

CARE17-50041946

GREG BAGLEY ENGINEER

Engineering ♦ Planning ♦ Design

805 Cokesbury Road Fuquay Varina, NC 27526

Phone: 919-609-0300

Email: gdb.greg@gmail.com

500 42 687

8/17/2018

Daniel Vuncannon
Vuncannon Contracting
125 River Road
Fuquay Varina, NC 27526

Ref: Building Addition
J&M GSO Fuquay Varina, LLC

Dear Mr. Vuncannon:

I have reviewed the comments provided by Harnett County inspections and offer the following observations:

I examined the welding of columns and beams for the above building. The welds meet the requirements of AWS and ASME. The work is professional and meets all requirements for the application.

In addition, a copy of the welders Qualification Test is attached for your presentation. This test was conducted per CTI and meets above standard requirements.

Therefore, please accept this third party certification for welding performed at this project.

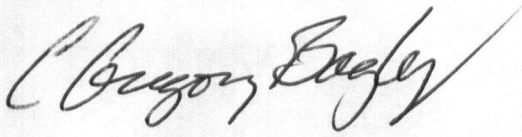
In addition, the column adjacent to the existing building at the rear has been welded to the girts and tied properly to provide structural integrity. The rafter is supported by the column and is acceptable as constructed.

The door frame has been properly anchored and is acceptable.

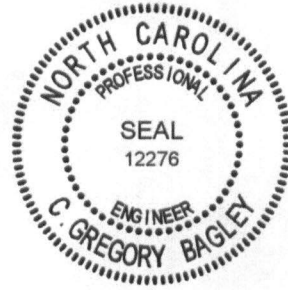
The sprinkler system is in place as required.

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

Sincerely,



C. Gregory Bagley, PE
Greg Bagley Engineer





Central Testing & Inspection, Inc.
 1400 Guffy Drive
 Raleigh, N.C. 27603
 (919) 772-6912

Record No. TW-3030
 Certificate No. 31596
 Date APRIL 17, 2003

WELDER AND WELDING OPERATOR QUALIFICATION TEST RECORD

MADE FOR TALTON'S WELDING PRODUCTS, INC., PO BOX 1110, FUQUAY-VARINA, NC 27526

Welder or welding operator's name DANIEL VUNCANNON Identification no. 244-77-4722
 Welding Process GMAW Manual _____ Semiautomatic X Machine _____
 Position 3G VERTICAL, VERTICAL UP
 (Flat, horizontal, overhead or vertical — if vertical, state whether upward or downward)
 In accordance with product specification no. PRE-QUALIFIED
 Material specification ASTM A-36
 Diameter and wall thickness (if pipe) — otherwise, joint thickness 3/8" PLATE
 Thickness range this qualifies NOT TO EXCEED 3/4" GROOVE, UNLIMITED FILLET F., H., V.

FILLER METAL

Specification no. AWS A5.18 Classification ER-70S F no. 4
 Describe filler metal (if not covered by AWS specification) _____
 Is backing strip used? YES
 Filler metal diameter and trade name .035" LINCOLN Flux for submerged arc or gas for gas metal arc or flux cored
75/25 ARGON/ CO2 arc welding _____

VISUAL INSPECTION (9.25.1)

Appearance ACCEPTABLE Undercut NONE Piping porosity NONE

Guided Bent Test Results

Type	Result	Type	Result
3G1 FACE	ACCEPTABLE	3G2 ROOT	ACCEPTABLE

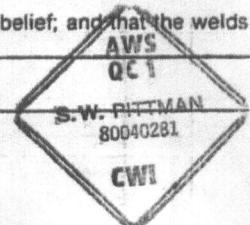
Test conducted by S.W. PITTMAN, CWI # 80040281 Laboratory test no. 1596
 per AWS D1.1/1.5 Test date 04/17/03

Fillet Test Results

Appearance _____ Fillet Size _____
 Fracture test root penetration _____ Marcoetch _____
 (Describe the location, nature, and size of any crack or tearing of the specimen.)
 Test conducted by _____ Laboratory test no. _____
 per _____ Test date _____

We, the undersigned, certify that the statements in this record are correct to the best of our knowledge and belief, and that the welds were prepared and tested in accordance with requirements of AWS

by *S.W. Pittman*
 S.W. Pittman, CWI



Contractor's Material & Test Certificate for Aboveground Piping

Dry Pipe Operating Test (Continued)

	Time to Trip Through Test Pipe		Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet		Alarm Operated Properly	
	Min.	Sec.				Min.	Sec.	Min.	Sec.
Without Q.O.D.									
With Q.O.D.									

If no, explain:

Deluge and Pre-action Valves:

Operation: Pneumatic Electric Hydraulic Piping Supervised? Yes No
 Detecting Media Supervised? Yes No Does valve operate from manual trip and/or remote control? 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 (10.3 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All above-ground 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 (0.1 bars) in 24 hours.

Tests:

All piping hydrostatically tested at 200 psi for 2 hrs. Dry piping pneumatically tested? Yes No
 Equipment operates properly? Yes No If no, reason:

Drain Test Reading of gage located near water supply test pipe:
 Residual pressure with valve in test pipe wide open? _____ psi.

Underground mains and lead-in connections to system risers shall be flushed before connection made to sprinkler piping.
 Verified by copy of 85B? Yes No Other:
 Flushed by installer of underground sprinkler piping? Yes No Explain:

Blank Testing Gaskets:

Number Used: 1 Locations: _____ Number Removed: 1

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 internal diameters of piping are not penetrated? Yes No
 Do you certify that all field cut pipe cutouts (discs/coupons) have been retrieved from sprinkler system piping? 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 Installing Contractor: Carolina Fire Protection, Inc.
 For Property Owner (Signed): _____ Title: _____ Date: _____
 For Installing Contractor (Signed): Gregory M. Edwards Title: Foreman Date: 05-17-16
Leslie Jacobs Title: Deputy Fm Date: 08-17-18

Contractor's Material & Test Certificate for Aboveground Piping

Additional printed copies of this form are available from:
 Carolina Fire Protection, Inc. - P.O. Box 250, Dunn, NC 28335 - 910-892-1700

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 representatives signature in no way prejudices any claim against the contractor for faulty material, poor workmanship or failure to comply with approving authority's requirements or local ordinances.

Property I.D.

Property Name: Mac-Vann Plumbing	Date: 8-7-18
Property Location: Fuquay Varina, NC	

Plans:

Accepted By Approving Authority's Name(s) Harnett County
Address:
Installation Conforms to Plans <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Used is Approved (If no, state deviations): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Instructions:

Has person in charge of fire equipment been instructed as to the location of control valves and the care and maintenance of this new equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:
Have copies of appropriate instructions and care and maintenance charts been left on premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

Location:

Supplies Buildings: 2018 addition

Sprinklers:

Make	Sprinkler Identification Number (SIN)	Year of Manufacture	K Factor	Quantity	Temperature Rating
Reliable	R1722	2018	8.0	40	286°
Reliable	RA1335	2018	5.6	2	155°
					°
					°
					°

Pipe and Fittings:

Pipe conforms to NFPA	Standard	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fittings conform to NFPA	Standard	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:		

Alarm Valve or Flow Indicator:

Type	Alarm Device		Maximum Time to Operate Through Test Pipe	
	Make	Model	Min.	Sec.

Dry Pipe Operating Test

Make	Dry Valve		Q.O.D.		
	Model	Serial Number	Make	Model	Serial Number
Existing					

08-17-18
 08-17-18
 [Handwritten signatures and notes]