BLOCK 1170 LOT 18 ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 1745-96

RECEIVED JUL 1996 DIV. OF INSPECTION

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 425 JACK MARTIN BLVD
2. Name of Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY Tel. (908) 295-6572
   Address 425 JACKMARTIN BLVD (street) BRICKTOWN (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MCOC Tel. (908) 295-6572
   Address SAME AS ABOVE
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer FELTZ ASSOCS. Tel. (___) _____
   Address 1605 BAY AVE PT. PLEASANT NJ. call 840-3392
6. Responsible Person in Charge of Work BILL TRANSUE Tel. (908) 295-6572

V. FEE SUMMARY (for office use only)

DEMO — 85

			Update	Update
1. Building	$	885 —		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee			28.00	
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other 2PH		915.		
13. TOTAL	$	985 —		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

interior demo. & alter. FOR HYPERBARIC CHAMBER

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☒ Demolition	
TOTAL COSTS	35,000

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	MP	7/1/96		7/10/96	AL	8/15/96		AL
	EWG	7/1/96		7/11				

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: ~~1-2~~ HOSPITAL
2. Use Group: 1-2
3. Change in Use Group, Indicate Former:

LDS BR 10505472

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone ( ) _____

Signature _____ Date _____

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	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	IMPORTANT A.F.B.P. EXEMPT
☐ 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	
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 1745	8-30-96			

CERTIFICATE

Date Issued 8-30-96
Control #
Permit # 1745-96

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd.

Owner in Fee Medical Center of Ocean County
Address 425 Jack Martin Blvd.
Brick, NJ 08723
Tele. ( )
Contractor MCOC
Address same

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

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

Interior demolition and alterations
for hyperbaric chamber

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:

Dan Konkonsky
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 7-12-96
Control #
Permit # 1745-96

IDENTIFICATION Block 1170 Lot 18

Work Site Location 42 = Jack Martin Blvd

Owner in Fee Med. Center of Ocean Co.

Address [illegible] gate

Tele. ( )

Contractor MCOC

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

interior demo. & alter. for hyperbaric chamber Room

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

Estimated Cost of Work $ 35,000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	885.-
Plumbing	85.-
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	15.-
Total	985.
Check No.	405476
Cash	
Collected By:	

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

UNIFORM CONSTRUCTION CODE

UPDATE ~~CONSTRUCTION~~ PERMIT

Date Issued 7-12-96
Control #
Permit # 1745-96

IDENTIFICATION Block 1170 Lot 18

Work Site Location 425 JACK MARTIN BLVD

Owner in Fee MEDICAL CENTER AT OCEAN COUNTY

Address

Tele. ( )

Contractor MCCC

Address JAMES A. CLUNER

Tele. (908) 295-6572

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

NCP For NWT Champion Circuit (7-16-96)

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

Estimated Cost of Work: $ 35,000.

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 28.00
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By: ABP

(see reverse side)

U.C.C. Form F-170C

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 7-12-96
Control #
Permit # 1745-96

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
Work Site Location 425 JACKMARTIN BLVD
BRICKTOWN
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 425 JACKMARTIN BLVD

Tele. (908) 295-6572
Contractor MCOC
Address SAME AS ABOVE

Tele. (908) 295-6572
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7/10/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/30/96
Approved By: J Dano

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			8/13/96	JC
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/30/96	Dano

B. BUILDING CHARACTERISTICS

Use Group ~~R-3~~ Present 1-2 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 $ 35,000
3. Total (1+2) $ 35,000

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
DEMO AND RELOCATION OF WALLS TO ACCEPT HYPERBARIC CHAMBER

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

(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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: July 5, 1996 1996 - 0968

Block 1170 Lot 18 Zone H-S

Property Address: 425 Jack Martin Blvd.

Owner: Medical Center Of Ocean County (Phone): 295-6572

Applicant: Same (Phone):

Use: Brick Hospital

Proposed Construction (if any): Interior demolition and alteration for hyperbaric chamber room

Conditions:

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

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.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Officer

State of New Jersey
DEPARTMENT OF HEALTH
HEALTH FACILITIES EVALUATION
CN 367, TRENTON, N.J. 08625-0367

CHRISTINE TODD WHITMAN
GOVERNOR

LEN FISHMAN
COMMISSIONER OF HEALTH

June 21, 1996

Mr. Charles W. Jarvis
Medical Center of Ocean County
Point Pleasant Division
2121 Edgewater Place
Point Pleasant, NJ 08742

Re: Medical Center of Ocean County
Brick Hospital Campus
Wound Center/Hyperbaric
Program Area Renovations
Ref. #A139-296

Dear Mr. Jarvis:

The construction documents which display the Department of Health approval stamp and date of June 21, 1996 are approved for the referenced project. Therefore, you have the authorization of this office to apply for a construction permit.

The construction documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23-2.15 (e).

Please be advised that this approval shall be valid for a period of six months from the date of this letter. Failure to acquire a construction permit within that time period will void the approval and will require the applicant to submit revised contract documents conforming to the current codes for our review and approval.

Enclosed are a Cost and Construction Data Report and a supply of Monthly Construction Status Report forms which are to be submitted to this office in conjunction with this project. In addition copies of the signed construction contract and architect's contract must be submitted to this office.

Written request for an inspection, prior to occupying the area, or areas, of completed work shall be addressed to Mr. Kenneth Hess, Coordinator, Construction Monitoring Unit, NJ State Department of Health, 300 Whitehead Road, CN 367, Trenton, NJ 08625-0367.

Sincerely,

David B. Uhaze, R.A.
Supervising Architect
Health Facilities
Construction Services

DU/FK/dv
Enclosures
c: Administrator

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 7/8/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18 SITE ADDRESS 475 Jack Martin Blvd.

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Medical

APPLICANT MCOC CITY & STATE 475 Jack Martin Blvd.

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

PROPERTY IS TAX EXEMPT.
INTERIOR ALTERATION

$ 415,000.

BCH/FRM
Frederick R. Millman, CTA, Tax Assessor

7-8-96
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 18 SITE ADDRESS 425 Jack Martin Blvd.

TYPE OF SITE Commercial TYPE OF BUSINESS Medical
Residential/Commercial

APPLICANT MCOC (Bill Trawick) PHONE NUMBER 295-6572 / 840-3352

APPLICANT ADDRESS 425 Jack Martin Blvd. CITY & STATE Brick, NJ

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required -0- Date 7/8/96

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: -0- (waived) Date 7-8-96

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

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
Affordable Housing Administrator

PATIENT INSTRUMENTATION CORPORATION

MEDICAL GAS SYSTEMS
CONSULTATION • TESTING • CERTIFICATION

DATE: 8-28-96

TO: Mr. John Christman
JA Christman, Inc. Mechanical
15 Catherine Street
Red Bank, NJ 07701

RE: Medical Center of Ocean County
Brick Division
Brick, NJ
Hyperbaric Chamber Room and
Respiratory Tie-ins

Dear Mr. Christman:

On this day Patient Instrumentation Corporation completed the testing of the Medical Gas Systems for the above referenced area to PIC Specifications #1F which exceed NFPA 99 requirements.

The following problems were observed: The valve boxes need to be labeled for areas served.

All other field tests proved satisfactory and thus the systems may be used.

Formal certification will follow in 7 to 10 days.

Respectfully,
PATIENT INSTRUMENTATION CORP.

David Esherick,
Technical Director

DE/lmg

MEMBER: *NFPA *ASPE *CSI *ASME *ASHE
4117 ROUTE 309, SCHNECKSVILLE, PA 18078 (610) 799-4436 • FAX (610) 799-4466