

From: [Amber Sheldon Verbick](#)
To: [Amungwafor, Binyoti - DNR](#)
Cc: [Scott Buckner \(sbuckne@citgo.com\)](#); [Michael Sandstrom](#)
Subject: FW: Site Investigation Citgo Terminal, 9235 North 107th Street, Milwaukee, Wisconsin, BRRTS #: 03-41-001622, 02-41-000700, FID #:241309090.
Date: Friday, December 3, 2021 1:36:49 PM
Attachments: [2019 Mechanical 20211005 0001.pdf](#)
[2020 Detection System.pdf](#)
[2020 Mechanical 20211005 0001.pdf](#)
[2021 Detection System 20211005 0001.pdf](#)
[2021 Mechanical 20211005 0001.pdf](#)
[2019 Dectection System 20211005 0001.pdf](#)

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Good afternoon Binyoti,
Hoping all is well with you. Wanted to follow up on the below and see if you had an update?

Enjoy your weekend!

Amber Sheldon Verbick
Senior Project Manager

Office: 866.455.2419 ext. 4042
Mobile: 630.981.7530

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GES: Safety Without Compromise.

From: Amber Sheldon Verbick
Sent: Wednesday, November 3, 2021 10:10 AM
To: Binyoti Amungwafor (Binyoti.Amungwafor@wisconsin.gov)
<Binyoti.Amungwafor@wisconsin.gov>
Cc: Scott Buckner (sbuckne@citgo.com) <sbuckne@citgo.com>
Subject: FW: Site Investigation Citgo Terminal, 9235 North 107th Street, Milwaukee, Wisconsin, BRRTS #: 03-41-001622, 02-41-000700, FID #:241309090.

Good morning Binyoti,
After our in-person meeting in February 2020, GES submitted the Revised Closure Report in April 2020 and some additional figure revisions in June 2020 as requested. The incomplete Site Investigation letter was issued by the WDNR in September 2020 and GES submitted a response in January 2021. In April, WDNR reached out regarding the emerging contaminants evaluation and responses were provided directly from the client in May and October below. Would you mind providing an update on WDNR discussions on this site and if there has been a determination? GES left the February 2020 in-person meeting feeling as though we had a grasp on addressing the comments to the Closure Report review and that

we would be on a path to closure. Look forward to hearing back from you and hope you've been well.

Kind Regards,

Amber Sheldon Verbick
Senior Project Manager

Office: 866.455.2419 ext. 4042
Mobile: 630.981.7530

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GES: Safety Without Compromise.

From: Buckner, Scott B <SBuckne@citgo.com>

Sent: Tuesday, October 5, 2021 10:16 AM

To: 'Binyoti.Amungwafor@wisconsin.gov' <Binyoti.Amungwafor@wisconsin.gov>

Cc: Amber Sheldon Verbick <AVerbick@gesonline.com>

Subject: RE: Site Investigation Citgo Terminal, 9235 North 107th Street, Milwaukee, Wisconsin, BRRTS #: 03-41-001622, 02-41-000700, FID #:241309090.

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Greetings Binyoti – I'm sorry it has taken so long to respond to your email but I lost track of this one.

- CITGO Policy is to retain three years of inspection records for our fire foam systems; as such I am attaching inspection reports for 2019, 2020 and 2021. CITGO utilizes two contractors for performing these inspection – one does the electronic detection and signaling equipment and the other takes care of the mechanical inspection, testing and maintenance.
- CITGO has no record of foam being deployed in response to the 1985 spill or for any other spill at this facility.

Please advise if additional information is needed to further our request for closure for this site.

Best Regards,

-Scott

From: Amungwafor, Binyoti - DNR <Binyoti.Amungwafor@wisconsin.gov>

Sent: Thursday, June 24, 2021 12:19 PM

To: Buckner, Scott B <SBuckne@citgo.com>; Amber Sheldon Verbick <AVerbick@gesonline.com>

Subject: FW: Site Investigation Citgo Terminal, 9235 North 107th Street, Milwaukee, Wisconsin, BRRTS #: 03-41-001622, 02-41-000700, FID #:241309090.

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Subject: Site Investigation Citgo Terminal, 9235 North 107th Street, Milwaukee, Wisconsin

BRRTS #: 03-41-001622, 02-41-000700, FID #:241309090.

Scott & Amber:

On 05/10/2021, the Wisconsin Department of Natural Resources (DNR) received your response to the request for additional information in the DNR's e-mail dated 04/07/2021. The DNR reviewed the responses on 06/09/2021. The DNR is further requesting that you provide details to the requests stated below.

- The 05/10/2021 response stated that maintenance and testing records would be available upon request but may take some time to transmit. Provide a copy of the maintenance and testing record of the loading rack foam system.
- Provide a response and clarify if the foam was deployed during the 600-gallon spill of 1985 and any other subsequent spills on this site.

If you have any other questions, please contact me at 414.208.5874.

Thank you

Binyoti

 *Binyoti Felix Amungwafor*

Hydrogeologist
Remediation & Redevelopment Program
Wisconsin Department of Natural Resources
Southeast Region Headquarters
2300 N. Dr. Martin Luther King Jr. Dr.
Milwaukee, WI 53212

(📞)

Cell: 414-208-5874

(📠)

fax: 414-263-8550

(✉)

e-mail: Binyoti.Amungwafor@Wisconsin.gov

Web site: dnr.wi.gov

Find us on Facebook: www.facebook.com/WIDNR

We are committed to service excellence. Click [here](#) to evaluate how I did.

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FIRE DETECTION AND/OR SUPPRESSION TEST REPORT



9825 South 54th Street | Franklin, WI 53132
 Phone: (414) 448-0100 | Fax: (414) 448-0101

OWNER: Citgo Petroleum
ADDRESS: 9235 North 107th Street
CITY: Milwaukee **STATE:** WI
ZIP CODE: 53224 **JOB NO.:** S-1046
CONTACT: Jay Zopfi
PHONE(S): 414-322-0807
CUSTOMER: USAFP-WI
PHONE(S): 262-782-3311
TEST DATE: 7/9/19 **CHECKOUT** **INSPECTION**

PROTECTED AREA: Loading Racks
SYSTEM TYPE(S): Foam and UV/IR
MANUFACTURER(S): FCI / Detronics / Viking
CONTROL PANEL(S): FC-72

MECHANICAL SECTION	OK	N/A	COMMENT
Agent Containers Secure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agent Piping Secure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipe Gauge and Size	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Nozzles Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Deluge Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Pre-Action Valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solenoid/Pilot Actuators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot Controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waterflow Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Tamper Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Selector Valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pneumatic Release	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gauges/Hoses etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
System Alterations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room Sealed Properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Valves Trip Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Low Air Switches Adjusted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Normal Air _____ Alarm Point _____ Trip _____			

FOAM SYSTEM TESTING	REPORT ATTACHED	N/A
Foam Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIELD DEVICE TESTS	OK	N/A	COMMENT
Audible Alarm Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Alarm Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote Annunciators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Audible Trouble Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
Visual Trouble Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abort Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electric Release Stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aux. Control Lockouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote/Aux. Relays	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Main/Reserve Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Initiator/Solenoid Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressable Devices.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Alterations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL PANEL	OK	N/A	COMMENT
AC Power (123.9) VAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel 24 V Power Supply (25.6) VDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Charging Voltage (27.0) VDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Load Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batt 1: 80% Batt 2: 80% Dated: 5/17 Size: 26AH			
Lamp Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuses/Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Tests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Tests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trouble Tests (Ground/Open)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dip Switch Settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sequence of Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Time Delays: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Printers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Modem Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serial Number _____			

INTERLOCKS	OK	N/A	COMMENT
Air Conditioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air Handlers/Heaters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Process Interlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Shutoff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Computer Shutdown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EPO Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Closers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Strikes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dampers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: Exit gates open	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT

See comments section on page 3 for notes pertaining to those items containing a number in the comment box. A number in this box indicates a possible problem or a situation in which a particular device or function was not tested due to inaccessibility or the potential for business interruption. Starfire Systems, Inc. assumes no liability for those items identified.



9825 South 54th Street | Franklin, WI 53132
 Phone: (414) 448-0100 | Fax: (414) 448-0101

OWNER: Citgo Petroleum
 PROTECTED AREA: Loading Racks
 TEST DATE: 7/9/19

SERVICE / CHECKOUT LIST	OK	N/A	COMMENT
System(s) Armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Interlocks Rearmed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System(s) Status Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorities Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Systems Armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Systems Armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solenoids/Cylinders Connected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning Signs In Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE NOTES: DESCRIBE SPECIAL DISARMING PROCEDURES
 Disable the Zone releases and relay modules until allowed to test the shutdowns and trip test the valves. Make sure the foam valve is closed for all the testing. Citgo will shutoff the ESD switch to prevent shutdowns.

SYSTEM COMMENTS:

1. The mechanical portion of the inspection was done by USAFP-WI. See the sprinkler system test repor for details.
2. The valve tampers are not monitored, but they are sealed to indicate if they are operated, and there are no waterflow devices. The pumphouse is normally locked.
3. The bell at the control room office is the general trouble bell and is silencable at the FACP. The bell outside the Foam house is a low temperature sensor alert and is not silencable.
4. There is no 24 hour remote monitor of the fire system. The trouble and alarm signals are monitored at the control building and a dialer calls the site cell phones.
5. The rack UV/IR zone was in trouble upon arrival. The cleaning of the lenses cleared the trouble. The UV/IR sensors are tested with both the Fire Sentry UV/IR tester and the IR3 tester at the same time to alarm both portions at the same time.

STARFIRE SYSTEMS, INC TECHNICIAN:
 Daniel Kornblum
 SIGNATURE:

FIRE DEPARTMENT: _____
FIRE INSPECTOR: _____
SIGNATURE: _____

CUSTOMER OR OWNER: Citgo Petroleum
CUSTOMER OR OWNER REP: Jay Zopfi
SIGNATURE: _____

INSURANCE COMPANY: _____
REPRESENTATIVE: _____
SIGNATURE: _____

COPY TO CUSTOMER: YES NO (COMMENT): _____

UNITED STATES ALLIANCE FIRE PROTECTION, INC.

WHITE - Original
YELLOW - Subscribers Copy
PINK - Office Copy

SHEET 1 OF 2 - Use separate sheet for each building inspection.

REPORT OF INSPECTION

Inspection Contract No. _____

Inspection Report No. _____

Bureau File No. _____

Conferred With _____

REPORT TO Citgo Petroleum BUILDING OR LOCATION 2 Deluxe/Foam Sys
STREET 9235 N. 107th St INSPECTOR WF/BG
CITY & STATE Milwaukee, WI DATE 7-9-19

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? 2015
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Signature _____ Title _____ Date _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

- 1. General
 - a. Is the building occupied? Yes No
 - b. Are all systems in service? Yes No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? Yes No
 - d. Does all electrical heat tape appear to be satisfactory? Yes No NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? Yes No NA
- 2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? Yes No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? Yes No
- 3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No
- 4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? Yes No NA
 - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Yes No NA
Are they accessible and visible? Yes No NA
- 5. Wet Systems
 - a. Are cold weather valves (O.S. & Y:) in the appropriate open or closed position? Yes No NA
 - b. Have antifreeze system solutions been tested? Yes No NA
 - c. Were the antifreeze test results satisfactory? Yes No NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? Yes No NA Do all exterior openings appear to be protected against freezing? Yes No NA
- 6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? Yes No NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? Yes No NA
 - c. Has the operation of the air or nitrogen supplies been tested? Yes No NA Are they in service? Yes No NA
 - d. Were low points drained during this inspection? Yes No NA
 - e. Did quick-opening devices operate satisfactorily? Yes No NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? Yes No NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? Yes No NA
- 7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? Yes No NA
 - b. Did the heat-responsive devices operate properly during testing? Yes No NA
 - c. Did the supervisory devices operate during testing? Yes No NA
- 8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? Yes No NA
 - b. Did electric alarm(s) test satisfactorily? Yes No NA
 - c. Did supervisory alarm service test satisfactorily? Yes No NA
- 9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? Yes No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) Yes No
 - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing) Yes No
 - d. Is stock of spare sprinklers available? Yes No
 - e. Does the exterior condition of sprinkler system appear to be satisfactory? Yes No
 - f. Are sprinklers of proper temperature ratings for their locations? Yes No OPEN Heads
- 10. Explain any "No" answers and comments: Two Foam Nozzle cleared in West Loading Reel

Signature: [Signature] Date: 7-9-19

SHEET 2 OF 2 - Use separate sheet for each system inspection.

System No. or Description if multiple systems
City Perco EAST PACK ETHANAL

Inspection Report No. _____

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
 12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Without Q.O.D.	Time to Trip Thru Test Pipe MIN. SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN. SEC.	Alarm Operated Properly YES NO		
With Q.O.D.									

14. Date deluge or preaction valve tested 7-9-19 (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE								
	Operation	<input type="checkbox"/> PNEUMATIC	<input checked="" type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC					
	Piping Supervised	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Detecting media supervised		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
	Does valve operate from the manual trip and/or remote control stations								<input checked="" type="checkbox"/> YES
Is there an accessible facility in each circuit for testing				Method of testing-circuits					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				MANUAL / HAD STAB FIRE SYS					
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release			
<u>JIKING</u>	<u>E-1</u>	YES	NO	YES	NO	YES	NO		
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	B-FN	X	Seal			
System Control Valves	1	B-FN	X	Seal			
Other Control Valves	1	B-FN		Seal	X		MANUAL

16. Water Flow Test at Sprinkler Riser
Water Supply Source: _____

	Date	Test Pipe Location	Tank		Pump	
			Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	<u>6-26-18</u>	<u>Riser</u>	<u>2"</u>	<u>85</u>	<u>70</u>	<u>70</u>
This Water Flow Test				<u>85</u>		<u>70</u>

17. Explain any "No" answers and comments: NONE

18. Adjustments or corrections made during this inspection: Flowed water through all nozzles underground pumped out

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: NONE

20. Was the system or systems placed in service upon conclusion of inspection? Yes No

21. Was system or systems sealed upon completion? No Yes Seal # _____

Signature: [Signature] Date: 7-9-19

SHEET 2 OF 2 - Use separate sheet for each system inspection.

System No. or Description if multiple systems
City Fire Perko
MAIN BACK

Inspection Report
No. _____

- 11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
- 12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
- 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE				TRIP TEST TABLE				C.O.D.	
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	
	Time to Trip Thru Test Pipe	Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Properly					
	MIN. SEC.	PSI	PSI	PSI	MIN. SEC.	YES	NO				
Without O.O.D.											
With O.O.D.											

- 14. Date deluge or preaction valve tested 7-9-19 (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE							
	Operation	<input type="checkbox"/> PNEUMATIC	<input checked="" type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC				
	Piping Supervised	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Detecting media supervised		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does valve operate from the manual trip and/or remote control stations				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Is there an accessible facility in each circuit for testing				Method of testing-circuits				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				MANUAL / Heat STAP Fire sys				
MAKE	MODEL	Does each circuit operate supervision loss alarm	Does each circuit operate valve release	Maximum time to operate release				
<u>Viking</u>	<u>E-1</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

- 15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	<u>3</u>	<u>OSN</u>	<u>X</u>	<u>Seal</u>			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	<u>1</u>	<u>B-FM</u>	<u>X</u>	<u>Seal</u>			
System Control Valves	<u>1</u>	<u>B-FM</u>	<u>X</u>	<u>Seal</u>			
Other Control Valves	<u>1</u>	<u>B-FM</u>		<u>Seal</u>	<u>X</u>		<u>MANUAL Valve</u>

- 16. Water Flow Test at Sprinkler Riser
Water Supply Source: _____

	Date	City	Tank	Pump
		Test Pipe Location	Size of Test Pipe	Static Pressure Residual (Flow) Pressure
Last Water Flow Test	<u>6-26-18</u>	<u>Riser</u>	<u>2 1/2"</u>	<u>85</u> <u>75</u>
This Water Flow Test	<u>7-9-19</u>	<u>Riser</u>	<u>2 1/2"</u>	<u>85</u> <u>75</u>

- 17. Explain any "No" answers and comments: NONE

18. Adjustments or corrections made during this inspection: Flowed all nozzles with water
No Foam. Cleared two nozzles
pumped under ground out

- 19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:
None

20. Was the system or systems placed in service upon completion of inspection? Yes No
21. Was system or systems sealed upon completion? No Yes Seal # _____
Signature: [Signature] Date: 7-9-19

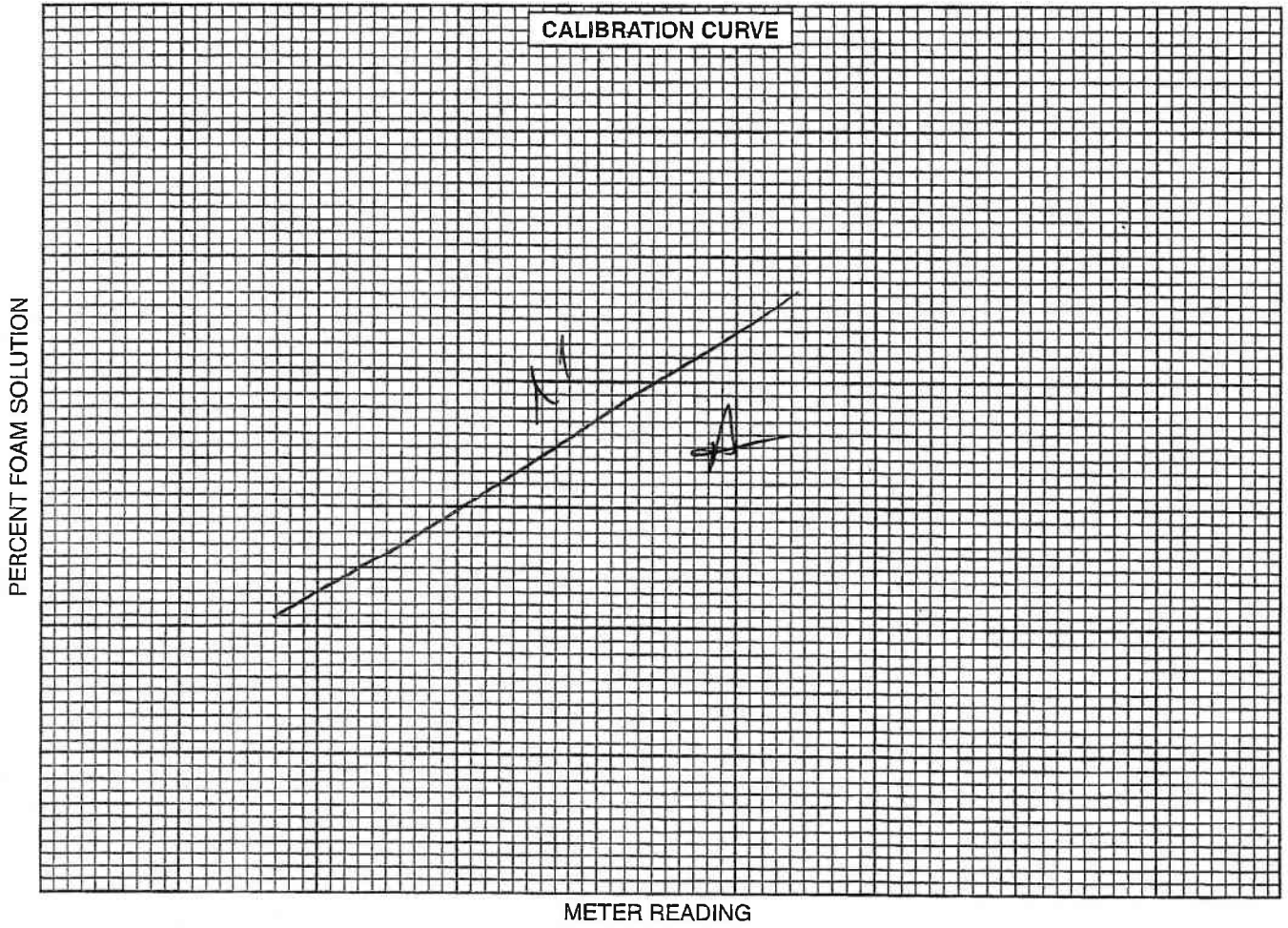
CUSTOMER/LOCATION: Citgo Petroleum FILE NO.: _____

DATE: 7-9-19 TESTED BY: Bill Graumann

FOAM CONCENTRATE TYPE / LOT NO.: NATIONAL UNIVERSAL gold 1%/3% AP-AFFF

METER TYPE: _____ CONDUCTIVITY: _____ REFRACTOMETER MODEL: _____

CALIBRATION STANDARDS	METER READING
FOAM CONCENTRATE	
WATER	
PRE-MIX #1 -	
PRE-MIX #2 -	
PRE-MIX #3 -	



TANK 98% Full

SYSTEM DISCHARGE SAMPLE	METER READING	PERCENT FOAM SOLUTION
No Flow Done		
Sample of concentrate sent to lab for testing.		

FIRE DETECTION AND/OR SUPPRESSION TEST REPORT



9825 South 54th Street | Franklin, WI 53132
Phone: (414) 448-0100 | Fax: (414) 448-0101

FIELD DEVICE TESTS	OK	N/A	COMMENT
Audible Alarm Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Alarm Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote Annunciators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Audible Trouble Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
Visual Trouble Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abort Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electric Release Stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aux. Control Lockouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote/Aux. Relays	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Main/Reserve Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Initiator/Solenoid Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressable Devices.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Alterations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OWNER: Citgo Petroleum

ADDRESS: 9235 North 107th Street

CITY: Milwaukee STATE: WI

ZIP CODE: 53224 JOB NO. S-1046

CONTACT: Jay Zopfi

PHONE(S): 414-322-0807

CUSTOMER: USAFP-WI

PHONE(S): 262-782-3311

TEST DATE: 6-29-20 CHECKOUT INSPECTION

PROTECTED AREA: Loading Racks

SYSTEM TYPE(S): Foam and UV/IR

MANUFACTURER(S): FCI / Detronics / Viking

CONTROL PANEL(S): FC-72

MECHANICAL SECTION	OK	N/A	COMMENT
Agent Containers Secure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agent Piping Secure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipe Gauge and Size	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Nozzles Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Deluge Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Pre-Action Valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solenoid/Pilot Actuators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot Controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waterflow Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Tamper Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Selector Valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pneumatic Release	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gauges/Hoses etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
System Alterations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room Sealed Properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Valves Trip Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Low Air Switches Adjusted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Normal Air _____ Alarm Point _____ Trip _____			

FOAM SYSTEM TESTING	REPORT ATTACHED	N/A
Foam Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONTROL PANEL	OK	N/A	COMMENT
AC Power (<u>123.1</u>) VAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel 24 V Power Supply (<u>25.9</u>) VDC			
Battery Charging Voltage (<u>27.3</u>) VDC			<input type="checkbox"/>
Battery Load Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batt 1: <u>80%</u> Batt 2: <u>80%</u> Dated: <u>5/17</u> Size: <u>26AH</u>			
Lamp Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuses/Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Tests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Tests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trouble Tests (Ground/Open)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dip Switch Settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sequence of Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Time Delays: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Printers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Modem Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serial Number _____			

INTERLOCKS	OK	N/A	COMMENT
Air Conditioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air Handlers/Heaters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Process Interlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Shutoff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Computer Shutdown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EPO Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Closers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Strikes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dampers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: <u>Exit gates open</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT

See comments section on page 3 for notes pertaining to those items containing a number in the comment box. A number in this box indicates a possible problem or a situation in which a particular device or function was not tested due to inaccessibility or the potential for business interruption. Starfire Systems, Inc. assumes no liability for those items identified.



9825 South 54th Street | Franklin, WI 53132
 Phone: (414) 448-0100 | Fax: (414) 448-0101

OWNER: Citgo Petroleum
 PROTECTED AREA: Loading Racks
 TEST DATE: 6-29-20

SERVICE / CHECKOUT LIST	OK	N/A	COMMENT
System(s) Armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Interlocks Rearmed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System(s) Status Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorities Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Systems Armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Systems Armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solenoids/Cylinders Connected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning Signs In Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE NOTES: DESCRIBE SPECIAL DISARMING PROCEDURES

Disable the Zone releases and relay modules until allowed to test the shutdowns and trip test the valves. Make sure the foam valve is closed for all the testing. Citgo will shutoff the ESD switch to prevent shutdowns.

SYSTEM COMMENTS:

1. The mechanical portion of the inspection was done by USAFP-WI. See the sprinkler system test report for details.
2. The valve tampers are not monitored, but they are sealed to indicate if they are operated, and there are no waterflow devices. The pumphouse is normally locked.
3. The bell at the control room office is the general trouble bell and is silencable at the FACP. The bell outside the Foam house is a low temperature sensor alert and is not silencable.
4. There is no 24 hour remote monitor of the fire system. The trouble and alarm signals are monitored at the control building and a dialer calls the site cell phones.
5. The rack UV/IR zone was in trouble upon arrival. The cleaning of the lenses cleared the trouble this time and the device is not even blinking.

STARFIRE SYSTEMS, INC TECHNICIAN:

ERIK HAWTREY

SIGNATURE: 

FIRE DEPARTMENT: _____

FIRE INSPECTOR: _____

SIGNATURE: _____

CUSTOMER OR OWNER: Citgo Petroleum

CUSTOMER OR OWNER REP: DON EICHENBERGER

SIGNATURE: 

INSURANCE COMPANY: _____

REPRESENTATIVE: _____

SIGNATURE: _____

COPY TO CUSTOMER: YES NO (COMMENT): _____

UNITED STATES ALLIANCE FIRE PROTECTION, INC.

WHITE - Original
YELLOW - Office Copy

SHEET 1 OF 2 - Use separate sheet for each building inspection.

Inspection Report No. 10248
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO City of Appleton BUILDING OR LOCATION Scene
STREET 4226 N 16th St INSPECTOR LJR/RS
CITY & STATE Appleton WI DATE 6/29/2020

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
 - B. Describe fire protection modifications made since last inspection. _____
 - C. Describe any fires since last inspection. _____
 - D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
 - E. When was the dry-piping system last checked for proper pitch? _____
 - F. Are dry valves adequately protected from freezing? Yes
- Signature _____ Title _____ Date _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

- 1. General
 - a. Is the building occupied? Yes No
 - b. Are all systems in service? Yes No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? Yes No
 - d. Does all electrical heat tape appear to be satisfactory? Yes No NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? Yes No NA
- 2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? Yes No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? Yes No
- 3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No
- 4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? Yes No NA
 - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Yes No NA
 - Are they accessible and visible? Yes No NA
- 5. Wet Systems
 - a. Are cold weather valves (O.S. & Y:) in the appropriate open or closed position? Yes No NA
 - b. Have antifreeze system solutions been tested? Yes No NA
 - c. Were the antifreeze test results satisfactory? Yes No NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? Yes No NA Do all exterior openings appear to be protected against freezing? Yes No NA
- 6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? Yes No NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? Yes No NA
 - c. Has the operation of the air or nitrogen supplies been tested? Yes No NA Are they in service? Yes No NA
 - d. Were low points drained during this inspection? Yes No NA
 - e. Did quick-opening devices operate satisfactorily? Yes No NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? Yes No NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? Yes No NA
- 7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? Yes No NA
 - b. Did the heat-responsive devices operate properly during testing? Yes No NA
 - c. Did the supervisory devices operate during testing? Yes No NA
- 8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? Yes No NA
 - b. Did electric alarm(s) test satisfactorily? Yes No NA
 - c. Did supervisory alarm service test satisfactorily? Yes No NA
- 9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? Yes No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) Yes No
 - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing) Yes No
 - d. Is stock of spare sprinklers available? Yes No
 - e. Does the exterior condition of sprinkler system appear to be satisfactory? Yes No
 - f. Are sprinklers of proper temperature ratings for their locations? Yes No
- 10. Explain any "No" answers and comments: _____

Signature: _____ Date: 6/29/2020

SHEET 2 OF 2 - Use separate sheet for each system inspection.

System No. or Description if multiple systems City Sprinkler
New Berlin

Inspection Report
No. 2020

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
 12. Date dry-pipe valve trip tested (control valve fully open) N/A (See Trip Test Table which follows.)
 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY VALVE		TRIP TEST TABLE				C.O.D.	
MAKE		MODEL	SERIAL NO.		MAKE	MODEL	SERIAL NO.
DRY PIPE OPERATING TEST	Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.
	Alarm Operated Properly						
Without Q.O.D.						YES	NO
With Q.O.D.							

14. Date deluge or preaction valve tested 6/29/20 (See Trip Test Table which follows.)

TRIP TEST TABLE								
DELUGE & PREACTION VALVES	Operation		<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC					
	Piping Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO		Detecting media supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Does valve operate from the manual trip and/or remote control stations						<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is there an accessible facility in each circuit for testing				Method of testing-circuits			
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<u>Hand deluge</u>			
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release		
<u>Viking</u>	<u>F-2</u>	YES	NO	YES	NO	YES	NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	<u>3</u>	<u>CAV</u>	<u>2</u>				
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	<u>1</u>	<u>CAV</u>	<u>x</u>	<u>Seal</u>			
System Control Valves		<u>CAV</u>	<u>x</u>	<u>Seal</u>			
Other Control Valves	<u>1</u>	<u>CAV</u>		<u>Seal</u>	<u>x</u>		<u>Manual valve</u>

16. Water Flow Test at Sprinkler Riser
Water Supply Source:

	Date	City	Tank	Pump
		Test Pipe Location	Size of Test Pipe	Static Pressure
				Residual (Flow) Pressure
Last Water Flow Test	<u>7/19/19</u>	<u>R.50</u>	<u>2"</u>	<u>85</u>
This Water Flow Test	<u>6/29/20</u>	<u>R.50</u>	<u>2"</u>	<u>85</u>

17. Explain any "No" answers and comments: Re water table all nozzles - all nozzles closed pressure out

18. Adjustments or corrections made during this inspection: _____

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

20. Was the system or systems placed in service upon conclusion of inspection? Yes ___ No

21. Was system or systems sealed upon completion? ___ No ___ Yes Seal # _____

Signature: _____ Date 6/29/2020

SHEET 2 OF 2 - Use separate sheet for each system inspection.

System No. or Description if multiple systems City of Appleton Fire Dept

Inspection Report No. 42913

- 11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
- 12. Date dry-pipe valve trip tested (control valve fully open) N/A (See Trip Test Table which follows.)
- 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE TRIP TEST TABLE						C.O.D.	
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	YES	NO
Without O.O.D.	Time to Trip Thru Test Pipe	Water Pressure		Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN. SEC.	PSI		PSI	PSI	MIN. SEC.	YES	NO	
With O.O.D.									

- 14. Date deluge or preaction valve tested 6/29/2020 (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE								
	Operation	<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC			
	Piping Supervised	<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media supervised		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations						<input type="checkbox"/> YES		<input type="checkbox"/> NO
Is there an accessible facility in each circuit for testing				Method of testing-circuits					
<input type="checkbox"/> YES <input type="checkbox"/> NO									
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release			
		YES	NO	YES	NO	YES	NO		

- 15. See Control Valve Maintenance Table.

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	BAL	X	Seal			
System Control Valves	1	BAL	X	Seal			
Other Control Valves	1	BAL		Seal	X		Normal

- 16. Water Flow Test at Sprinkler Riser

Water Supply Source:	Date	City	Tank	Pump
		Test Pipe Location	Size of Test Pipe	Static Pressure
				Residual (Flow) Pressure
Last Water Flow Test	7/11/19	Riser	2"	85
This Water Flow Test	6/29/20	Riser	2"	85

- 17. Explain any "No" answers and comments: Date trip all 2020 all 2020 check 2020

- 18. Adjustments or corrections made during this inspection: _____

- 19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

20. Was the system or systems placed in service upon conclusion of inspection? Yes No

21. Was system or systems sealed upon completion? No Yes Seal # _____

Signature: _____ Date: 6/29/2020

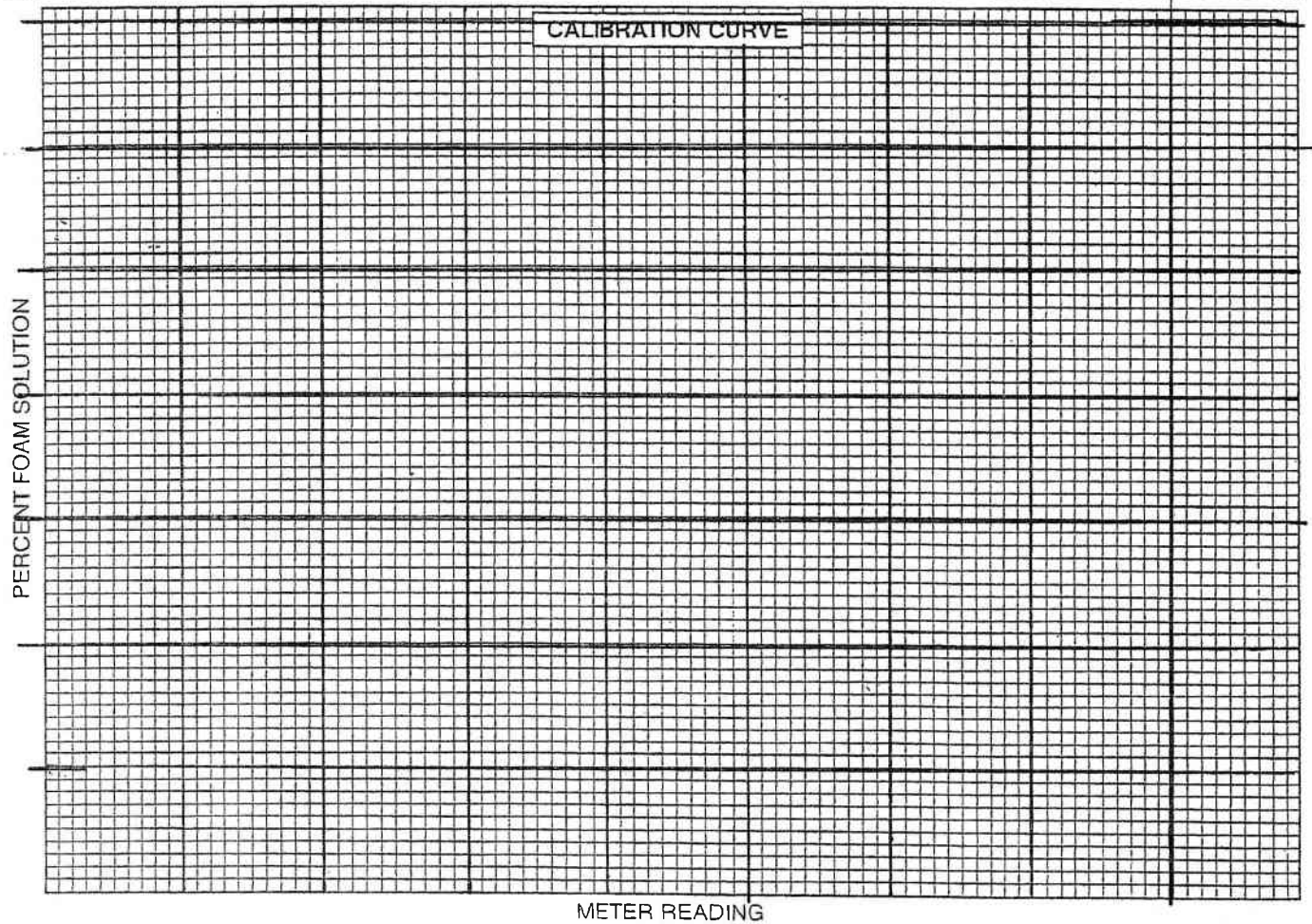
CUSTOMER/LOCATION: 1:190 Tetrahexum FILE NO.: _____

DATE: 6-29-20 TESTED BY: _____

FOAM CONCENTRATE TYPE / LOT NO.: National Universal 1%-3% AR-AFFF

METER TYPE: _____ CONDUCTIVITY: _____ REFRACTOMETER MODEL: _____

CALIBRATION STANDARDS	METER READING
FOAM CONCENTRATE	—
WATER	—
PRE-MIX #1 —	—
PRE-MIX #2 —	—
PRE-MIX #3 —	—



Tank approx 98% Full

SYSTEM DISCHARGE SAMPLE	METER READING	PERCENT FOAM SOLUTION
No flow. Samples sent to Lab for testing.		



United States Alliance Fire Protection, Inc.

A Subsidiary of APi Group, Inc.

-Full Service Fire Protection-Contractor-

Automatic Sprinkler Systems: Inspection Testing and Maintenance of Fire Sprinkler Systems NFPA Five Year Inspection Report

Property Name: Citgo Petroleum
 Property Address: 9235 N 107th St
 City, State: Milwaukee, WI
 Inspector: BG/WF
 Contract No.: 47347 Date: 10/30/2020

Comments:

Initial Examination Date:

Check Valves (per current NFPA 25 Edition)		
Size and Type	Make, Model	Appear to Operate & Function properly
Pit 6" Det. Check	Ames, 1000	X
6" Wafer	Reliable, Mod C	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
For 4" Swing	Reliable, DG	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3- 1 1/2" Swing	Nibro	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2" Swing	Nibro	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

5 Year Investigation (per current NFPA 25 Edition)		
Description of Systems	Location	Satisfactory
1. 4" Deluge	Ethanol Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Were there repairs performed on the valve:
 Yes No

Number of Branch Lines Examined: 2
 Number of Mains Examined: 1
 Other Points Examined (Describe):

Date next five-year inspection due:
 Month: October Year: 2025

Number of Gauges used: 4-H2O

FDC hydrostatically test at 150 PSI for two hours (per current NFPA 25 Edition)
 Yes No
 Pass:
 Yes No

Comments:
 Replaced Ball drop outlet coupling with drain tee.

Results of Initial Examination:
 1. The interior of the sprinkler piping is in satisfactory condition.
 2. The sprinkler system(s) are in need of internal flushing. Some of the pipes were found to be partially full OR blocked completely. Specify nature of internal stoppage, i.e. pipe scale, silt, mud, etc.

Comments:

Signature: [Signature] Date: 10/30/20
 License/Certification No.: 645252

FIRE DETECTION AND/OR SUPPRESSION TEST REPORT

CertaSite

9825 South 54th Street
Franklin, Wisconsin 53132
Phone: (414) 448-0100
Fax: (414) 448-0101

OWNER: Citgo Petroleum
ADDRESS: 9235 North 107th Street
CITY: Milwaukee **STATE:** WI
ZIP CODE: 53224 **JOB NO.:** 21825139
CONTACT: _____
PHONE(S): (414) 791-7646
LOCATION: Citgo Petroleum (USAFP-WI)
PHONE(S): (262) 782-3311
TEST DATE: 8/3/21 **CHECKOUT** **INSPECTION**

PROTECTED AREA: Loading Racks
SYSTEM TYPE(S): Foam/Deluge
MANUFACTURER(S): FCI
CONTROL PANEL(S): FC-72

MECHANICAL SECTION	OK	N/A	COMMENT
Agent Containers Secure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agent Piping Secure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipe Gauge and Size	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nozzles Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
Deluge Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
Pre-Action Valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solenoid/Pilot Actuators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot Controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waterflow Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tamper Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Selector Valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pneumatic Release	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gauges/Hoses etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Alterations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room Sealed Properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Valves Trip Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
Low Air Switches Adjusted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Normal Air _____ Alarm Point _____ Trip _____			

FOAM SYSTEM TESTING	REPORT ATTACHED	N/A
Foam Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIELD DEVICE TESTS	OK	N/A	COMMENT
Audible Alarm Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Alarm Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote Annunciators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Audible Trouble Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Trouble Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abort Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electric Release Stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aux. Control Lockouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote/Aux. Relays	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Main/Reserve Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Initiator/Solenoid Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressable Devices.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Alterations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL PANEL TESTS	OK	N/A	COMMENT
AC Power (<u>120.1</u>) VAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel 24 V Power Supply (<u>26.1</u>) VDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Load Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
<u>60%</u> Percentage <u>26ah</u> Size <u>5/17</u> Date			
Lamp Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuses/Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Tests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Tests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trouble Tests (Ground/Open)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dip Switch Settings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequence of Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Time Delays: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Printers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Modem Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERLOCKS	OK	N/A	COMMENT
Air Conditioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air Handlers/Heaters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Process Interlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Shutoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Shutdown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EPO Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Closers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Strikes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dampers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: <u>Gates</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT

See comments section on page 3 for notes pertaining to those items containing a number in the comment box. A number in this box indicates a possible problem or a situation in which a particular device or function was not tested due to inaccessibility or the potential for business interruption. CertaSite assumes no liability for those items identified.

CertaSite

9825 South 54th Street
Franklin, Wisconsin 53132
Phone: (414) 448-0100
Fax: (414) 448-0101

OWNER: Citco Petroleum

PROTECTED AREA: Loading racks

TEST DATE: 8/3/21

SERVICE / CHECKOUT LIST	OK	N/A	COMMENT
System(s) Armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Interlocks Rearmed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System(s) Status Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorities Notified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring Systems Armed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building Systems Armed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solenoids/Cylinders Connected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning Signs In Place	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SERVICE NOTES: DESCRIBE SPECIAL DISARMING PROCEDURES

SYSTEM COMMENTS:

- 1.). Sprinkler system done by USAFP sprinkler test report for details
- 2.). Batteries due for replacement
- 3.). Monitored only to the office no off site monitoring

CERTASITE TECHNICIAN:

Ryan Andreshak, Trevon Shambley, Chad VanderHyden

SIGNATURE: 

FIRE DEPARTMENT: _____

FIRE INSPECTOR: _____

SIGNATURE: _____

CUSTOMER OR OWNER: _____

CUSTOMER OR OWNER REP: _____

SIGNATURE: _____

INSURANCE COMPANY: _____

REPRESENTATIVE: _____

SIGNATURE: _____

COPY TO CUSTOMER: YES NO (COMMENT): _____

UNITED STATES ALLIANCE FIRE PROTECTION, INC.

WHITE - Original
YELLOW - Office Copy

SHEET 1 OF 2 - Use separate sheet for each building inspection.

Inspection Report No. 64813
Conferred With JM/ML

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Citigo Petroleum BUILDING OR LOCATION Same
STREET 9235 N 167th St INSPECTOR WP/BC
CITY & STATE Milwaukee, WI DATE 8/03/2021

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
 - B. Describe fire protection modifications made since last inspection. 6 in. duct
 - C. Describe any fires since last inspection. _____
 - D. When was the system piping last checked for stoppage, corrosion or foreign material? 10/2020
 - E. When was the dry-piping system last checked for proper pitch? 1/21
 - F. Are dry valves adequately protected from freezing? Yes
- Signature _____ Title _____ Date _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? Yes No
 - b. Are all systems in service? Yes No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? Yes No
 - d. Does all electrical heat tape appear to be satisfactory? Yes No NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? Yes No NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? Yes No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? Yes No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? Yes No NA
 - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Yes No NA
 - Are they accessible and visible? Yes No NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y:) in the appropriate open or closed position? Yes No NA
 - b. Have antifreeze system solutions been tested? Yes No NA
 - c. Were the antifreeze test results satisfactory? Yes No NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? Yes No NA Do all exterior openings appear to be protected against freezing? Yes No NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? Yes No NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? Yes No NA
 - c. Has the operation of the air or nitrogen supplies been tested? Yes No NA Are they in service? Yes No NA
 - d. Were low points drained during this inspection? Yes No NA
 - e. Did quick-opening devices operate satisfactorily? Yes No NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? Yes No NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? Yes No NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? Yes No NA
 - b. Did the heat-responsive devices operate properly during testing? Yes No NA
 - c. Did the supervisory devices operate during testing? Yes No NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? Yes No NA
 - b. Did electric alarm(s) test satisfactorily? Yes No NA
 - c. Did supervisory alarm service test satisfactorily? Yes No NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? Yes No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) Yes No
 - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing) Yes No
 - d. Is stock of spare sprinklers available? Yes No
 - e. Does the exterior condition of sprinkler system appear to be satisfactory? Yes No
 - f. Are sprinklers of proper temperature ratings for their locations? Yes No
10. Explain any "No" answers and comments: 9E man nozzle deluge systems

Signature: _____ Date: 8/3/21

SHEET 2 OF 2 - Use separate sheet for each system inspection.

System No. or Description if multiple systems City of Appleton

Inspection Report No. 04318

11. Date dry-pipe valve trip tested (control valve partially open) N/A (See Trip Test Table which follows.)
 12. Date dry-pipe valve trip tested (control valve fully open) N/A (See Trip Test Table which follows.)
 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE TRIP TEST TABLE				C.O.D.				
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
		Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly	
		MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without Q.O.D.										
With Q.O.D.										

14. Date deluge or preaction valve tested 2/13/21 (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES		TRIP TEST TABLE							
		Operation		<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC	
Piping Supervised		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does valve operate from the manual trip and/or remote control stations		<input type="checkbox"/> YES		<input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there an accessible facility in each circuit for testing		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Method of testing circuits		<u>Hand Trip/Starke</u>	
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release			
		YES	NO	YES	NO	YES	NO		
<u>Viking</u>	<u>E-1</u>	<u>F</u>	<u></u>	<u>F</u>	<u></u>	<u></u>	<u></u>		

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	<u>3</u>	<u>dry</u>	<u>x</u>	<u>Seal</u>			<u>Pressure reading 1.0 in from</u>
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	<u>1</u>	<u>BA</u>	<u>x</u>	<u>Seal</u>			
System Control Valves	<u>1</u>	<u>BA</u>	<u>x</u>	<u>Seal</u>			
Other Control Valves	<u>1</u>	<u>RA</u>		<u>Seal</u>	<u>x</u>		<u>Manual valve</u>

16. Water Flow Test at Sprinkler Riser
Water Supply Source:

	Date	City	Tank	Pump	
		Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	<u>6/24/20</u>	<u>Riser</u>	<u>2"</u>	<u>85</u>	<u>70</u>
This Water Flow Test	<u>8/13/21</u>	<u>Riser</u>	<u>2"</u>		

17. Explain any "No" answers and comments: Run water from all nozzles, all clear. Pumps out underground supply.

18. Adjustments or corrections made during this inspection: _____

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

20. Was the system or systems placed in service upon conclusion of inspection? X Yes ___ No
 21. Was system or systems sealed upon completion? ___ No 5 Yes Seal # _____

Signature: [Signature] Date: 8/13/21

SHEET 2 OF 2 - Use separate sheet for each system inspection.

System No. or Description if multiple systems City of Appleton

Inspection Report No. 8403

- 11. Date dry-pipe valve trip tested (control valve partially open) N/A (See Trip Test Table which follows.)
- 12. Date dry-pipe valve trip tested (control valve fully open) N/A (See Trip Test Table which follows.)
- 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE TRIP TEST TABLE						C.O.D.	
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MIN	SEC
Without O.O.D.	Time to Trip Thru Test Pipe	Water Pressure		Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN	SEC.	PSI	PSI	PSI	MIN	SEC.	YES	NO
With O.O.D.									

- 14. Date deluge or preaction valve tested 8/03/21 (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE								
	Operation	<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC			
	Piping Supervised	<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media supervised		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations								<input type="checkbox"/> YES
Is there an accessible facility in each circuit for testing						Method of testing - circuits			
<input type="checkbox"/> YES <input type="checkbox"/> NO						<u>Hot detecto/struck</u>			
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release			
		YES	NO	YES	NO	YES	NO		
<u>Vkg</u>	<u>E-2</u>	<u>5</u>		<u>5</u>		<u>5</u>			

- 15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	<u>1</u>	<u>RA</u>	<u>1</u>				
System Control Valves	<u>1</u>	<u>RA</u>	<u>1</u>				
Other Control Valves	<u>1</u>	<u>RA</u>	<u>1</u>				<u>Manual</u>

- 16. Water Flow Test at Sprinkler Riser

Water Supply Source:	Date	City	Tank	Pump
		Test Pipe Location	Size of Test Pipe	Static Pressure
				Residual (Flow) Pressure
Last Water Flow Test	<u>6/20/20</u>	<u>Riser</u>	<u>2"</u>	<u>85</u>
This Water Flow Test	<u>8/03/21</u>	<u>Riser</u>	<u>2"</u>	<u>71</u>

17. Explain any "No" answers and comments: Rep water flow test assembly; all clear. Pumped out underground supply.

18. Adjustments or corrections made during this inspection: From tank & 95% trip. Concentrate and H₂O samples sent to testing.

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

- 20. Was the system or systems placed in service upon conclusion of inspection? Yes ___ No
- 21. Was system or systems sealed upon completion? ___ No Yes Seal # _____

Signature: _____ Date: 8/03/21