BLOCK 671 LOT 8 ADDRESS (SITE) BRICK TAP[illegible] PERMIT NO. 2242-95

RECEIVED
AUG 31 1995
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: RT 70 & CHAMBERS THE WEIR
2. Name of Owner in Fee: FEDERAL REALTY Tel. 215 627-8740
   Address WILLOW GROVE S/C #22 C (street) PARK COVE (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: QUALIFIED FIRE PROT. Tel. 908 647 3607
   Address 61 DALOLIA CT BASKING RIDGE N.J. 07920
   License No. OR, if new home, Builder Reg. No. 7 Exp. Date _____
   Federal Emp. No. 22-329-6347 Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. ( ) _____

II. PROPOSED WORK

fire sprinklers

	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	20,000

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
VRL	8/31/95		9-5-95 9/11/95	[illegible]	10/2/95 11/4/95		[illegible]

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		35	
4. Fire Protection		85	
5. Elevator Devices			
6. Subtotal	$	120-	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		11e-	
10. Subtotal	$		
11. Cert. of Occupancy		20-	
12. Other			
13. TOTAL	$	15190	

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	

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:
3. Change in Use Group, Indicate Former:

LDS BR 10404735

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 QUALIFIED FIRE PROTECTION, INC

Address 61 BALDWIN CT

BASKING RIDGE N.J. 07920

Telephone (908) - 647-5654

Signature _____ Date 8-31-95

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	
☐ 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.				

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 9/5/95
Control #
Permit # 2242-95

IDENTIFICATION Block 1611 Lot 8

Work Site Location [illegible] Contractor [illegible]
Address
Owner in Fee [illegible]
Address
Tele. ( ) Tele. ( ) 224284
Lic. No. or Bldrs. Reg. No. Exp. Date 0.00
Federal Emp. No. 471 B
or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

[illegible]

PAYMENTS (Office Use Only)			
Building		PLUMBING	35.00
Plumbing	35	FIRE	85.00
Electrical		D.C.A.	16.00
Fire Protection	85	C / O	20.00
Other		TOTAL	156.00
Other		CHECK	156.00
DCA Training Fee	16	CHANGE	0.00
Cert. of Occ.	20		
Other	09/05/95 NO. 5 0012A005		08:38
Total	156		
Check No.	# 16162		
Cash			
Collected By:			

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 $ [illegible]

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

THE WIT

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/5/95
Date Issued
Control #
Permit # 2242-95

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

Block 671 Lot 8
Work Site Location RT 70 & CHAMBERS

Owner in Fee FEDERAL REALTY
Address YELLOWGROVE S/C 1220 PARK COVE

Tele. (215) 657-8740
Contractor RICHARD ROHRS
Address 15 VAIL LANE
WATCHUNG, N.J. 07060
Tele. (908) 753-8015
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-31-95
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 11-9-95

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1 X	Backflow Preventer	25
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 35

FIRE SPRINKLER

U.C.C. Form F-130B

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

Addition fee $64.00

Two (2) sink

(2) liquid drain pump

11-2-95-

① Slop sink not installed

THE WIZ

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9/5/95
Date Issued
Control #
Permit # 2242-95

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

Block 677 Lot 8
Work Site Location RT 70 & CHAMBERS

Owner in Fee FEDERAL REALITY
Address VILLA GRAVE S/C 122C PARK COVE

Tele. ( )
Contractor Qualified Fire Protection, Inc.
Address 61 Baldwin Ct.
Basking Ridge, NJ 07920
Tele. (908) 647-5654
Lic. No.
Federal Emp. No. 22-3278347 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

Need Test on New Syst. New & old to 200 lbs psi for two hrs OK JE

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved JE
Date: 9-5-95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			10/2/95	JE
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.

D. Gatto
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	61	85
Dry Sprinkler Heads		
TOTAL Outside Bell Temper Switches Water Flow Control		
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 $ 85
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

COMMERCIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/30/95
Control #
Permit # 1304-95

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

Block BL 671 Lot 4 12 8
Work Site Location BRICK PLAZA
BRICK BLVD. N.J. 08723
Owner in Fee FEDERAL REALITY TRUST
Address BRICK PLAZA
BRICK N.J.
Tele. (908) 255-4994
Contractor D MILLER & SON CONST.
Address 220 DRUM PT RD
BRICK, N.J.
Tele. (908) 920-1800
Lic. No. or Bldrs. Reg. No. 005637
Federal Emp. No. _____ or Social Security No. 145-34-6931

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

PLANS ATTACHED
REPAIR TRUSS

CW12

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3/30/95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] *Other*		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10/9/95
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			8/28	
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		

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) $ 15,000

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

Addition for $1,200.00

U.C.C. Form F-110B

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

HANINGTON ENGINEERING CONSULTANTS
183 Rt. 206 South
Flanders, New Jersey 07836
(201) 691-0602 (212) 338-9801

HYDRAULIC DESIGN INFORMATION SHEET

NAME NOBODY BEATS THE WIZ DATE 8-17-95
LOCATION BRICK PLAZA, BRICKTOWN, NJ
BUILDING EXIST. BLDG. SYSTEM NO. NEW
OWNER CONTRACT NO.
CALCULATED BY QUALIFIED FIRE PROTECTION DRAWING NO. 1 OF 1
CONSTRUCTION: ☒ COMBUSTIBLE ☒ NON-COMBUSTIBLE CEILING HEIGHT 16'-9"
OCCUPANCY RETAIL STORE

SYSTEM DESIGN

☒ NFPA 13: ☐ LT.HAZ. ORD.HAZ.GP. ☐ 1 ☒ 2 ☐ 3 ☐ EX.HAZ.
☐ NFPA 231 ☐ NFPA 231C: FIGURE CURVE
☐ OTHER(Specify)
☐ SPECIFIC RULING MADE BY DATE

SPRINKLER OPERATION AREA (FT^2) 1500
DENSITY (GPM/FT^2) .20
AREA PER SPRINKLER (FT^2) 125

HOSE ALLOWANCE GPM: INSIDE
HOSE ALLOWANCE GPM: OUTSIDE 250
RACK SPRINKLER ALLOWANCE

SYSTEM TYPE
☒ WET ☐ DRY ☐ DELUGE ☐ PRE-ACTION

SPRINKLER OR NOZZLE
MAKE MODEL UPRIGHT
SIZE 3/4 K-FACTOR 8.1
TEMPERATURE RATING 212

CALCULATION SUMMARY

GPM REQUIRED 628.8 PSI REQUIRED 47.5 AT SITE MAIN
"C" FACTORE USED: OVERHEAD 120 UNDERGROUND 140

WATER SUPPLY

WATER FLOW TEST
DATE & TIME
STATIC PSI 60
RESIDUAL PSI 49
GPM FLOWING 1640
ELEVATION GRADE

PUMP DATA
RATED CAPACITY
AT PSI
ELEVATION

TANK OR RESERVOIR
CAPACITY
ELEVATION

WELL
PROOF FLOW GPM

LOCATION SITE YARD MAIN
SOURCE OF INFORMATION SPRINK FIRE PROT. / BERMUDA WITNESS

COMMODITY STORAGE

COMMODITY CLASS LOCATION
STORAGE HEIGHT AREA AISLE WIDTH
STORAGE METHOD: SOLID PILED % PALLETIZED % RACK %

RACK

☐ SINGLE ROW ☐ CONVENTIONAL PALLET ☐ AUTOMATIC STORAGE ☐ ENCAPSULATE
☐ DOUBLE ROW ☐ SLAVE PALLET ☐ SOLID SHELVING ☐ NON-ENCAPSULATE
☐ MULTIPLE ROW ☐ OPEN

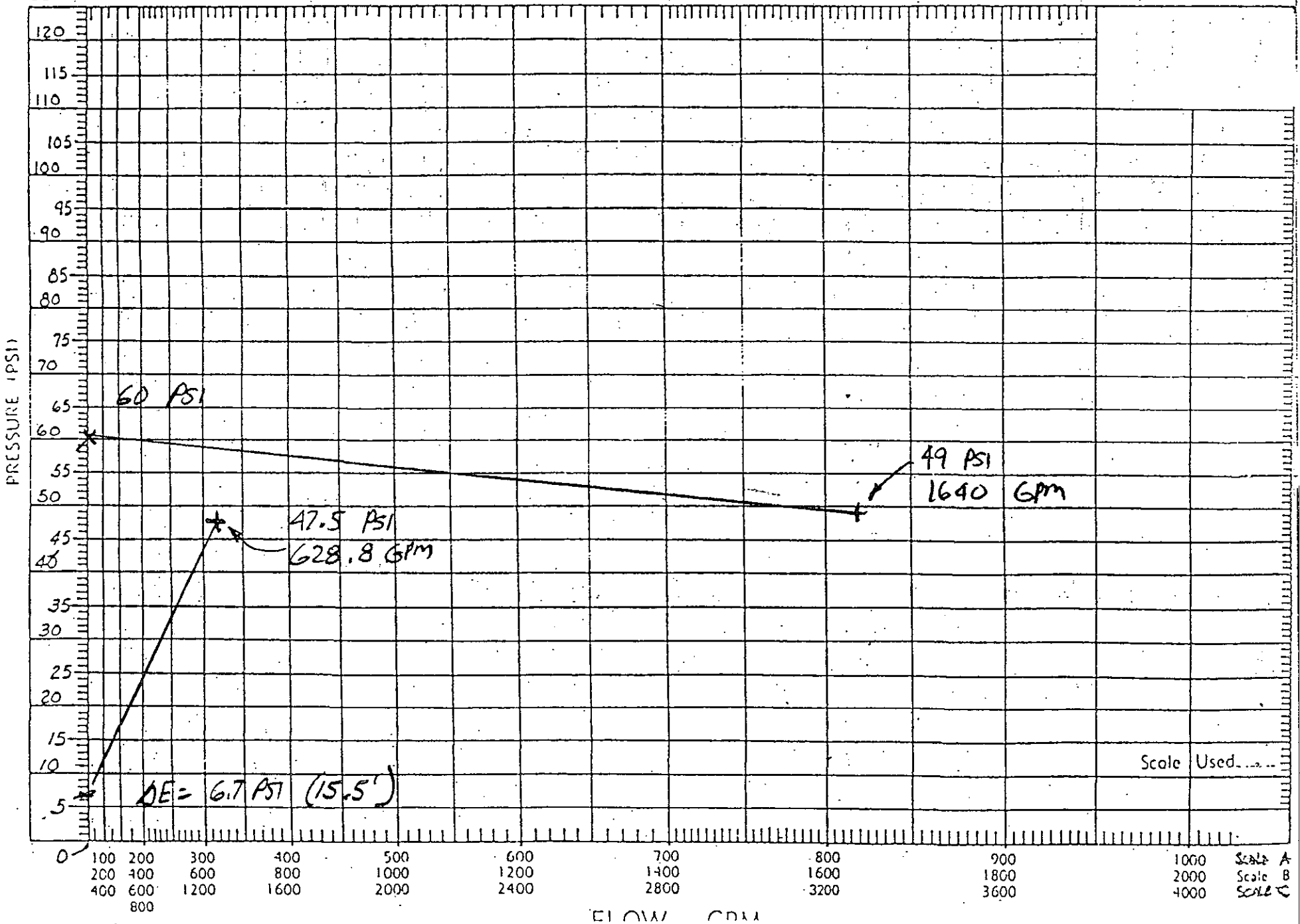
FLUE SPACING IN INCHES
LONGIT. TRANSVERSE

CLEARANCE FROM TOP OF STORAGE TO CEILING
FT. IN.

HORIZONTAL BARRIERS PROVIDED

ISO-1384

CONTRACT NAME: NO:



Serial Number 1012122 Run Number 06503

CAFE

HYDRAULIC SYSTEM DESIGN REPORT

August 16, 1995

THE WIZ
BRICK PLAZA
BRICKTOWN, NJ

QUALIFIED FIRE PROTECTION
61 BALDWIN CT.
BASKING RIDGE, NJ

Design Engineer
QUALIFIED FIRE PROTECTION

NEW ROOF SYSTEM CALCULATED TO PRODUCE .20 OVER 1500 USING 3/4" OREF. UPRIGHT SPRK. K=8.1,W/250 GPM HOSE ALLOWANCE AT CITY MAIN

PROJECT NAME: THE WIZ NEW SYSTEM

PROJECT NUMBER: QFIED

----------UNITS TABLE----------

LENGTHS AND ELEVATIONS IN FEET — PIPE DIAMETERS IN INCHES
PRESSURES IN POUNDS PER SQUARE INCH — VOLUMES IN U.S. GALLONS
FLOWS IN U.S. GALLONS PER MINUTE — VELOCITIES IN FEET PER SECOND

DENSITY REQUIREMENT: .200 GPM/SQ.FT. OVER MOST REMOTE 1500. SQ.FT.

----------WATER SUPPLY WS1 ASSIGNED AT NODE 0----------

STATIC PRESSURE = 60.0 PSI 49.0 PSI FLOWING 1640.0 GPM

LINE B1	PIPE LGT	FIT COMB	FIT E LGT	TOTAL LGT	PIPE DIAM	ELEV CHANGE	H&W COEF	AREA COVER	K FACTOR	PIPE ID	ELEV PRES	FRIC PRES	NORMAL PRES	VEL PRES	TOTAL PRES	HEAD FLOW	PIPE FLOW	
10	4.00	5	8.00	12.00	1.50	2.00	120.	125.0	8.10	1.610	.87	4.78	15.08	2.14	17.22	31.46	113.12	1
11	12.50			12.50	1.50		120.	125.0	8.10	1.610		2.73	13.38	1.11	14.49	29.63	81.67	1
12	12.50			12.50	1.25		120.	125.0	8.10	1.380		2.51	11.15	.84	11.98	27.04	52.04	1
13	12.50			12.50	1.00		120.	125.0	8.10	1.049		2.46	9.53	.00	9.53	25.00	25.00	

22.87 PSI PRESSURE REQUIRED FLOWING 113.1 GPM — 100.00 GPM = MIN REQUIRED FLOW 13.1% EXCESS FLOW

LINE B2	PIPE LGT	FIT COMB	FIT E LGT	TOTAL LGT	PIPE DIAM	ELEV CHANGE	H&W COEF	AREA COVER	K FACTOR	PIPE ID	ELEV PRES	FRIC PRES	NORMAL PRES	VEL PRES	TOTAL PRES	HEAD FLOW	PIPE FLOW
14	4.00	5	8.00	12.00	1.50	2.00	120.	125.0	8.10	1.610	.87	.33	10.68	.12	10.80	26.48	26.62
15	12.50			12.50	1.50		120.	125.0	8.10	1.610		.00	10.80	.00	10.80	26.62	.00
16	12.50			12.50	1.25		120.	125.0	8.10	1.380		.00	10.80	.00	10.80	26.62	.00
17	12.50			12.50	1.00		120.	125.0	8.10	1.049		.00	10.80	.00	10.80	26.62	.00

12.00 PSI PRESSURE REQUIRED FLOWING 26.6 GPM — 100.00 GPM = MIN REQUIRED FLOW-73.4% EXCESS FLOW

----------LINE ASSIGNMENT TO MAIN NODES----------

LINE B2 JOINS AT NODE: 6
LINE B1 JOINS AT NODES: 7 8 9

----------FITTING TABLE----------

5 = TF = 1 TURNING FLOW TEE FITTING
L2 = 2 LONG TURN 90 DEGREE ELBOWS
T2 = 2 TURNING FLOW TEE FITTINGS
G2 = 2 GATE VALVES
17 = COMBINATION OF T2 G2 LE
18 = COMBINATION OF GV AV

19 = COMBINATION OF TF LE
20 = COMBINATION OF L2
21 = COMBINATION OF T2

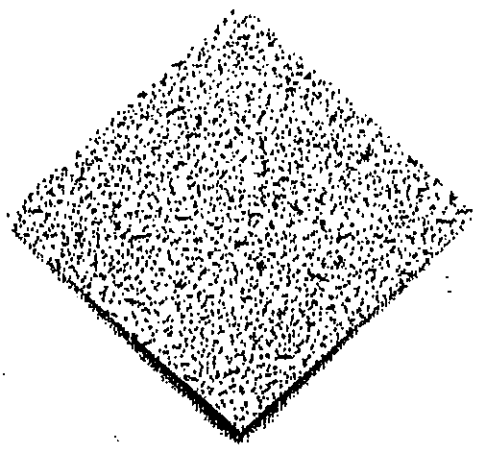
MAIN PIPES

PIPE CONFIG		H&W COEF	PIPE DIAM	FIT COMB	PIPE LGT	FIT E LGT	TOTAL LGT	ELEV CHANGE	ELEV PRES	FRIC PRES	PRES LOSS	PIPE ID	TOTAL PRES	PIPE FLOW	VEL	VEL PRES	NORMAL PRES	IN/OUT FLOW
																		<628.8>
WS1																		
0>																		
	1	140.	8.00		.0		.0			.00	.00	8.2490	47.53	628.8	3.78			250.0
	2	140.	8.00	17	400.0	121.0	521.0			.51	.51	8.2490	47.02	378.8	2.27			
	3	120.	8.00	18	10.5	49.0	59.5	10.5	4.55	.08	4.62	8.2490	42.40	378.8	2.27			
	4	120.	4.00	19	95.0	26.0	121.0			3.95	3.95	4.2600	38.45	378.8	8.53			
	5	120.	4.00	20	62.0	12.0	74.0	3.0	1.30	2.41	3.71	4.2600	34.74	378.8	8.53			
B2	6*	120.	3.00	21	51.0	30.0	81.0			9.73	9.73	3.2600	25.01	378.8	14.56	1.43	23.58	38.1
B1	7*	120.	3.00		10.0		10.0			.99	.99	3.2600	24.02	340.8	13.10	1.15	22.87	113.1
B1	8*	120.	3.00		10.0		10.0			.47	.47	3.2600	23.56	227.6	8.75	.52	23.04	113.6
B1	9*	120.	3.00	5	10.0	15.0	25.0			.33	.33	3.2600	23.23	114.1	4.38	.00	23.23	114.1

58.1 PSI PRESSURE AVAILABLE AND 47.5 PSI PRESSURE REQUIRED AT THE WATER SUPPLY WHEN FLOWING 628.8 GPM
300.0 GPM MINIMUM DESIGN FLOW REQUIREMENT
250.0 GPM REQUIRED ADDITIONAL FLOW 668.9 GPM MAXIMUM FLOW

Random fissured panels and tile Lightly fissured, heavily perforated surface

- Regular and FIRECODE panels and tile for fire-rated assemblies
- Light reflectance: LR1 for all white panels
- Surface burning characteristics: Class A rated on all products; flame spread 25, smoke developed 10 (ASTM E84 test procedure)
- Thermal performance: Up to R-2.18
- Interior finish classification: Type III, Form 2, Class 25 (Federal Spec. SS-S-118B/ASTM E1264); Class A (NFiPA 101)
- Maintenance: With optional plastic coating, can be cleaned easily with only a damp sponge. Coating has been Gardner-Scrubbability-tested to 3,000 cycles
- Available in metric sizes



Omni Fissured

Color—White plus 24 colors[3]

Recommended Suspensions

Square (SQ) edge panels
- DX, DXL, DXW
- CENTRICITEE
- MERIDIAN

Shadowline Tapered (SLT) edge panels
- DX, DXL

Interline Tapered (ILT) edge panels
- CENTRICITEE
- MERIDIAN

Fineline (FL) edge panels
- FINELINE
- FINELINE 1/8
- Highline

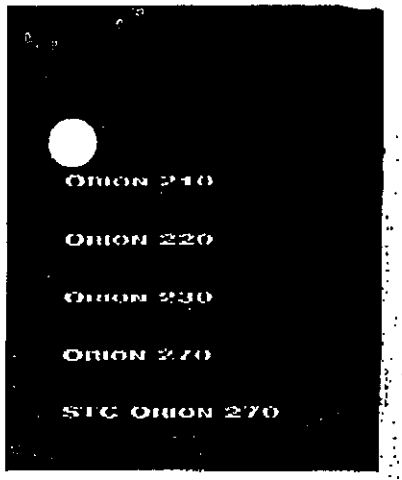
Bevel Edge/Kerf Tile
- DX Concealed

Size	Edge[1]	Regular Item No.	Regular NRC Range	Regular CAC Range[2]	FIRECODE Item No.	FIRECODE NRC Range	FIRECODE CAC Range[2]
OMNI FISSURED							
Panels							
2' x 2' x ¾"	SQ	344	.60-.60	35-39	338	.50-.60	40-44
2' x 4' x ¾"	SQ	345	.60-.60	35-39	339	.50-.60	40-44
2' x 4' x ¾"	SQ	343	.60-.70	40-44	3742	.55-.65	40-44
20" x 60" x ¾"	SQ	334	.60-.60	35-39	454	.50-.60	40-44
30" x 60" x ¾"	SQ	N/A	—	—	5688	.50-.60	40-44
30" x 60" x ¾"	SQ	342	.60-.70	40-44	N/A	—	—
2' x 5' x ¾"	SQ	346	.60-.60	35-39	N/A	—	—
2' x 2' x ¾"	SLT	323	.60-.60	35-39	336	.60-.60	35-39
2' x 2' x ¾"	SLT	341	.55-.65	35-39	3385	.50-.60	35-39
2' x 4' x ¾"	SLT	330	.60-.60	35-39	337	.60-.60	35-39
2' x 4' x ¾"	SLT	332	.55-.65	35-39	3334	.50-.60	35-39
20" x 60" x ¾"	SLT	331	.60-.60	35-39	333	.60-.60	35-39
2' x 2' x ¾"	ILT	5530	.60-.60	35-39	3386	.50-.60	35-39
2' x 2' x ¾"	FL	5551	.60-.60	35-39	5751	.50-.60	35-39
2' x 2' x ¾"	FL	3025	.55-.65	35-39	3392	.50-.60	35-39
Metric Panels (mm)							
600x600x16	SQ	ME344	.60-.60	35-39	ME336	.60-.60	40-44
600x1200x16	SQ	ME345	.60-.60	35-39	ME339	.50-.60	40-44
600x1200x19	SQ	ME343	.60-.70	40-44	ME3742	.55-.65	40-44
500x1500x16	SQ	ME334	.60-.60	35-39	ME454	.50-.60	40-44
750x1500x16	SQ	N/A	—	—	ME5688	.50-.60	40-44
750x1500x19	SQ	ME342	.60-.70	40-44	N/A	—	—
600x1500x16	SQ	ME346	.60-.60	35-39	N/A	—	—
600x600x16	SLT	ME323	.60-.60	35-39	ME336	.60-.60	35-39
600x600x19	SLT	ME341	.55-.65	35-39	ME3385	.50-.60	35-39
600x1200x16	SLT	ME330	.60-.60	35-39	ME337	.60-.60	35-39
600x1200x19	SLT	ME332	.55-.65	35-39	ME3334	.50-.60	35-39
500x1500x16	SLT	ME331	.60-.60	35-39	ME333	.60-.60	35-39
600x600x16	ILT	ME5530	.60-.60	35-39	ME3386	.50-.60	35-39
600x600x16	FL	ME5551	.60-.60	35-39	ME5751	.50-.60	35-39
600x600x19	FL	ME3025	.55-.65	35-39	ME3392	.50-.60	35-39
Tile							
12" x 12" x ¾"	BESK	320	.60-.60	40-44	335	.55-.65	40-44
12" x 12" x ¼"	BESK	340	.55-.65	45-49	N/A	—	—
Metric Tile (mm)							
300x300x16	BESK	ME320	.60-.60	40-44	ME335	.55-.65	40-44
300x300x19	BESK	ME340	.55-.65	45-49	N/A	—	—

(1) For edge drawings, see page 8.
(2) Ceiling Attenuation Class (CAC), previously indicated as Ceiling Sound Transmission Class (CSTC), when tested in accordance with ASTM E1414.
(3) See your USG Interiors representative for availability of specific colors.

Envirosense. Consortium

All products are available with INTERSEPT® anti-microbial.
To specify, use the item number followed by the word "Intersept."



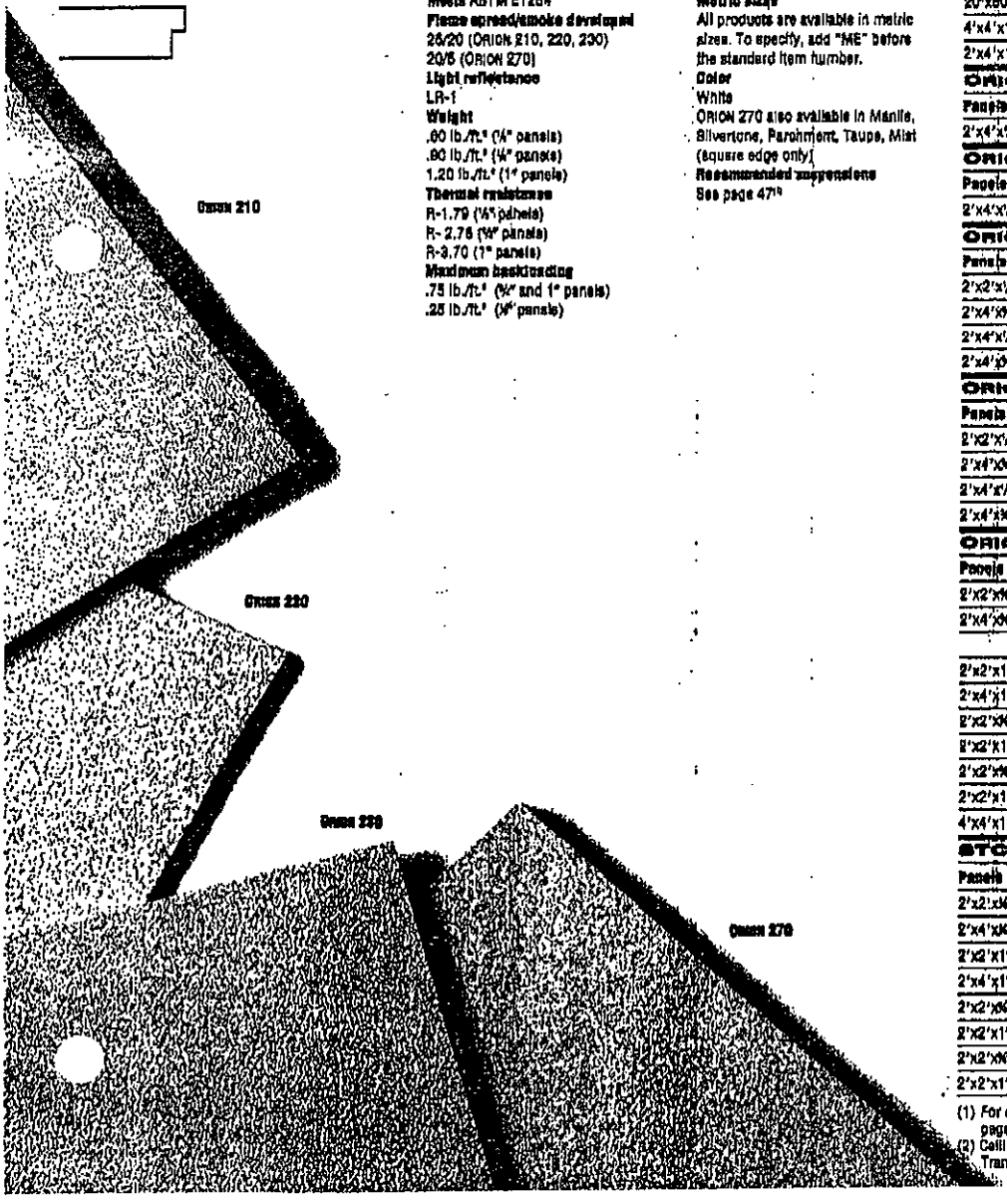
ORION Panels

- ORION 210, 220, 230: washable vinyl film in directional and nondirectional patterns
- ORION 270: Nubby cloth facing
- STC ORION 270: Nubby cloth facing
- Maximum temperature/humidity: 95°F, 95%RH

Square (SQ)

Shadowline (SL)

Fineline (FL)



Environsense. Consortium

Environsense with Intersept
ORION 270 products are available with Intersept. To specify, use the item number followed by the word "Intersept." For example, you would specify "66171 Intersept."
ASTM Form/spec.
Type 3, Form 1 or 2, Class 25
Meets ASTM E1264
Flame spread/smoke developed
25/20 (ORION 210, 220, 230)
20/5 (ORION 270)
Light reflectance
LR-1
Weight
.60 lb./ft.² (¼" panels)
.80 lb./ft.² (½" panels)
1.20 lb./ft.² (1" panels)
Thermal resistance
R-1.79 (¼" panels)
R- 2.75 (½" panels)
R-3.70 (1" panels)
Maximum backloading
.75 lb./ft.² (½" and 1" panels)
.25 lb./ft.² (¼" panels)

Maximum temperature
95°F
Maximum humidity
95% relative humidity
Water resistance
Less than 0.3g/m²/2 min. per Cobb test
Sag resistance
10-year warranty
Maintenance
Panels can be cleaned easily with a soft brush or vacuum
Metric sizes
All products are available in metric sizes. To specify, add "ME" before the standard item number.
Color
White
ORION 270 also available in Manila, Silvertone, Parchment, Taupe, Mist (square edge only)
Recommended suspensions
See page 47(1)

Size	Edge	Class A Item No.	Class A NRC Range	Class A CAC Range	Firecode Item No.	Firecode NRC Range	Firecode CAC Range(2)
ORION 210							
Panels							
2'x2'x¼"	SQ	66111	.70-.80	25-29	N/A	—	—
2'x2'x½"	SQ	N/A	—	—	66118	.70-.80	25-29
2'x4'x¼"	SQ	66111	.70-.80	25-29	N/A	—	—
2'x4'x½"	SQ	66118	.70-.80	25-29	66118	.70-.80	25-29
20"x60"x½"	SQ	67611	.70-.80	20-24	N/A	—	—
4'x4'x1"	SQ	63411	.70-.80	20-24	N/A	—	—
2'x4'x1"	SQ	63171	.70-.80	20-24	N/A	—	—
ORION 210 Unperforated							
Panels							
2'x4'x½"	SQ	64112	N/A	N/A	N/A	—	—
ORION 220 Unperforated							
Panels							
2'x4'x½"	SQ	64122	N/A	N/A	N/A	—	—
ORION 220							
Panels							
2'x2'x¼"	SQ	62121	.70-.80	20-24	N/A	—	—
2'x4'x½"	SQ	N/A	—	—	66128	.70-.80	25-29
2'x4'x¼"	SQ	64121	.70-.80	20-24	N/A	—	—
2'x4'x½"	SQ	N/A	—	—	66128	.70-.80	25-29
ORION 230							
Panels							
2'x2'x¼"	SQ	62131	.70-.80	20-24	N/A	—	—
2'x4'x½"	SQ	N/A	—	—	66138	.70-.80	25-29
2'x4'x¼"	SQ	64131	.70-.80	20-24	N/A	—	—
2'x4'x½"	SQ	N/A	—	—	66138	.70-.80	25-29
ORION 270							
Panels							
2'x2'x½"	SQ	66171	.80-.90	25-29	66178	.70-.80	25-29
2'x4'x½"	SQ	66171	.80-.90	25-29	66178	.70-.80	25-29
2'x2'x1"	SQ	61171	.90-1.00	25-29	N/A	—	—
2'x4'x1"	SQ	63171	.90-1.00	25-29	N/A	—	—
2'x2'x½"	SL	66271	.80-.90	25-29	66278	.75-.85	25-29
2'x2'x1"	SL	61271	.85-.95	25-29	N/A	—	—
2'x2'x½"	FL	66371	.80-.90	25-29	66378	.75-.85	25-29
2'x2'x1"	FL	61371	.85-.95	25-29	N/A	—	—
4'x4'x1"	SQ	63471	.90-1.00	25-29	N/A	—	—
STC ORION 270							
Panels							
2'x2'x½"	SQ	66175	.75-.85	35-39	66179	.70-.80	35-39
2'x4'x½"	SQ	66175	.70-.80	35-39	N/A	—	—
2'x2'x1"	SQ	61175	.80-.90	35-39	N/A	—	—
2'x4'x1"	SQ	63175	.80-.90	35-39	N/A	—	—
2'x2'x½"	SL	66275	.70-.80	40-44	66279	.70-.80	35-39
2'x2'x1"	SL	61275	.75-.85	40-44	N/A	—	—
2'x2'x½"	FL	66375	.70-.80	40-44	66379	.70-.80	35-39
2'x2'x1"	FL	61375	.80-.90	40-44	N/A	—	—

(1) For detail drawings of edges matched with recommended suspensions, see page 47.
(2) Ceiling Attenuation Class (CAC), previously indicated as Ceiling Sound Transmission Class (CSTC), when tested in accordance with ASTM E1414.

VINYL WOOD FLOORING

All Products

Test Data — Fire & Smoke Tests

FLOORING RADIANT PANEL TEST

FEDERAL FUNDING REQUIREMENTS

The Department of Health and Human Services has adopted the guidelines established in the NFPA Life Safety Code for interior floor finish flammability as pertaining to health care occupancies. The code specifies that flooring installed in corridors and exitways shall be Class I in accordance with the critical radiant flux ratings, interior floor finish. A Class I rating requires a minimum critical radiant flux of 0.45 watts per square centimeter in accordance with standard test method, NFPA 253 (or ASTM-E648), for critical radiant flux of floor covering systems using a radiant heat energy source. This procedure is routinely performed by independent testing laboratories such as United States Testing Company, Inc.

	Heat Flux Result
PermaGrain®/Timeless® Series "75"	0.93 watts/cm²
GenuWood® II	0.96 watts/cm²

GENERAL COMMERCIAL REQUIREMENTS

For general commercial construction, the guideline is a minimum average radiant heat flux of 0.22 watts/cm².

PermaGrain/Timeless Series	0.34 watts/cm²

GENERAL INFORMATION

The Flooring Radiant Panel Test is also widely accepted by industry and government agencies such as Department of Transportation, General Services Administration, and the Veterans Administration. ASTM and NFPA test consensus standards have been completed.

This test was developed because of dissatisfaction with previous procedures. The Flooring Radiant Panel Test measures a vital ingredient of fire: radiant energy. It applies to corridors and exitways. The test result indicates whether and how far the corridor flooring will spread the flame front. Compared with the above results, most carpeting would be assigned a value near the mid-range (0.50 watts/cm²) or lower.

FLAME PROPAGATION CLASSIFICATION TEST

FEDERAL FUNDING REQUIREMENTS

Federal legislation mandates that flooring specified for Health Care Occupancies and other Federally funded construction must have a Flame Propagation Index of 4 or lower. The test procedure is Underwriters Laboratories Flame Propagation Test (UL992).

	Flame Propagation Index
PermaGrain/Timeless Series II	0.5 (UL Listed)
GenuWood II	0.9

GENERAL COMMERCIAL REQUIREMENTS

The Classification Index requirement for flooring material used in general construction areas is a rating of 8 or lower.

GENERAL INFORMATION

The Underwriters Laboratories Flame Propagation Test, also referred to as the Chamber Test, was designed to classify flooring materials.

The test results for other flooring products are:

	Index
Synthetic carpet	0.7 to 30
Wool carpet	0.3 to 1.7
Acrylic sheet	1 to 2
Untreated red oak	1.0
Vinyl tile	0.5

STEINER TUNNEL TEST

FEDERAL FUNDING REQUIREMENTS

Federal legislation mandates that flooring specified in Health Care Occupancies and other Federally funded construction must meet a flame spread rating of not more than 75, based on the Steiner Tunnel Test, ASTM-E84 or a flame spread index of less than 4.0 when tested in accordance with Underwriters Laboratories Chamber Test, UL992.

Tunnel Test	Flame Spread	Chamber Test	Flame Spread Index
PermaGrain/Timeless Series "75"	65	PermaGrain®/Timeless Series II	0.5
GenuWood SFR	50	GenuWood® II	0.9

PermaGrain/Timeless Series "75"

When installed with RK-1 adhesive is UL Listed:

Flame Spread 65

GenuWood SFR

GenuWood SFR when installed with BB-120 primer is rated:

Flame Spread 50

GENERAL INFORMATION

The Steiner Tunnel Test procedure (ASTM-E84 or UL-723) uses a special fire test chamber which is designed to evaluate the burning characteristics of flooring and other construction materials. The department of Health and Human Services requested the development of such a test and it is now approved by the General Services Administration, as well as state and local requirements for fire hazard classification.

	Flame Spread	Smoke Developed
Inorganic cement board	0	0
Untreated red oak flooring	100	100
PermaGrain/Timeless Series II	110	n/a
GenuWood II	135	705
Permétage®	15	n/a

SMOKE DENSITY TEST

The Department of Health and Human Services has established that floor covering materials used in Health Care Occupancies must have a Specific Optical Density of 450 or less. The test procedure is the NBS Aminco Smoke Chamber, ASTM-E662 or NFPA-258 method.

	Specific Optical Density (Combined Value)
PermaGrain/Timeless Series II	69
GenuWood II	248

The influence of smoke is the most frequent cause of death in a fire situation. For this reason, the National Bureau of Standards developed the Smoke Chamber Test with Underwriters Laboratories. The results obtained are important criteria when selecting flooring materials.

CARPET

TEST NO.
0878

Independent Textile Testing Service, Inc.

P.O. Box 1948

1503 Murray Ave.

Dalton, Georgia 30722-1948 • Phone 706-278-3013 • Fax 706-272-7057

January 24, 1994

Customer: Whitecrest Carpet Mills, Inc.
A Div. of DWB Carpet Holdings

Subject: Specimens of the submitted sample were prepared and tested in accordance with ASTM E-648 and/or Federal Test Method 372, NFPA 253

FLOORING RADIANT PANEL TEST

SAMPLE DESCRIPTION:

Style: 446
Color: 142
Roll#: D4120A
Secondary Back: Woven Synthetic

TEST ASSEMBLY:

Mounted on Sterling Board

TEST RESULTS:	Specimen #1	Specimen #2	Specimen #3
Critical Radiant Flux:	.42 watts/cm²	.51 watts/cm²	.56 watts/cm²
Total Burn Length:	45.0 cm.	40.0 cm.	37.0 cm.
Flame Front Out:	23.0 minutes	39.0 minutes	28.0 minutes

AVERAGE CRITICAL RADIANT FLUX: .50 watts/cm²

ESTIMATED STANDARD DEVIATION: .07 watts/cm²

14.2% coefficient of variation

AUTHORIZED SIGNATURE

Independent Textile Testing Service, Inc.

P.O. Box 1948

1503 Murray Ave.

Dalton, Georgia 30722-1948 • Phone 706-278-3013 • Fax 706-272-7057

TEST NO. 0878

January 24, 1994

Customer: Whitcrest Carpet Mills, Inc.
A Div. of DWB Carpet Holdings

Subject: Specimens of the submitted samples were prepared and tested in accordance with the procedures proposed by the National Institute of Standards and Technology (formerly National Bureau of Standards), Technical Note 708 and NFPA 258, ASTM E-662.

SMOKE DENSITY TEST (NIST)

Operating Conditions

Irradiance: 2.5 watts/cm² G Factor 132

Thermal Exposure: Flaming
Furnace Voltage: 102
Burner Fuel: Propane

SAMPLE DESCRIPTION:

Style: 446
Color: 142
Roll#: D4120A
Secondary Back: Woven Synthetic

Test Results

	#1	#2	#3	Avg.
Chamber Temperature, °F. (start)	95	95	95	
Chamber Pressure	Maintained positive, under 3" H²O			
Min. Transmittance (TM), %	79%	12%	15%	
at, minutes	8.10	8.10	5.00	7.07
Max. Spec. Opt. Density (DM)	146	122	109	126
Clear Beam, (DC)	9	11	11	10
DM, CORRECTED (DMC)	137	111	98	115
Spec. Opt. Density at 1.5 min.	1	2	2	2
Spec. Opt. Density at 4.0 min.	79	87	98	88
Time to 90% DM, minutes	6.40	6.10	4.00	5.50
Time to DS = 16, minutes	2.30	2.10	2.00	2.13

AUTHORIZED SIGNATURE

Independent Textile Testing Service, Inc.

P.O. Box 1948

1503 Murray Ave.

Dalton, Georgia 30722 1948 • Phone 706-278-3013 • Fax 706-277-7057

TEST NO. 0878

January 24, 1994

Customer: Whitecrest Carpet Mills, Inc.
A Div. of DWB Carpet Holdings

Subject: AATCC 134 - ELECTROSTATIC PROPENSITY OF CARPETS

SAMPLE DESCRIPTION:

Style: 446
Color: 142
Roll#: D4120A
Secondary Back: Woven Synthetic

TEST CONDITIONS: 70 DEGREES F. 20 % RH

TEST RESULTS:

SOLE*	UNDERLAY	KV STEP	KV SCUFF
1	H-J	0.4	0.3
1	H-J	0.3	0.5
2	H-J	0.5	0.5

*SOLE
1) Standard Neolite
2) Standard Chrome Leather
3) UNDERLAY: Plate/A grounded metal plate approximately 3'x 4'.
H-J/ A standard 40 oz./sq.yd. rubberized Hair/Jute cushion approximately 3'x 4'.

AUTHORIZED SIGNATURE

TEST NUMBER
0878

Independent Textile Testing Service, Inc.

P.O. Box 1948

1503 Murray Ave.

Dalton, Georgia 30722-1948 • Phone 706-278-3013 • Fax 706-272-7057

January 25, 1994

CUSTOMER: Whitecrest Carpet Mills, Inc.
A Div. of DWB Carpet Holdings

SUBJECT: One (1) sample(s) of carpet submitted by the Customer for testing and identified as below:

SAMPLE IDENTIFICATION: [Color(s) & Roll Number(s) See Below]

Style: 446
Backing: Woven Synthetic

FLAMMABILITY TEST

COLOR(s)	ROLL NUMBERS	TESTED	PASSED
142	D4120A	8	8

APPROVED
MEETS OR EXCEEDS
FEDERAL FLAMMABILITY
STANDARD CPSC FF 1-70

AUTHORIZED SIGNATURE

MATERIAL SAFETY DATA SHEET

POLOMYX INDUSTRIES
14 JEWEL DRIVE
WILMINGTON, MA 01887

INFORMATION TELEPHONE NO.: 508-657-8340
EMERGENCY TELEPHONE NO.: 1-800-424-9300
CHEMTREC

RATION DATE: 11/19/91 REPLACES DATE: NEW MSDA PREPARER: AMD

SECTION I - PRODUCT IDENTIFICATION

POLOMYX SERIES: 402, 404, 406, 4023, 4025, 4043, 4063, 4065, 6002, 6004, 6006

SECTION II - HAZARDOUS INGREDIENTS

CHEMICAL NAME	CAS NUMBER	WT. PERCENT IS LESS THAN	OCCUPATIONAL EXPOSURE LIMITS (TLV-TWA)	(TLV-STEL)	SKIN DESIG-NATION	VAPOR PRESSURE mmHg 20C	KNOWN OR SUSPECTED CARCINOGEN	SEC 313
MINERAL SPIRITS	8052-41-3	30%	100	200	NO	10.0	NO	NO
SILICA (DISPERSED IN LIQUID)	7631-86-9	5%	N.A.	N.A.	NO	0.0	NO	NO

OSHA PEL = 100 FOR MINERAL SPIRITS

N.A. - NOT APPLICABLE

SECTION III - PHYSICAL DATA

BOILING RANGE : 212 - 390 F
ODOR : MINERAL SPIRITS
APPEARANCE : COLORED DROPLETS
VOLATILE BY WEIGHT : 74.2%
VOLATILE BY VOLUME : 83.6%

VAPOR DENSITY : IS HEAVIER THAN AIR
EVAPORATION RATE : IS SLOWER THAN ETHER
SOLUBILITY : MISCIBLE W/WATER
PRODUCT DENSITY : 8.4 LBS./GAL. (U.S.)

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLAMMABILITY CLASSIFICATION:

FLASH POINT: 155 F (SETAFLASH CLOSED CUP) LEL: 0.9% UEL: 7.0%

OSHA - COMBUSTIBLE LIQUID - CLASS IIIA
- COMBUSTIBLE LIQUID

EXTINGUISHING MEDIA: CARBON DIOXIDE DRY CHEMICAL FOAM

UNUSUAL FIRE AND EXPLOSION HAZARDS: KEEP CONTAINERS TIGHTLY CLOSED. ISOLATE FROM HEAT, SPARKS, AND OPEN FLAME. DO NOT APPLY TO HOT SURFACES. CLOSED CONTAINERS MAY EXPLODE WHEN EXPOSED TO EXTREME HEAT.

SPECIAL FIREFIGHTING PROCEDURES: WATER MAY BE INEFFECTIVE. WATER MAY BE USED TO COOL CLOSED CONTAINERS. IRRITATING OR TOXIC GASES MAY BE PRESENT. USE SELF-CONTAINED BREATHING APPARATUS.

SECTION V - HEALTH HAZARD DATA

EFFECTS OF OVER EXPOSURE: NOT KNOWN TO PRODUCE CHRONIC OR CUMULATIVE EFFECTS WITHIN RECOMMENDED GUIDELINES. INHALATION: VAPOR IRRITATING TO EYES, NOSE AND THROAT. CAN CAUSE HEADACHE, DIZZINESS, NAUSEA, WEAKNESS, LOSS OF CONSCIOUSNESS. PROLONGED OVEREXPOSURE MAY CAUSE PERMANENT INJURY. SKIN: BRIEF CONTACT NOT EXPECTED TO BE HARMFUL. PROLONGED AND REPEATED CONTACT MAY CAUSE DRYING OF THE SKIN, AND ABSORPTION OF HARMFUL AMOUNTS. EYE CONTACT: BURNING AND IRRITATION. INGESTION: DO NOT TAKE INTERNALLY. MAY CAUSE NAUSEA, VOMITING, DIARRHEA AND OTHER TOXIC EFFECTS.

MEDICAL CONDITIONS PRONE TO AGGRAVATION BY EXPOSURE: INDIVIDUALS WITH CHRONIC RESPIRATORY PROBLEMS SHOULD NOT BE EXPOSED TO VAPOR OR SPRAY MIST.
PRIMARY ROUTE(S) OF ENTRY: DERMAL INHALATION INGESTION

EMERGENCY AND FIRST AID PROCEDURES: INHALATION: PROVIDE FRESH AIR. GIVE ARTIFICIAL RESPIRATION OR OXYGEN IF NECESSARY. CALL A PHYSICIAN. SKIN: WASH THOROUGHLY WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING AND SHOES. WASH CLOTHES THOROUGHLY BEFORE RE-USE.

SECTION VI - REACTIVITY DATA

STABILITY: THIS PRODUCT IS STABLE UNDER NORMAL STORAGE CONDITIONS.

HAZARDOUS POLMERIZATION: WILL NOT OCCUR UNDER NORMAL CONDITIONS.

HAZARDOUS DECOMPOSITION PRODUCTS: COMBUSTION PRODUCES CARBON MONOXIDE AND CARBON DIOXIDE. UNIDENTIFIED ORGANIC COMPOUNDS MAY BE FORMED.

CONDITIONS TO AVOID: STRONG ACIDS, STRONG ALKALIS, STRONG OXIDIZERS.

INCOMPATABILITY: NONE

SILVERSTEIN BUCKMAN ARCHITECTS, P.A.
1428 East Elizabeth Avenue
LINDEN, NEW JERSEY 07036

(908) 925-9293
FAX (908) 925-5258

LETTER OF TRANSMITTAL

DATE	JOB NO
4 Nov 1995	9501.86

ATTENTION: ART CIERZO

RE: NOBODY BEATS THE WIZ
BRICK, NJ

TO TOWNSHIP OF BRICK BLDG. DEPT
401 CHAMBERS BRIDGE RD.
BRICK, NJ 08723

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

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☒ FLAME SPREAD RATINGS

COPIES	DATE	NO.	DESCRIPTION
1 @			FLAME SPREAD RATINGS FOR FINISH MATERIALS

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 G OF O
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: Beth Ann Tobias

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

AUTOMATIC SPRINKLER SYSTEMS

CONTRACTOR'S MATERIAL AND 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, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: THE WIZ — DATE:

PROPERTY ADDRESS: BNICH PLAZA

PLANS

- ACCEPTED BY APPROVING AUTHORITIES (NAMES):
- ADDRESS:
- INSTALLATION CONFORMS TO ACCEPTED PLANS — ☐ YES ☐ NO
- EQUIPMENT USED IS APPROVED — ☐ 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? — ☐ YES ☐ NO
- IF NO, EXPLAIN:
- HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:
  1. SYSTEM COMPONENTS INSTRUCTIONS — ☐ YES ☐ NO
  2. CARE AND MAINTENANCE INSTRUCTIONS — ☐ YES ☐ NO
  3. NFPA 13A — ☐ YES ☐ NO

LOCATION OF SYSTEM: SUPPLIES BUILDINGS

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
VIKING	PENDENT	94	1/2	295	165

PIPE AND FITTINGS

- Type of Pipe:
- Type of Fittings:

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION SEC.

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	Q.O.D. MAKE	Q.O.D. MODEL	Q.O.D. SERIAL NO.

	TIME TO TRIP THRU TEST CONNECTION* MIN.	TIME TO TRIP THRU TEST CONNECTION* 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:

* MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

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

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 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.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 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 1-1/2 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
- DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? — ☐ YES ☐ NO
- DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI
- RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION 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

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

CUTOUTS (DISCS)

- DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? — ☐ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

- NAME PLATE PROVIDED — ☐ YES ☐ NO
- IF NO, EXPLAIN:

REMARKS

- DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES

- NAME OF SPRINKLER CONTRACTOR: QUALIFIED FIRE PROTECTION INC
- TESTS WITNESSED BY
- FOR PROPERTY OWNER (SIGNED) — TITLE — DATE
- FOR SPRINKLER CONTRACTOR (SIGNED) — TITLE: Foreman — DATE: 10-2-95

Witness 200 lb 1 hr Test. 10/2/95 JE Fire Sub.

BUREAU OF FIRE PREVENTION

Insulation Tented ☐
Hydrostatic Test ☐
Close-In ☐ / /
Inspector _____

Test ☐
Close-In ☐ / /
Inspector _____

Tank ☐ Pump ☐ Alarm ☐
Final Inspection / /
Inspector _____