	12.53	117	75.00	11.00			11.00	0.032	2.635	120	105.8	6.2
75.00	116	>>	53.5	>>	12.88	-1.00	0.00	11.88	121	75.00	2.00	T	8.00	10.00	0.100	1.610	120	53.5	8.4
75.00	117	>>	53.1	>>	12.53	-0.12	0.00	12.40	118	75.00	14.00			14.00	0.009	2.635	120	53.1	3.1
75.00	117	>>	52.7	>>	12.53	-0.87	0.00	11.66	123	75.00	1.00	T	8.00	9.00	0.097	1.610	120	52.7	8.3
75.00	118	>>	53.1	>>	12.40	-0.98	0.00	11.42	A10	75.00	2.00	T	8.00	10.00	0.098	1.610	120	53.1	8.3
75.00	119	>>	36.3	>>	12.88	-0.92	0.00	11.95	120	75.00	11.00	2E	8.00	19.00	0.049	1.610	120	36.3	5.7
75.00	119	>>	19.2	>>	12.88	-1.09	0.00	11.79	A01	75.00	4.00	T	5.00	9.00	0.121	1.049	120	19.2	7.1
75.00	120	>>	18.5	>>	11.95	-1.02	0.00	10.94	A02	75.00	2.00	TE	7.00	9.00	0.113	1.049	120	18.5	6.9
75.00	120	>>	17.8	>>	11.95	-1.88	0.00	10.07	A03	75.00	14.00	2E	4.00	18.00	0.105	1.049	120	17.8	6.6
75.00	121	>>	35.0	>>	11.88	-0.86	0.00	11.02	122	75.00	11.00	2E	8.00	19.00	0.045	1.610	120	35.0	5.5
75.00	121	>>	18.5	>>	11.88	-1.01	0.00	10.87	A04	75.00	2.00	TE	7.00	9.00	0.112	1.049	120	18.5	6.8
75.00	122	>>	17.8	>>	11.02	-0.94	0.00	10.08	A05	75.00	2.00	TE	7.00	9.00	0.105	1.049	120	17.8	6.6
75.00	122	>>	17.2	>>	11.02	-1.58	0.00	9.44	A06	75.00	12.00	2E	4.00	16.00	0.099	1.049	120	17.2	6.4
75.00	123	>>	34.5	>>	11.66	-0.93	0.00	10.72	124	75.00	13.00	2E	8.00	21.00	0.044	1.610	120	34.5	5.4
75.00	123	>>	18.2	>>	11.66	-1.09	0.00	10.56	A07	75.00	3.00	TE	7.00	10.00	0.109	1.049	120	18.2	6.7
75.00	124	>>	17.5	>>	10.72	-0.92	0.00	9.81	A08	75.00	2.00	TE	7.00	9.00	0.102	1.049	120	17.5	6.5
75.00	124	>>	17.0	>>	10.72	-1.54	0.00	9.19	A09	75.00	12.00	2E	4.00	16.00	0.096	1.049	120	17.0	6.3
75.00	125	<<	34.2	<<	10.51	0.91	0.00	11.42	A10	75.00	13.00	2E	8.00	21.00	0.043	1.610	120	34.2	5.4
75.00	125	>>	17.4	>>	10.51	-0.90	0.00	9.61	A11	75.00	2.00	TE	7.00	9.00	0.100	1.049	120	17.4	6.4
75.00	125	>>	16.8	>>	10.51	-1.51	0.00	9.00	A12	75.00	12.00	2E	4.00	16.00	0.094	1.049	120	16.8	6.2

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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

BRICK HOSPITAL

4TH FLOOR DIALYSIS AREA 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	150.00 psi @	0.00 gpm	59.62 psi
Design Area:	1500.00	120.00 psi @	1000.00 gpm	@
				214.8 gpm
				+ 500.0 gpm Hose

Total Demand: 714.8 gpm @ 59.62 psi

System safety factor: 74.25 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: _____ 10/20/94

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

Summary of Sprinkler and Hose Flows

Job No:3140 BRICK HOSPITAL

Design density: .10

Supplied flow and pressure is based on 59.62 psi available at supply
(133.88 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	11.79		11.79	5.60	19.2	16.8	14.3%	A01
A02	10.94		10.94	5.60	18.5	16.8	10.1%	A02
A03	10.07		10.07	5.60	17.8	16.8	6.0%	A03
A04	10.87		10.87	5.60	18.5	16.8	10.1%	A04
A05	10.08		10.08	5.60	17.8	16.8	6.0%	A05
A06	9.44		9.44	5.60	17.2	16.8	2.4%	A06
A07	10.56		10.56	5.60	18.2	16.8	8.3%	A07
A08	9.81		9.81	5.60	17.5	16.8	4.2%	A08
A09	9.19		9.19	5.60	17.0	16.8	1.2%	A09
A10	11.42		11.42	5.60	18.9	16.8	12.5%	A10
A11	9.61		9.61	5.60	17.4	16.8	3.6%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12

10/23/94

Calcs By: DF Checked: _____ 10/20/94

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

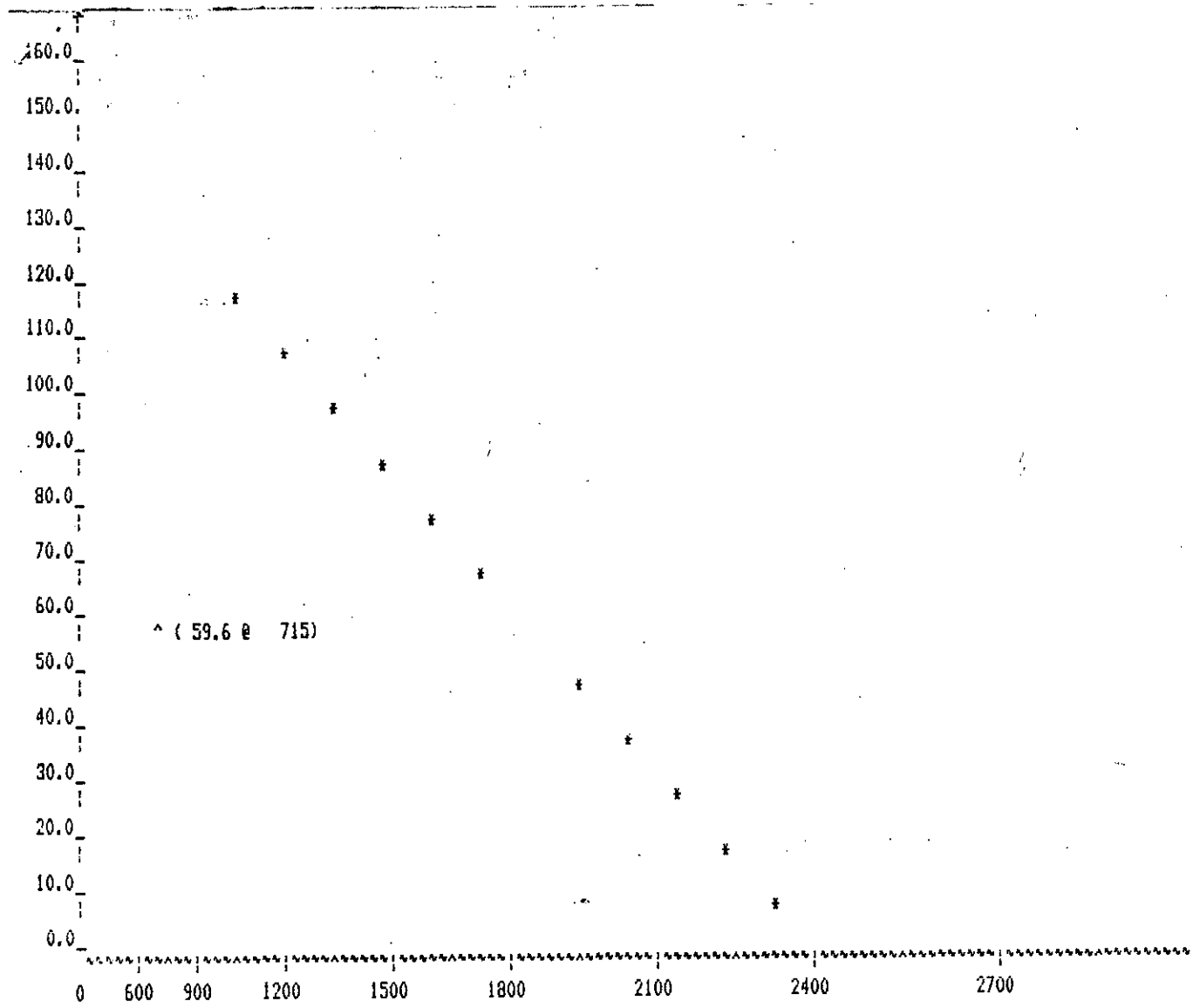
Flow and Pressure Summary

Job No:3140 BRICK HOSPITAL

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
0.00	108 >>	214.8 >>	59.62	-0.18	-3.47	55.98	109	8.00	15.00	2EGCT	93.00	108.00	0.002	6.357	120	214.8	2.2
8.00	109 >>	214.8 >>	55.98	-1.56	-29.08	25.33	110	75.00	75.00	4ETG	62.00	137.00	0.011	4.260	120	214.8	4.8
75.00	110 >>	214.8 >>	25.33	-7.34	0.00	17.99	111	75.00	25.00	2E2TG	37.00	62.00	0.118	2.635	120	214.8	12.6
75.00	111 >>	108.5 >>	17.99	-3.01	0.00	14.98	112	75.00	78.00	2E	12.00	90.00	0.033	2.635	120	108.5	6.4
75.00	111 >>	106.3 >>	17.99	-1.55	0.00	16.44	126	75.00	36.00	T	12.00	48.00	0.032	2.635	120	106.3	6.2
75.00	112 >>	108.5 >>	14.98	-1.14	0.00	13.84	114	75.00	22.00	T	12.00	34.00	0.033	2.635	120	108.5	6.4
75.00	114 >>	53.0 >>	13.84	-0.07	0.00	13.77	115	75.00	8.00			8.00	0.009	2.635	120	53.0	3.1
75.00	114 >>	55.5 >>	13.84	-0.96	0.00	12.88	119	75.00	1.00	T	8.00	9.00	0.107	1.610	120	55.5	8.7
75.00	115 >>	159.3 >>	13.77	-0.89	0.00	12.88	116	75.00	1.00	T	12.00	13.00	0.068	2.635	120	159.3	9.3
75.00	115 <<	106.3 <<	13.77	2.68	0.00	16.44	126	75.00	71.00	T	12.00	83.00	0.032	2.635	120	106.3	6.2
75.00	116 >>	105.8 >>	12.88	-0.35	0.00	12.53	117	75.00	11.00			11.00	0.032	2.635	120	105.8	6.2
75.00	116 >>	53.5 >>	12.88	-1.00	0.00	11.88	121	75.00	2.00	T	8.00	10.00	0.100	1.610	120	53.5	8.4
75.00	117 >>	53.1 >>	12.53	-0.12	0.00	12.40	118	75.00	14.00			14.00	0.009	2.635	120	53.1	3.1
75.00	117 >>	52.7 >>	12.53	-0.87	0.00	11.66	123	75.00	1.00	T	8.00	9.00	0.097	1.610	120	52.7	8.3
75.00	118 >>	53.1 >>	12.40	-0.98	0.00	11.42	A10	75.00	2.00	T	8.00	10.00	0.098	1.610	120	53.1	8.3
75.00	119 >>	36.3 >>	12.88	-0.92	0.00	11.95	120	75.00	11.00	2E	8.00	19.00	0.049	1.610	120	36.3	5.7
75.00	119 >>	19.2 >>	12.88	-1.09	0.00	11.79	A01	75.00	4.00	T	5.00	9.00	0.121	1.049	120	19.2	7.1
75.00	120 >>	18.5 >>	11.95	-1.02	0.00	10.94	A02	75.00	2.00	TE	7.00	9.00	0.113	1.049	120	18.5	6.9
75.00	120 >>	17.8 >>	11.95	-1.88	0.00	10.07	A03	75.00	14.00	2E	4.00	18.00	0.105	1.049	120	17.8	6.6
75.00	121 >>	35.0 >>	11.88	-0.86	0.00	11.02	122	75.00	11.00	2E	8.00	19.00	0.045	1.610	120	35.0	5.5
75.00	121 >>	18.5 >>	11.88	-1.01	0.00	10.87	A04	75.00	2.00	TE	7.00	9.00	0.112	1.049	120	18.5	6.8
75.00	122 >>	17.8 >>	11.02	-0.94	0.00	10.08	A05	75.00	2.00	TE	7.00	9.00	0.105	1.049	120	17.8	6.6
75.00	122 >>	17.2 >>	11.02	-1.58	0.00	9.44	A06	75.00	12.00	2E	4.00	16.00	0.099	1.049	120	17.2	6.4
75.00	123 >>	34.5 >>	11.66	-0.93	0.00	10.72	124	75.00	13.00	2E	8.00	21.00	0.044	1.610	120	34.5	5.4
75.00	123 >>	18.2 >>	11.66	-1.09	0.00	10.56	A07	75.00	3.00	TE	7.00	10.00	0.109	1.049	120	18.2	6.7
75.00	124 >>	17.5 >>	10.72	-0.92	0.00	9.81	A08	75.00	2.00	TE	7.00	9.00	0.102	1.049	120	17.5	6.5
75.00	124 >>	17.0 >>	10.72	-1.54	0.00	9.19	A09	75.00	12.00	2E	4.00	16.00	0.096	1.049	120	17.0	6.3
75.00	125 <<	34.2 <<	10.51	0.91	0.00	11.42	A10	75.00	13.00	2E	8.00	21.00	0.043	1.610	120	34.2	5.4
75.00	125 >>	17.4 >>	10.51	-0.90	0.00	9.61	A11	75.00	2.00	TE	7.00	9.00	0.100	1.049	120	17.4	6.4
75.00	125 >>	16.8 >>	10.51	-1.51	0.00	9.00	A12	75.00	12.00	2E	4.00	16.00	0.094	1.049	120	16.8	6.2

10/23/94

Calcs By: DF Checked: _____ 10/20/94



Pressure vs. Flow

150.00	0.00
120.00	1000.00
0	2386.83

BRICK HOSPITAL
4TH FLOOR DIALYSIS AREA
BRICK N.J07824

Job Number: 3140
10/20/94

10/25/94

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

RECEIVED OCT 25 1994

LETTER OF TRANSMITTAL

DATE 10-21-94 JOB NO. 3140-S

ATTENTION Joe Avaristo

RE The Medical Center of Ocean County 4TH Fl. Dialysis

TO Bricktown Fire Inspector
500 Herbertsville Rd.
Bricktown, NJ 08723

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	10-23-94	SP-1	4TH Fl. Dialysis Sprk Plan
3	10-20-94		4TH Fl. Hydraulic Calc.

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 Permit Application Was already Submitted

COPY TO _____

SIGNED: Jeff Parsons

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

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

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

LETTER OF TRANSMITTAL

DATE 10/10/94	JOB NO.
ATTENTION	
RE: MCOC RENAL DIALYSIS	

TO BRICK TOWNSHIP BLDG DEPT

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

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

COPIES	DATE	NO.	DESCRIPTION
1			BUILDING PERMIT APPLICATION
2	SETS		CONSTRUCTION PLANS W/
			ARCHITECT'S 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 FOR BUILDING PERMIT

RECEIVED BY _____
DATE 10/11/94

COPY TO OFFICE

SIGNED: Scott Kellerman

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

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

BRICK HOSPITAL

4TH FLOOR DIALYSIS AREA 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	150.00 psi @	0.00 gpm	59.62 psi
Design Area:	1500.00	120.00 psi @	1000.00 gpm	@
				214.8 gpm
				+ 500.0 gpm Hose

Total Demand: 714.8 gpm @ 59.62 psi

System safety factor: 74.25 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: 10/20/94 10/20/94

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

Summary of Sprinkler and Hose Flows

Job No:3140 BRICK HOSPITAL

Design density: .10

Supplied flow and pressure is based on 59.62 psi available at supply
(133.88 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	11.79		11.79	5.60	19.2	16.8	14.3%	A01
A02	10.94		10.94	5.60	18.5	16.8	10.1%	A02
A03	10.07		10.07	5.60	17.8	16.8	6.0%	A03
A04	10.87		10.87	5.60	18.5	16.8	10.1%	A04
A05	10.08		10.08	5.60	17.8	16.8	6.0%	A05
A06	9.44		9.44	5.60	17.2	16.8	2.4%	A06
A07	10.56		10.56	5.60	18.2	16.8	8.3%	A07
A08	9.81		9.81	5.60	17.5	16.8	4.2%	A08
A09	9.19		9.19	5.60	17.0	16.8	1.2%	A09
A10	11.42		11.42	5.60	18.9	16.8	12.5%	A10
A11	9.61		9.61	5.60	17.4	16.8	3.6%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12

Calcs By: DF Checked: 10/26/94 10/20/94

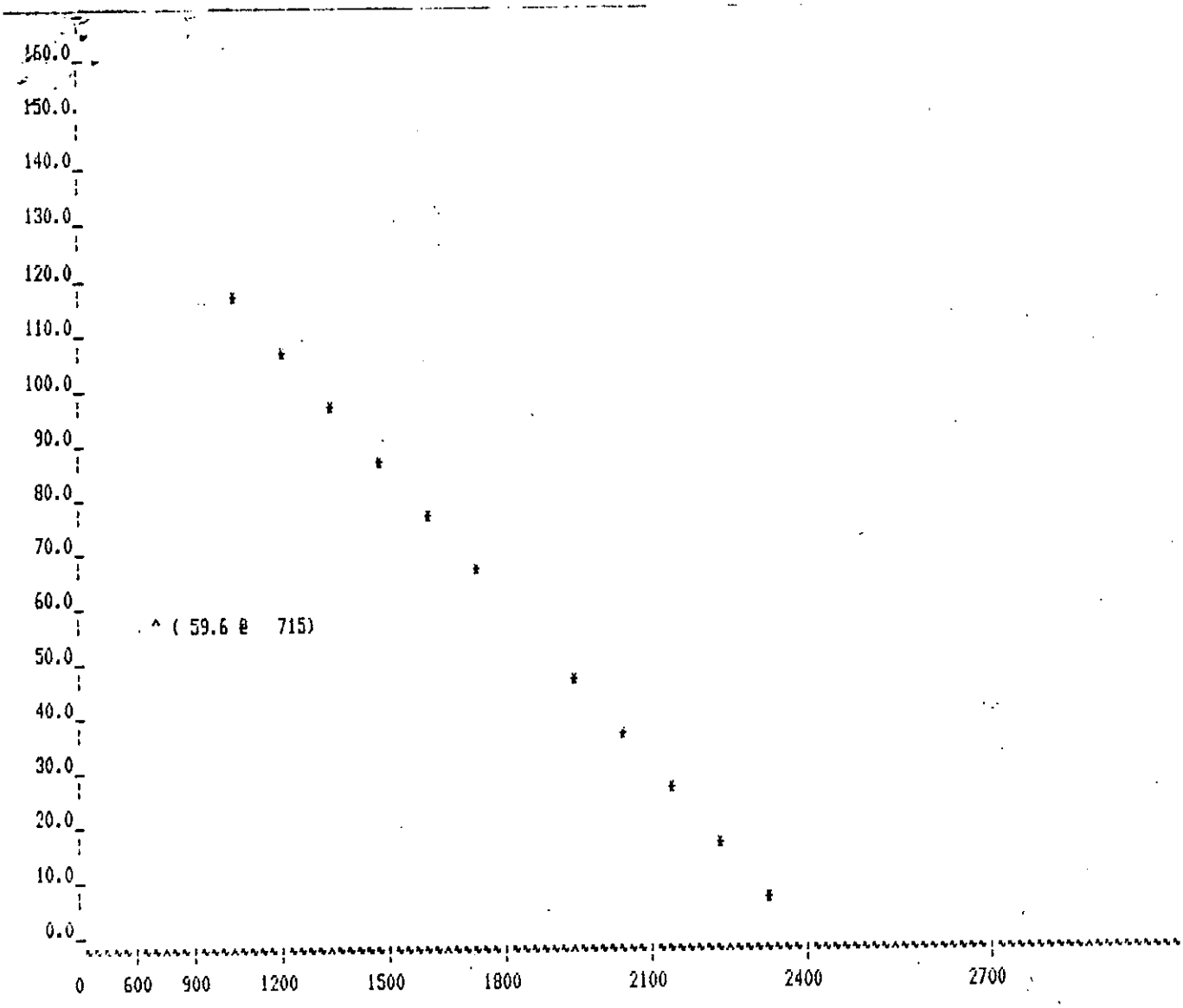
Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Flow and Pressure Summary

Job No:3140 BRICK HOSPITAL

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
0.00	108 >>	214.8 >>	59.62	-0.18	-3.47	55.98	109	8.00	15.00	2EGCT	93.00	108.00	0.002	6.357	120	214.8	2.2
8.00	109 >>	214.8 >>	55.98	-1.56	-29.08	25.33	110	75.00	75.00	4ETG	62.00	137.00	0.011	4.260	120	214.8	4.8
75.00	110 >>	214.8 >>	25.33	-7.34	0.00	17.99	111	75.00	25.00	2E2TG	37.00	62.00	0.118	2.635	120	214.8	12.6
75.00	111 >>	108.5 >>	17.99	-3.01	0.00	14.98	112	75.00	78.00	2E	12.00	90.00	0.033	2.635	120	108.5	6.4
75.00	111 >>	106.3 >>	17.99	-1.55	0.00	16.44	126	75.00	36.00	T	12.00	48.00	0.032	2.635	120	106.3	6.2
75.00	112 >>	108.5 >>	14.98	-1.14	0.00	13.84	114	75.00	22.00	T	12.00	34.00	0.033	2.635	120	108.5	6.4
75.00	114 >>	53.0 >>	13.84	-0.07	0.00	13.77	115	75.00	8.00			8.00	0.009	2.635	120	53.0	3.1
75.00	114 >>	55.5 >>	13.84	-0.96	0.00	12.88	119	75.00	1.00	T	8.00	9.00	0.107	1.610	120	55.5	8.7
75.00	115 >>	159.3 >>	13.77	-0.89	0.00	12.88	116	75.00	1.00	T	12.00	13.00	0.068	2.635	120	159.3	9.3
75.00	115 <<	106.3 <<	13.77	2.68	0.00	16.44	126	75.00	71.00	T	12.00	83.00	0.032	2.635	120	106.3	6.2
75.00	116 >>	105.8 >>	12.88	-0.35	0.00	12.53	117	75.00	11.00			11.00	0.032	2.635	120	105.8	6.2
75.00	116 >>	53.5 >>	12.88	-1.00	0.00	11.88	121	75.00	2.00	T	8.00	10.00	0.100	1.610	120	53.5	8.4
75.00	117 >>	53.1 >>	12.53	-0.12	0.00	12.40	118	75.00	14.00			14.00	0.009	2.635	120	53.1	3.1
75.00	117 >>	52.7 >>	12.53	-0.87	0.00	11.66	123	75.00	1.00	T	8.00	9.00	0.097	1.610	120	52.7	8.3
75.00	118 >>	53.1 >>	12.40	-0.98	0.00	11.42	A10	75.00	2.00	T	8.00	10.00	0.098	1.610	120	53.1	8.3
75.00	119 >>	36.3 >>	12.88	-0.92	0.00	11.95	120	75.00	11.00	2E	8.00	19.00	0.049	1.610	120	36.3	5.7
75.00	119 >>	19.2 >>	12.88	-1.09	0.00	11.79	A01	75.00	4.00	T	5.00	9.00	0.121	1.049	120	19.2	7.1
75.00	120 >>	18.5 >>	11.95	-1.02	0.00	10.94	A02	75.00	2.00	TE	7.00	9.00	0.113	1.049	120	18.5	6.9
75.00	120 >>	17.8 >>	11.95	-1.88	0.00	10.07	A03	75.00	14.00	2E	4.00	18.00	0.105	1.049	120	17.8	6.6
75.00	121 >>	35.0 >>	11.88	-0.86	0.00	11.02	122	75.00	11.00	2E	8.00	19.00	0.045	1.610	120	35.0	5.5
75.00	121 >>	18.5 >>	11.88	-1.01	0.00	10.87	A04	75.00	2.00	TE	7.00	9.00	0.112	1.049	120	18.5	6.8
75.00	122 >>	17.8 >>	11.02	-0.94	0.00	10.08	A05	75.00	2.00	TE	7.00	9.00	0.105	1.049	120	17.8	6.6
75.00	122 >>	17.2 >>	11.02	-1.58	0.00	9.44	A06	75.00	12.00	2E	4.00	16.00	0.099	1.049	120	17.2	6.4
75.00	123 >>	34.5 >>	11.66	-0.93	0.00	10.72	124	75.00	13.00	2E	8.00	21.00	0.044	1.610	120	34.5	5.4
75.00	123 >>	18.2 >>	11.66	-1.09	0.00	10.56	A07	75.00	3.00	TE	7.00	10.00	0.109	1.049	120	18.2	6.7
75.00	124 >>	17.5 >>	10.72	-0.92	0.00	9.81	A08	75.00	2.00	TE	7.00	9.00	0.102	1.049	120	17.5	6.5
75.00	124 >>	17.0 >>	10.72	-1.54	0.00	9.19	A09	75.00	12.00	2E	4.00	16.00	0.096	1.049	120	17.0	6.3
75.00	125 <<	34.2 <<	10.51	0.91	0.00	11.42	A10	75.00	13.00	2E	8.00	21.00	0.043	1.610	120	34.2	5.4
75.00	125 >>	17.4 >>	10.51	-0.90	0.00	9.61	A11	75.00	2.00	TE	7.00	9.00	0.100	1.049	120	17.4	6.4
75.00	125 >>	16.8 >>	10.51	-1.51	0.00	9.00	A12	75.00	12.00	2E	4.00	16.00	0.094	1.049	120	16.8	6.2

Calcs By: DF Checked: 10/26/94 10/20/94



Pressure vs. Flow

150.00	0.00
120.00	1000.00
0	2386.83

BRICK HOSPITAL
4TH FLOOR DIALYSIS AREA
BRICK N.J07824

Job Number: 3140
10/20/94

10/26/94

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

BRICK HOSPITAL

4TH FLOOR DIALYSIS AREA 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	150.00 psi @ 0.00 gpm	59.62 psi
Design Area: 1500.00	120.00 psi @ 1000.00 gpm	@
		214.8 gpm
		+ 500.0 gpm Hose

Total Demand: 714.8 gpm @ 59.62 psi

System safety factor: 74.25 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: 10/26/94 10/20/94

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

Summary of Sprinkler and Hose Flows

Job No:3140 BRICK HOSPITAL)

Design density: .10

Supplied flow and pressure is based on 59.62 psi available at supply
(133.88 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	11.79		11.79	5.60	19.2	16.8	14.3%	A01
A02	10.94		10.94	5.60	18.5	16.8	10.1%	A02
A03	10.07		10.07	5.60	17.8	16.8	6.0%	A03
A04	10.87		10.87	5.60	18.5	16.8	10.1%	A04
A05	10.08		10.08	5.60	17.8	16.8	6.0%	A05
A06	9.44		9.44	5.60	17.2	16.8	2.4%	A06
A07	10.56		10.56	5.60	18.2	16.8	8.3%	A07
A08	9.81		9.81	5.60	17.5	16.8	4.2%	A08
A09	9.19		9.19	5.60	17.0	16.8	1.2%	A09
A10	11.42		11.42	5.60	18.9	16.8	12.5%	A10
A11	9.61		9.61	5.60	17.4	16.8	3.6%	A11
A12	9.00		9.00	5.60	16.8	16.8	0.0%	A12

Calcs By: DF Checked: 10/26/94 10/20/94

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

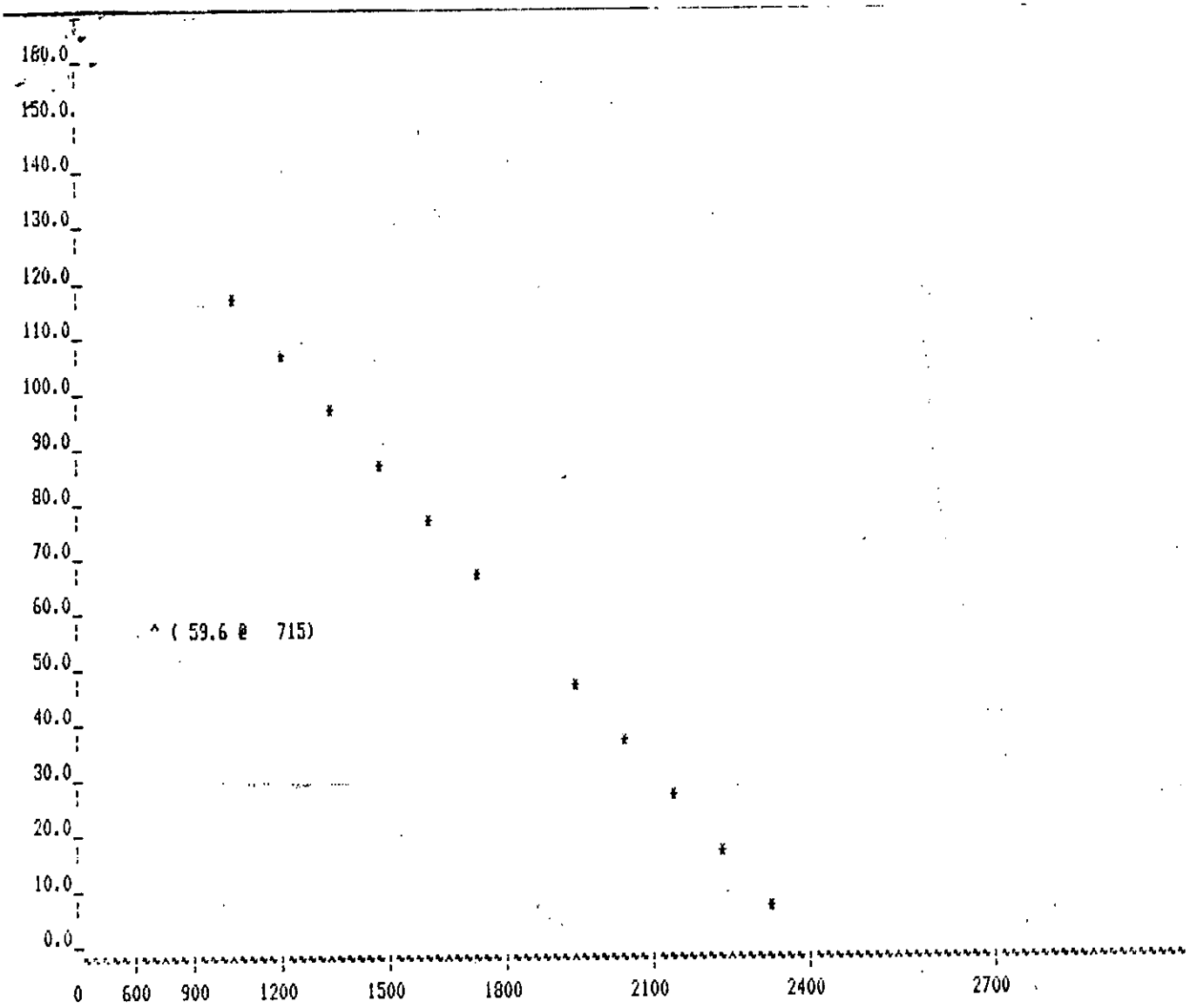
Flow and Pressure Summary

Job No:3140 BRICK HOSPITAL

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
0.00	108	>>	214.8 >>	59.62	-0.18	-3.47	55.98	109	8.00	15.00	2EGCT	93.00	108.00	0.002	6.357	120	214.8	2.2
8.00	109	>>	214.8 >>	55.98	-1.56	-29.08	25.33	110	75.00	75.00	4ETG	62.00	137.00	0.011	4.260	120	214.8	4.8
75.00	110	>>	214.8 >>	25.33	-7.34	0.00	17.99	111	75.00	25.00	2E2TG	37.00	62.00	0.118	2.635	120	214.8	12.6
75.00	111	>>	108.5 >>	17.99	-3.01	0.00	14.98	112	75.00	78.00	2E	12.00	90.00	0.033	2.635	120	108.5	6.4
75.00	111	>>	106.3 >>	17.99	-1.55	0.00	16.44	126	75.00	36.00	T	12.00	48.00	0.032	2.635	120	106.3	6.2
75.00	112	>>	108.5 >>	14.98	-1.14	0.00	13.84	114	75.00	22.00	T	12.00	34.00	0.033	2.635	120	108.5	6.4
75.00	114	>>	53.0 >>	13.84	-0.07	0.00	13.77	115	75.00	8.00			8.00	0.009	2.635	120	53.0	3.1
75.00	114	>>	55.5 >>	13.84	-0.96	0.00	12.88	119	75.00	1.00	T	8.00	9.00	0.107	1.610	120	55.5	8.7
75.00	115	>>	159.3 >>	13.77	-0.89	0.00	12.88	116	75.00	1.00	T	12.00	13.00	0.068	2.635	120	159.3	9.3
75.00	115	<<	106.3 <<	13.77	2.68	0.00	16.44	126	75.00	71.00	T	12.00	83.00	0.032	2.635	120	106.3	6.2
75.00	116	>>	105.8 >>	12.88	-0.35	0.00	12.53	117	75.00	11.00			11.00	0.032	2.635	120	105.8	6.2
75.00	116	>>	53.5 >>	12.88	-1.00	0.00	11.88	121	75.00	2.00	T	8.00	10.00	0.100	1.610	120	53.5	8.4
75.00	117	>>	53.1 >>	12.53	-0.12	0.00	12.40	118	75.00	14.00			14.00	0.009	2.635	120	53.1	3.1
75.00	117	>>	52.7 >>	12.53	-0.87	0.00	11.66	123	75.00	1.00	T	8.00	9.00	0.097	1.610	120	52.7	8.3
75.00	118	>>	53.1 >>	12.40	-0.98	0.00	11.42	A10	75.00	2.00	T	8.00	10.00	0.098	1.610	120	53.1	8.3
75.00	119	>>	36.3 >>	12.88	-0.92	0.00	11.95	120	75.00	11.00	2E	8.00	19.00	0.049	1.610	120	36.3	5.7
75.00	119	>>	19.2 >>	12.88	-1.09	0.00	11.79	A01	75.00	4.00	T	5.00	9.00	0.121	1.049	120	19.2	7.1
75.00	120	>>	18.5 >>	11.95	-1.02	0.00	10.94	A02	75.00	2.00	TE	7.00	9.00	0.113	1.049	120	18.5	6.9
75.00	120	>>	17.8 >>	11.95	-1.88	0.00	10.07	A03	75.00	14.00	2E	4.00	18.00	0.105	1.049	120	17.8	6.6
75.00	121	>>	35.0 >>	11.88	-0.86	0.00	11.02	122	75.00	11.00	2E	8.00	19.00	0.045	1.610	120	35.0	5.5
75.00	121	>>	18.5 >>	11.88	-1.01	0.00	10.87	A04	75.00	2.00	TE	7.00	9.00	0.112	1.049	120	18.5	6.8
75.00	122	>>	17.8 >>	11.02	-0.94	0.00	10.08	A05	75.00	2.00	TE	7.00	9.00	0.105	1.049	120	17.8	6.6
75.00	122	>>	17.2 >>	11.02	-1.58	0.00	9.44	A06	75.00	12.00	2E	4.00	16.00	0.099	1.049	120	17.2	6.4
75.00	123	>>	34.5 >>	11.66	-0.93	0.00	10.72	124	75.00	13.00	2E	8.00	21.00	0.044	1.610	120	34.5	5.4
75.00	123	>>	18.2 >>	11.66	-1.09	0.00	10.56	A07	75.00	3.00	TE	7.00	10.00	0.109	1.049	120	18.2	6.7
75.00	124	>>	17.5 >>	10.72	-0.92	0.00	9.81	A08	75.00	2.00	TE	7.00	9.00	0.102	1.049	120	17.5	6.5
75.00	124	>>	17.0 >>	10.72	-1.54	0.00	9.19	A09	75.00	12.00	2E	4.00	16.00	0.096	1.049	120	17.0	6.3
75.00	125	<<	34.2 <<	10.51	0.91	0.00	11.42	A10	75.00	13.00	2E	8.00	21.00	0.043	1.610	120	34.2	5.4
75.00	125	>>	17.4 >>	10.51	-0.90	0.00	9.61	A11	75.00	2.00	TE	7.00	9.00	0.100	1.049	120	17.4	6.4
75.00	125	>>	16.8 >>	10.51	-1.51	0.00	9.00	A12	75.00	12.00	2E	4.00	16.00	0.094	1.049	120	16.8	6.2

10/26/94

Calcs By: DF Checked: _____ 10/20/94



Pressure vs. Flow

150.00	0.00
120.00	1000.00
0	2386.83

BRICK HOSPITAL
4TH FLOOR DIALYSIS AREA
BRICK N.J07824

Job Number: 3140
10/20/94

10/26/94

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

TO Brick Township
500 Herbertsville Rd
BrickTown NJ 08723

DATE 11-7-94	JOB NO. 3140-S
ATTENTION	Fire Subcode official
RE:	The Medical Center of Ocean County 4th Fl. Royal Dialysis Sprinkler Plan

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
2	10-25-94	SP-1	Rev. #1 of 4th Floor Sprinkler Plan.
2	10-20-94	—	Rev #1 of Hydraulic Calcs. 4th FL.

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 _____

COPY TO _____

SIGNED: Jeff Tarsenga

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

11-7-94 3140-2
The [illegible] [illegible]
The Medical Center of
Ocean County
4th Fl. [illegible]
Sprinkler Flow

Rick Kowalewski
50 Huckleberry Rd.
Bricktown NJ 08723

2 10-28-94 Zone #1 of 4th Floor Sprinkler Flow
2 10-20-94 — Zone #1 of Hydraulic Calcs 4th Fl.

[illegible signature]

Ewing Cole Cherry Brott

- *Architects*
- *Engineers*
- *Interior Designers*
- *Planners*

Federal Reserve Bank Building
Independence Mall West
100 North 6th Street
Philadelphia, Pennsylvania
19106-1590

215.923.2020
Fax 215.574.9163

October 25, 1994

Mr. Arthur Cierzo
Building Inspector
Brick Municipal Town Hall
401 Chambers Bridge Road
Brick, NJ 08724

Dear Mr. Cierzo:

Re: The Medical Center of Ocean County, Inc.
Brick Hospital
Project No. 89056-089

It has come to our attention that you require additional information on the *Dialysis* Unit currently in construction at Brick Hospital, specifically, concerning the Dialysis machines.

I have discussed this issue with the manufacturer of both the Reverse Osmosis Treatment system and the Dialysis machines and have been assured that neither piece of equipment requires the installation of a neutralizing tank.

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

Very truly yours,

EWING COLE CHERRY BROTT

Richard A. Delaney
Direct Dial 215.625.4424

RAD:ams

cc: Messrs. Kamp and Kaplan - The Medical Center of Ocean County
Mr. Joseph Pandozzi - Fitzpatrick Associates

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

TO TOWNSHIP OF BRICK

DATE	JOB NO.
10/11/94	

ATTENTION: FIRE SUBCODE OFFICIAL

RE: BRICK HOSPITAL
4th FLOOR
RENIAL DIALYSIS UNIT

WE ARE SENDING YOU [X] Attached ☐ Under separate cover via HAND DELIVERED the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order [X] PERMIT APPLICATION

COPIES	DATE	NO.	DESCRIPTION
1			FIRE SUBCODE PERMIT APPLICATION

THESE ARE TRANSMITTED as checked below:

[X] 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
- PE SIGNED & SEALED DRAWINGS WILL BE SUBMITTED AT LATER DATE.

COPY TO_____

SIGNED: RONALD BANACH

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

Ewing Cole Cherry Brott

- Architects
- Engineers
- Interior Designers
- Planners

Federal Reserve Bank Building
Independence Mall West
100 North 6th Street
Philadelphia, Pennsylvania
19106-1590

215.923.2020
Fax 215.574.9163

FAX TRANSMITTAL

Date: November 18, 1994 Fax No.: 908-920-4850

Project: Medical Center of Ocean County Project No. or General Ledger Account: 89056.089

3 pages are being transmitted, including this cover sheet.

To: Mr. Arthur Cierzo, Building Inspector

Company: Brick Municipal Town Hall

Telephone No.: 908-262-1024

Message: Attached please find letter dated today regarding the MCOC Dialysis project.

From: Richard A. Delaney/emm RAD

cc: Gary Kamp, MCOC; JOe Pandozzi, Fitzpatrick; Pink and File

Mr. Arthur Cierzo
Brick Municipal Town Hall
November 18, 1994
Page 2

We would appreciate your considering these in your Certificate of Occupancy Inspection of the Dialysis project on Monday, November 21.

If I can provide any additional information, or answer any questions, please feel free to contact me.

Very truly yours,

EWING COLE CHERRY BROTT

Richard A. Delaney
Direct Dial 215.625.4424

RAD:emm

cc: Messrs. Jarvis, Kamp, Kaplan, Transue - The Medical Center of Ocean County
Mr. Joseph Pandozzi - Fitzpatrick Associates, Inc.

Ewing Cole Cherry Brott

- *Architects*
- *Engineers*
- *Interior Designers*
- *Planners*

Federal Reserve Bank Building
Independence Mall West
100 North 6th Street
Philadelphia, Pennsylvania
19106-1590

215.923.2020
Fax 215.574.9163

November 18, 1994

Mr. Arthur Cierzo
Building Inspector
Brick Municipal Town Hall
401 Chambers Bridge Road
Brick, New Jersey 08724

Dear Mr. Cierzo:

Re: The Medical Center of Ocean County, Inc.
Brick Hospital - Dialysis
Project No. 89056-089

I understand that a Certificate of Occupancy Inspection has been scheduled for this project with you by Fitzpatrick Associates for Monday, November 21, 1994.

Since this project received final approval from the New Jersey Department of Health, revisions were made to the drawings to delete HVAC exhaust ductwork and some electrical devices. These modifications were made in the interest of reducing the cost of the project and do not effect any of the code mandated systems for the project. We have been informed by the Department of Health that these revisions are being evaluated, but we understand that they have not been approved and forwarded to your office by Fitzpatrick Associates.

We are forwarding via overnight mail, along with a hard copy of this letter, the drawings that are currently being reviewed by the Department of Health.

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.
FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☐ YES ☐ NO

DRAIN TEST | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: _____ PSI | RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.

VERIFIED BY COPY OF THE U FORM NO. 85B ☐ YES ☐ NO | OTHER EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☐ YES ☐ NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED

WELDING

WELDED PIPING ☐ YES ☐ NO

IF YES . . .

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ☐ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAMEPLATE PROVIDED ☒ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES

NAME OF SPRINKLER CONTRACTOR: Allied Fire & Safety Co

TESTS WITNESSED BY

	TITLE	DATE
FOR PROPERTY OWNER (SIGNED)	MAINT. FOREMAN	18 NOV 94
FOR SPRINKLER CONTRACTOR (SIGNED)	Foreman	11-18-94

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work Inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative All defects shall be corrected and system left in service before contractor's personnel finally leave the job

A certificate shall be filled out and signed by both representatives Copies shall be prepared for approving authorities owners and contractor It is understood the owner's representative s signature in no way prejudices any claim against contractor for faulty material poor workmanship o fail re to comply with approving authority s requirements o local ordinances

PROPERTY NAME: Medical Center of Ocean County — DATE: 11/18/94

PROPERTY ADDRESS: Jack Martin BLVd Brick

PLANS

ACCEPTED BY APPROVING AUTHORITY('S) NAMES: LOCAL / OWNER

ADDRESS:

INSTALLATION CONFORMS TO ACCEPTED PLANS — [X] YES [ ] NO

EQUIPMENT USED IS APPROVED — [X] YES [ ] NO

IF NO EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT — [X] YES [ ] NO

IF NO EXPLAIN

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES — [X] YES [ ] NO

IF NO EXPLAIN

LOCATION OF SYSTEM

SUPPLIES BLDGS 4th Floor Dialysis

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Central	A	1993	1/2	108	165

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD — [X] YES [ ] NO

FITTINGS CONFORM TO NFPA 13 STANDARD — [X] YES [ ] NO

IF NO EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN	SEC
Flow switch	Potter	USR-F	1	0

DRY PIPE OPERATING TEST

DRY VALVE

MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO

Q.O.D.

	TIME TO TRIP THRU TEST PIPE MIN	TIME TO TRIP THRU TEST PIPE SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	TIME WATER REACHED TEST OUTLET SEC	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO
Without Q.O.D									
With Q.O.D									

IF NO EXPLAIN

American Fire Sprinkler Association
11325 Pegasus Su te E 109
Dallas Texas 75238

2.0 SPECIFICATIONS

BAXTER 1550 MACHINE

2.1 Physical

Characteristics	Performance	Condition
Dry Weight	73.2 kg (161 lbs.)	
Physical Dimensions	Height (excluding IV pole): 118 cm (46 5/8 in.) Width : 53.3 cm (21 in.) Depth (including legs): 62.8 cm (24.75 in.)	

2.2 Environmental

Characteristics	Performance	Condition
Incoming water pressure WATER OUT PUT 400 ML PER MIN = 1 PINT	Minimum: 105 kPa (10 psig) Maximum: 700 kPa (100 psig)	Minimum to be available at flowrate of 1000 ml/min.
Incoming water temperature	Minimum 1.7° C (35° F) Maximum 32.2° C (90° F)	
Required water quality	25 micron filtration and in accordance with water quality standards of the American National Standard for Hemodialysis System (ANSI/ AAMI RD5-1981). NOTE: Baxter recommends the use of Reverse Osmosis as a component in the water treatment system.	Accessory 25 micron water filter is available for external mounting on the machine. Product Code: 5M5553
Storage Temperature	-40° C (-40° F) to 70° C (158° F)	Unit drained of all water.
Operating Ambient Temperature	10° C (50° F) to 35° C (95°F)	
Humidity	10% to 100% relative humidity non-condensing	

2.0 SPECIFICATIONS

DIALYSIS BAXTER 1550 MACHINE!

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Operating Ambient Temperature	10° C (50° F) to 35° C (95°F)	
Humidity	10% to 100% relative humidity non-condensing	

As per your Request The Water output to the drain is approx 400 ML PER MIN = 1 PINT

Ewing Cole Cherry Brott

- *Architects*
- *Engineers*
- *Interior Designers*
- *Planners*

Federal Reserve Bank Building
Independence Mall West
100 North 6th Street
Philadelphia, Pennsylvania
19106-1590

215.923.2020
Fax 215.574.9163

November 17, 1994

Mr. Daniel Neumann
Plumbing Inspector
Brick Township
Brick Municipal Town Hall
401 Chambers Bridge Road
Brick, New Jersey 08724

Dear Mr. Neumann:

Re: The Medical Center of Ocean County, Inc.
Brick Hospital - Dialysis
Project No. 89056-081

Mr. Joseph Pandozzi of Fitzpatrick Associates has relayed to me your concern about the installation of the Dialysis Machine connection boxes for this project, and the fact that there is less than 18 inches from the box to the trap.

We have reviewed this situation with the manufacturer of the Dialysis Machines and have been informed that the outflow from the machines is approximately one pint per minute. This amount of flow will certainly not cause any problems with the trap installation specifically, and the buildings' plumbing systems in general.

I hope this answers your question. If we may be of any further assistance, please contact me.

Very truly yours,

EWING COLE CHERRY BROTT

Richard A. Delaney
Direct Dial 215.625.4424

RAD:emm

cc: Messrs. Jarvis, Kaplan and Transue - The Medical Center of Ocean County
Mr. Joseph Pandozzi - Fitzpatrick Associates

Ewing Cole Cherry Brott

- *Architects*
- *Engineers*
- *Interior Designers*
- *Planners*

Federal Reserve Bank Building
Independence Mall West
100 North 6th Street
Philadelphia, Pennsylvania
19106-1590

215.923.2020
Fax 215.574.9163

November 18, 1994

Mr. Arthur Cierzo
Building Inspector
Brick Municipal Town Hall
401 Chambers Bridge Road
Brick, New Jersey 08724

Dear Mr. Cierzo:

Re: The Medical Center of Ocean County, Inc.
Brick Hospital - Dialysis
Project No. 89056-089

I understand that a Certificate of Occupancy Inspection has been scheduled for this project with you by Fitzpatrick Associates for Monday, November 21, 1994.

Since this project received final approval from the New Jersey Department of Health, revisions were made to the drawings to delete HVAC exhaust ductwork and some electrical devices. These modifications were made in the interest of reducing the cost of the project and do not effect any of the code mandated systems for the project. We have been informed by the Department of Health that these revisions are being evaluated, but we understand that they have not been approved and forwarded to your office by Fitzpatrick Associates.

We are forwarding via overnight mail, along with a hard copy of this letter, the drawings that are currently being reviewed by the Department of Health.

Mr. Arthur Cierzo
Brick Municipal Town Hall
November 18, 1994
Page 2

We would appreciate your considering these in your Certificate of Occupancy Inspection of the Dialysis project on Monday, November 21.

If I can provide any additional information, or answer any questions, please feel free to contact me.

Very truly yours,

EWING COLE CHERRY BROTT

Richard A. Delaney
Direct Dial 215.625.4424

RAD:emm

cc: Messrs. Jarvis, Kamp, Kaplan, Transue - The Medical Center of Ocean County
Mr. Joseph Pandozzi - Fitzpatrick Associates, Inc.

Ewing Cole Cherry Brott

- Architects
- Engineers
- Interior Designers
- Planners

Federal Reserve Bank Building
Independence Mall West
100 North 6th Street
Philadelphia, Pennsylvania
19106-1590

215.923.2020
Fax 215.574.9163

Transmittal

Date: 11/18/94

To: Mr. Arthur Cierzo, Building Inspector
Brick Municipal Town Hall
401 Chambers Bridge Road
Brick, NJ 08724

Project: The Medical Center of Ocean County

Project No: 89056.081

Re: Dialysis

We are sending you: x Attached __ Under separate cover

Via: Federal Express/Monday Delivery

__ Copy of letter __ Submittals __ Change Order
__ Originals __ Product data __ Specifications
x Prints __ Samples __ Other

Item	Prepared by	Description	Code	No. of copies
1	ECCB	Revised HVAC & Electrical Drawing H1, 2, E1, 2, 3, 4 incorporating DOH Revisions	K	2 sets

A Reviewed
B Reviewed as noted
C Rejected—see remarks
D No further submission required
E Resubmit
F Resubmit for record purposes
G Provide ____ copies for distribution
H For review
I For approval
J For your records
K For your use
L As requested

Remarks:
Mr. Cierzo - Please review attached letter of explanation.

Copies to:
File

By:
Richard A. Delaney /emm

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

Medical Center
Dr. Jack Martin Blvd
357,000

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 1170, Lot 18 — 1813

DATE: 10/13/93

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ Tax Exempt.

Preliminary JRM
Frederick R. Millman, CTA

10-13-93
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

_____
Date

Exempt due to approval Res R-66-92 10-28-92 granted prior to adoption of mandatory development fee ordinance

ASSESSOR REVIEW / Form 0002 7/93

☑ EXEMPT 10-13-94

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: Medical Center of Ocean City DATE: 10-13-94

ADDRESS: 425 Jack Martin Blvd
Brick NJ 08723

PROPERTY LOCATION: same

ACCOUNT NO: _____ BLOCK 1170 LOT 18-18.3

INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Fee : None Date: 10-13-94

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

- [x] EXEMPT 10-13-94
- [ ] PRELIMINARY
- [ ] TEMPORARY
- [ ] FINAL

CERTIFICATE OF COMPLIANCE

NAME: Medical Center of Ocean City DATE: 10-13-94

ADDRESS: 425 Jack Martin Blvd
Brick NJ 08723

PROPERTY LOCATION: Same

ACCOUNT NO: BLOCK 1170 LOT 18-18.3

INCLUSIONARY DEVELOPMENT

[ ] Affordable	Fee Required	$500.00	Date
	Down Payment		Date
	Balance		Date
	Pd. in Full		Date
[ ] Market Rate	No Fee Required		Date

MANDATORY DEVELOPER FEES

- [ ] Residential is .005%
- [x] Commercial is .01%

Estimated Fee	: None	Date:	10-13-94
Down Payment	:	Date:	
Final Fee (Less down payment)	:	Date:	
Balance	:	Date:	
Pd. in Full	:	Date:	

Exempt council approval Res# R-66-92 10-28-9 granted for the adoption of master development ordinance

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

COC-AFFORD / Form 0001 7/93

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

Medical Center
421 Jack Martin Blvd
357,000

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 1170, Lot 15 — 18.3

DATE: 10/13/93

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ Tax Exempt.

Preliminary FRM
Frederick R. Millman, CTA

10-13-93
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

_____
Date

Exempt due to approval Res R-66-92 10-28-92 granted prior to adoption of mandatory development fee ordinance

ASSESSOR REVIEW / Form 0002 7/93

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 117 , Lot 1.02 - 1.03

DATE: 12/13/93

☐ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $_____.

Preliminary _____
Frederick R. Millman, CTA

12-13-93
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

Date

☑ EXEMPT 10-13-94

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: Medical Center of Ocean City DATE: 10-13-94

ADDRESS: 425 Grove Main Office
Ocean City NJ 08226

PROPERTY LOCATION: Same

ACCOUNT NO: _____ BLOCK 1170 LOT 18-18.3

INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Fee : None Date: 10-13-94

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

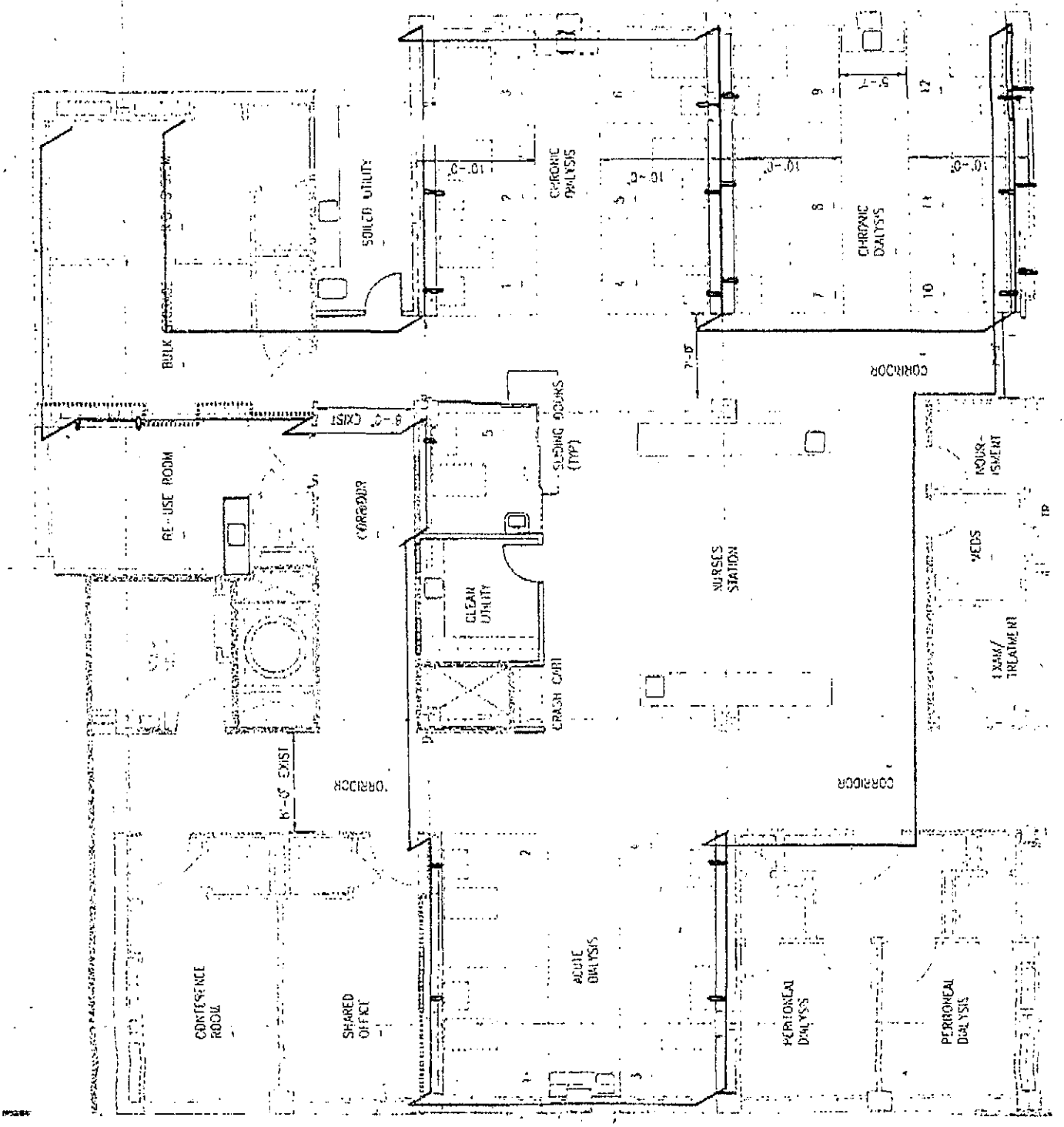
Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

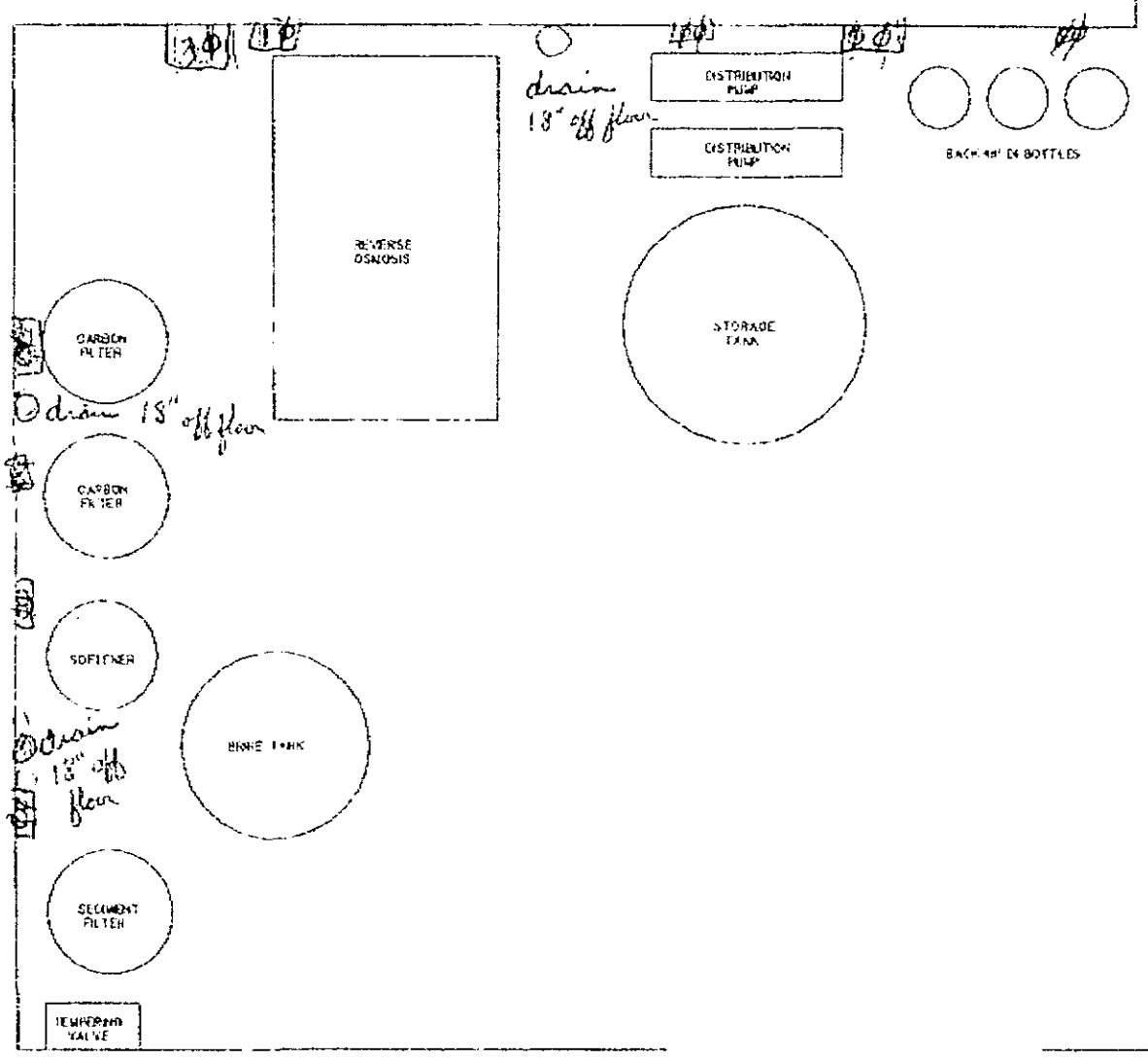
Carol A. Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR


BULK STORAGE
SOILED UTILITY
CHRONIC DIALYSIS
CHRONIC DIALYSIS
CORRIDOR
8'-0" EXIST
RE-USE ROOM
CORRIDOR
SLIDING DOORS (TYP)
CLEAN UTILITY
CRASH CART
NURSES STATION
NOURISHMENT
EXAM/ TREATMENT
CORRIDOR
CORRIDOR
8'-0" EXIST
CONFERENCE ROOM
SHARED OFFICE
ACUTE DIALYSIS
PERITONEAL DIALYSIS
PERITONEAL DIALYSIS

3φ fused, switched

BRICK HOSPITAL
PROPOSED WATER ROOM LAYOUT

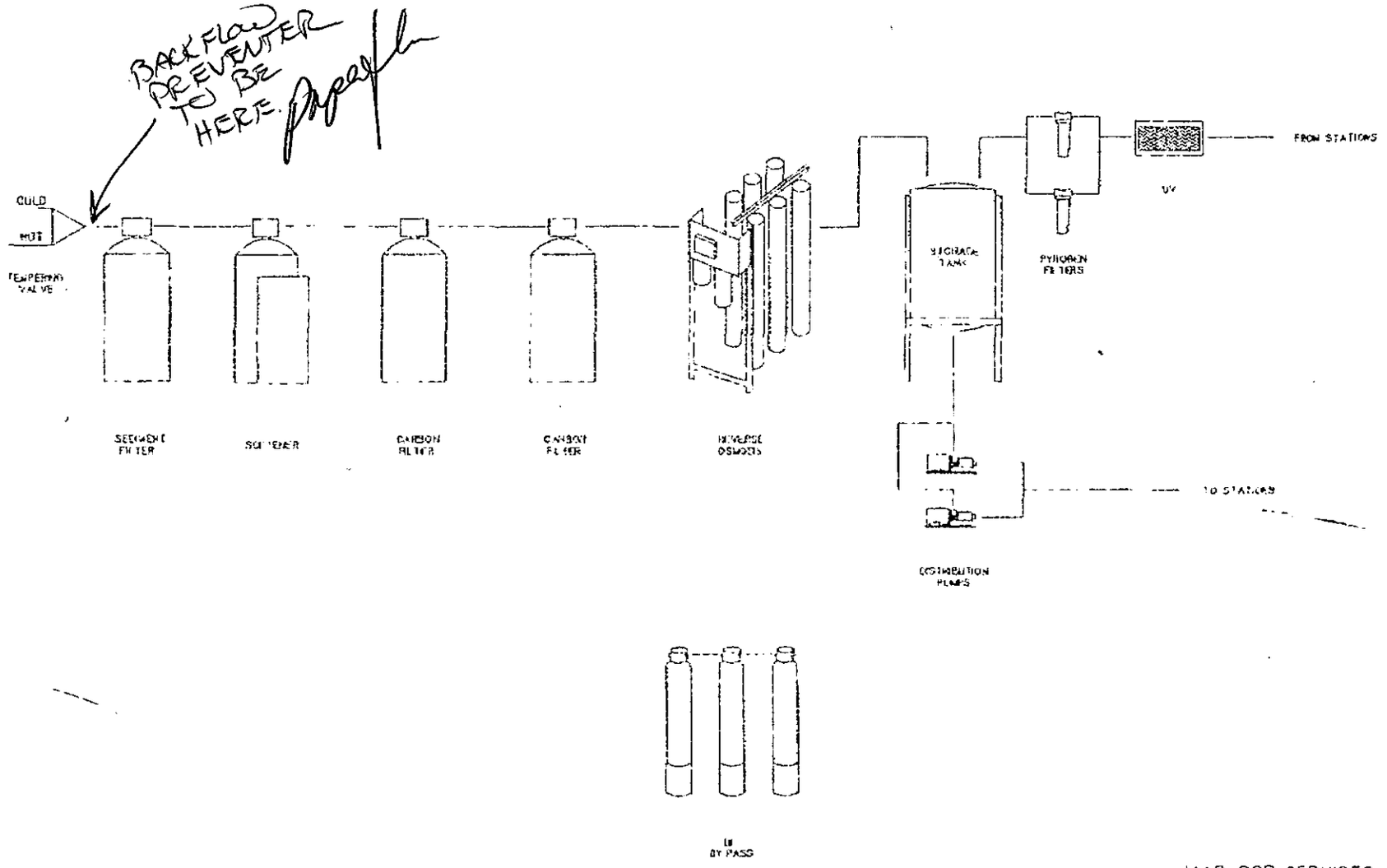


NOTE
UV AND PYROGEN FILTERS WILL BE INSTALLED ABOVE DISTRIBUTION PUMPS, ON WALL

SCALE 1/2"

MAR COR SERVICES
8/94

BRICK HOSPITAL PURE WATER SYSTEM



MAR COR SERVICES
AUGUST 10, 1994

THIS DRAWING IS FOR FLOW ILLUSTRATION PURPOSES ONLY. ALL PARTS NOT SHOWN NOR DO THOSE SHOWN NECESSARILY MIRROR ACTUAL APPEARANCE OR ALIGNMENT

BRICK DOH