Addendum #3
November 30, 2016
To
REQUEST FOR OFFERS TO PURCHASE
FOR
THE SALE OF REAL PROPERTY
AND PERSONAL PROPERTY
Fort Monmouth
Suneagles Golf Course and Associated Facilities
Eatontown, New Jersey

Issued by the
FORT MONMOUTH ECONOMIC REVITALIZATION AUTHORITY

Date Issued: October 7, 2016

OPTIONAL PRE-PROPOSAL MEETING AND TOUR
October 26, 2016

Responses due by 12:00 P.M. EST on December 7, 2016

This Addendum is being issued to respond to questions received via email and to provide additional information of fire safety certifications at Gibbs Hall (Exhibit B)

Q/A

Question: Do you have an asbestos survey of the 21 residential buildings?
Answer: See attached Exhibit A

Question: What Form needs to be filled out and submitted for the Affordable Housing?
Answer: There is no form, proposers must include a statement of commitment that the Potential Purchaser will comply with any and all legally imposed affordable housing requirements, including but not limited to setting aside twenty (20%) percent of the housing units developed on the Property as affordable housing.

EXHIBIT A

CHENEGA
OPERATIONS SERVICES, LLC

P.O. Box 148
Oceanport, NJ 07757

13 August 2014

John Occhipinti
OACSIM - U.S. Army Fort Monmouth
Site Manager
P.O. Box 148
Oceanport, NJ 07757

RE: Asbestos Survey of Family Housing Units in the Megill Area

Attachments:

A. Weston Report of a Megill Housing Unit - 1991
B. EMSL Analysis Report of additional suspect materials collected 2014
C. Chain of Custody 2014
D. Megill Housing Details
E. Megill Housing Street Numbers
F. Megill Housing Map

Dear Mr. Occhipinti:

Between 04 June and 15 July 2014, I conducted walk-though surveys for existing asbestos containing material (ACM) in the Fort Monmouth Family Housing units in the Megill Area, (Buildings 2022 thru 2042). Per Wanda Green the purpose was to document current conditions of previously identified ACM from the Weston Report of 1991. See attached. In addition, current AHERA (Asbestos Hazard Emergency Response Act) due diligence has identified other materials/products that were used in construction before the ban of asbestos. Where samples of suspect materials could be collected without destructive techniques, they were collected and analyzed by an accredited laboratory.

The 21 Officer Housing units on Megill Drive and Megill Circle were constructed between 1949 and 1951. They were considered to be homogenous in their materials and construction. They also had similar renovations over time. As such Weston inspected only Building 2035. They acquired samples of the Thermal System Insulation (TSI) from the horizontal pipe runs in the basement and crawlspaces, floor tiles from the kitchen, and attic insulation. Only the TSI was identified as ACM.

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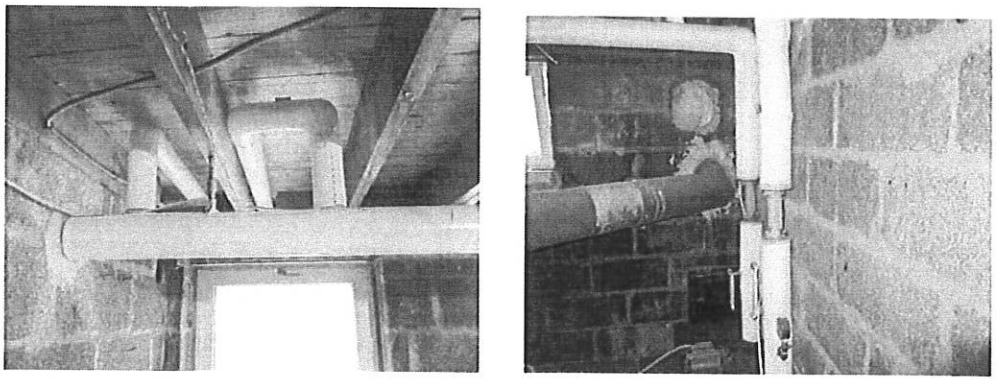
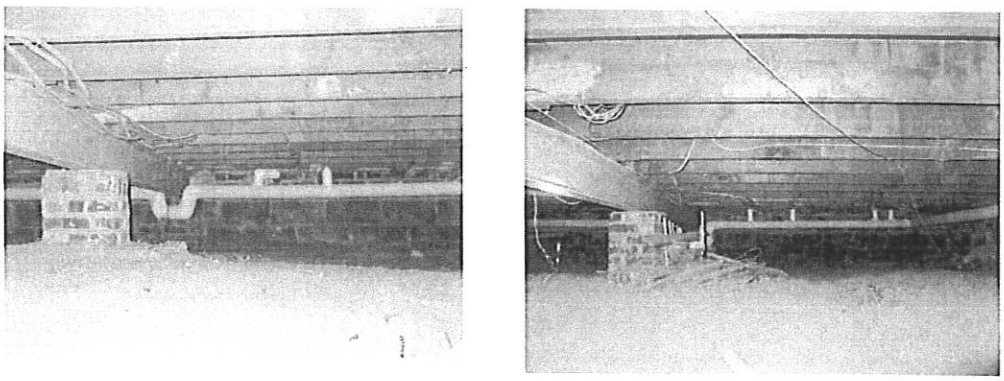
Remediation of the horizontal heating pipe runs, below the ceiling, was accomplished in all of the units. Fiberglass insulation was used to replace what was removed. It remains in good condition. Photographs of typical conditions are given here.



Typical new fiberglass pipe insulation in the basement.



Typical new fiberglass pipe insulation in the crawlspace.

The horizontal heating pipe "below the ceiling" was remediated. Remediation stopped at the elbow where the vertical risers go up to the first and second floor radiators. The first floor risers are not insulated being that the radiators are just above the basement ceiling. The second floor risers are concealed behind the first floor walls. They can be seen coming out into the basement. The style of this TSI is typical of thermal system insulation ACM and is presumed to be ACM (PACM). Samples of this material were not taken since presumption of asbestos is indicated.

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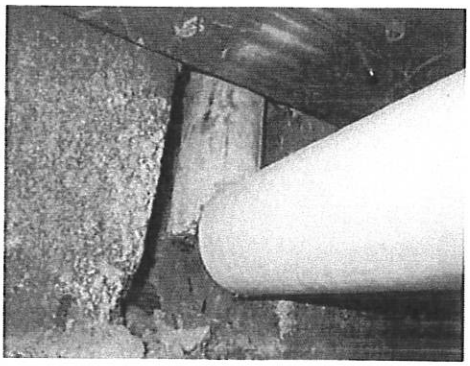
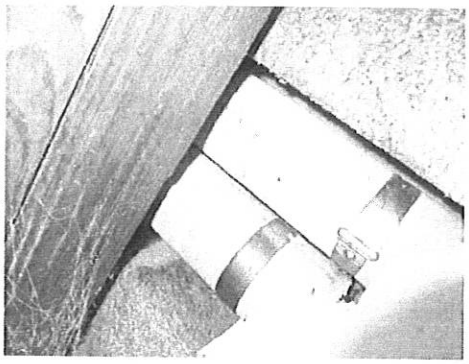
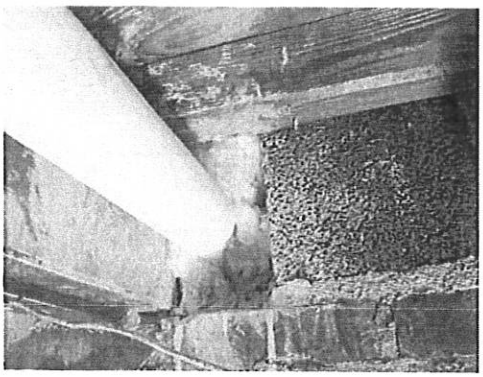
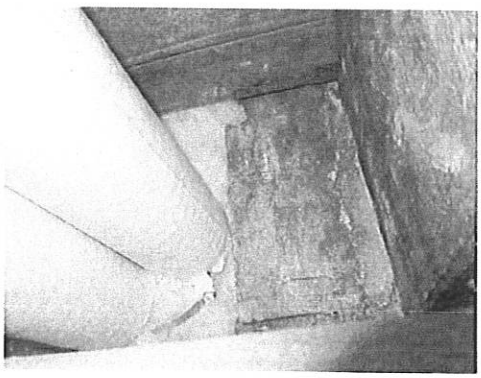




PACM visible going behind the wall on Second Floor risers.

PACM is only visible in three housing units. It is in good condition and it is virtually inaccessible. In the remainder of the units the remediation crew packed fiberglass around the PACM as an extra level of protection.





Typical view of the fiberglass packing to protect the PACM.

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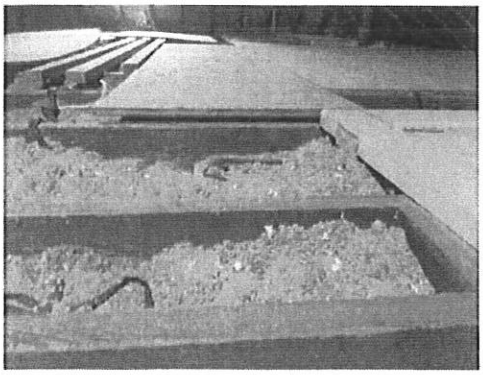
The attics in the Megill Housing Area are accessible through an interior pull down stairs. The attic floors are insulated with a brown poured-in material. Weston tested this material and reported it as non-asbestos.



Typical attic insulation.

During the walk-through additional suspect materials were identified. When there was opportunity to collect a sample without destruction samples were collected. All samples returned negative results for asbestos. Those materials were:

- Phone wire
- BX cable insulation and wrapping
- Black electric cable (runs from basement electric box to second floor utility room)
- Doorbell wire
- Ceiling at top of stairs (accessible due to damage)
- Acoustic ceiling tile used on wall in basement

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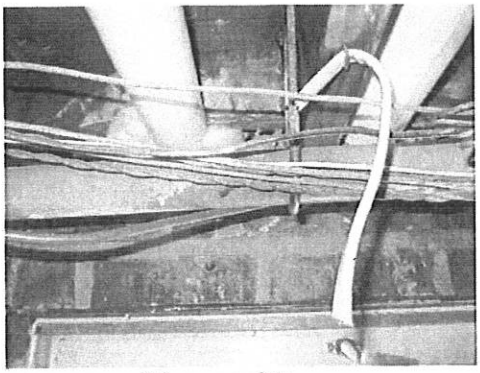
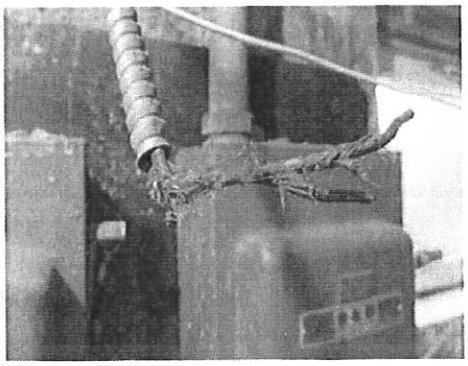
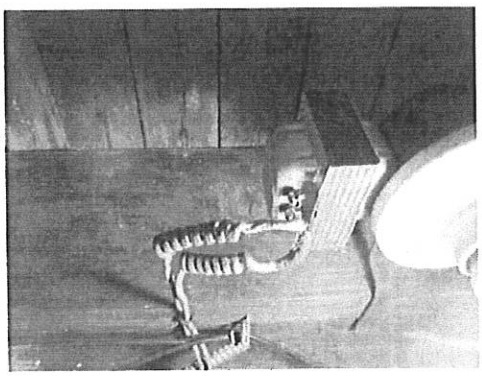


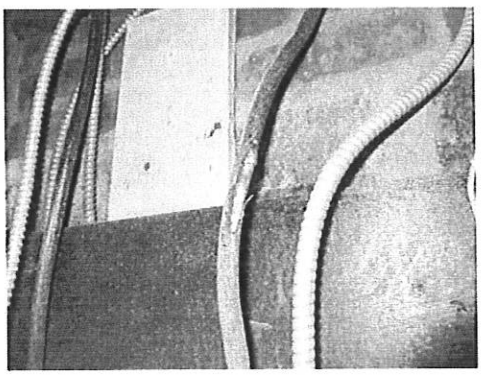
Phone wire



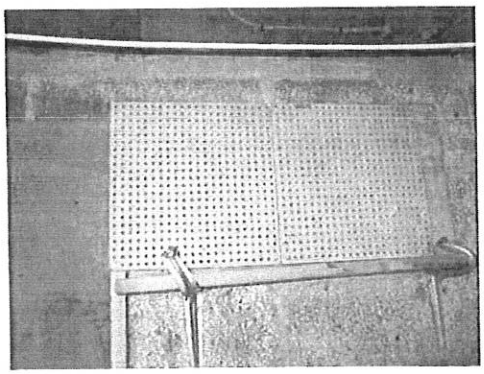
BX cable



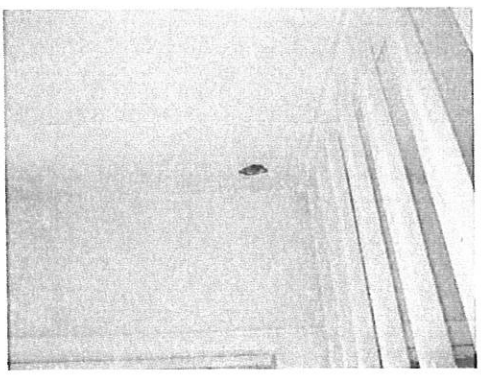
Doorbell Wire



Black Electric Cable



Acoustic Tile



Ceiling Damage Sampled

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Summary

The overall condition of the Megill Housing Area is excellent. All TSI that was identified by Weston below the basement ceiling was remediated and replaced with fiberglass insulation. There is however existing PACM TSI behind the first floor walls on the heating system risers for the second floor radiators. It can only be accessed by first removing the walls at those locations.

No other ACM was identified in this survey. It should however be noted that the interior perimeter walls appear to be plaster. Should the interior walls, both plaster and sheetrock, need to be removed then sampling for ACM should be performed.

Respectfully submitted,

M. Zebora

Mike Zebora, CSP
Quality Assurance and Safety Officer
COS, LLC
Fort Monmouth Caretaker Team

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OPERATIONS SERVICES, LLC

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Oceanport, NJ 07757

ATTACHMENT A

Weston Report of a Megill Housing Unit - 1991

2035

FAMILY HOUSING

FAMILY HOUSING

2035.1 GENERAL

Building 2035 was surveyed by WESTON technicians on 28 January 1991.

The first three portions of this facility report summarize the results of this inspection.

Polarized Light Microscopy (PLM) with dispersion staining was used to analyze 6 samples of suspect material collected from the building. Of these samples, 3 were found to be asbestos-containing materials (ACM). Table 2035.3 lists the analytical results for the bulk samples.

2035.2 ACM AND EXPOSURE ASSESSMENT

The location, description, and analytical results for each bulk sample from Building 2035 are presented in Table 2035.1. An area-by-area inventory of ACM is provided in Tables 2035.2 and 2035.3. "Other Asbestos-Containing Materials," listed in Table 2035.3, are materials that do not correspond to the standard caption categories listed in Table 2035.2. A prioritized listing of exposure assessments is presented in Table 2035.4. An itemized area-by-area cost estimate for removal and replacement is provided in Table 2035.5. The method by which removal/replacement costs are calculated is described in the ISSUES COMMON TO ALL BUILDINGS Section of this report. Building floor plans (see attachment) indicate sample locations and building area names as they are listed in Tables 2035.2 and 2035.5.

2035.3 RECOMMENDATIONS/CONCLUSIONS

WESTON recommends:

- The basement and basement crawlspace in Building 2035 qualify for the Army Asbestos Deficiency Abatement Project.

TABLE 2035.1

BULK SAMPLE ANALYSIS RESULTS - BUILDING 2035, FAMILY HOUSING

SAMPLE NO.	LOCATION	ITEM	DESCRIPTION	PERCENT ASBESTOS CH	AM	OT	LAYERED[a]
FH666	BASEMENT,BELOW CEILING	<4" PIPE RUN	WHITE,STM,<4IN. RUN,HORIZONTAL	15	-	-	YES
FH667	BASEMENT,BELOW CEILING	4-8" PIPE RUN	WHITE,STM,4-8IN. RUN,HORIZONTAL	30	-	-	NO
FH668	KITCHEN & STORAGE,BELOW CEILING	FLOOR TILE	TAN,OTH,1X1 FL TL,HORIZONTAL	-	-	-	YES
FH669	ATTIC INSULATION,BELOW CEILING	OTHER MATERIAL	BROWN,OTH,ATTIC INSU,HORIZONTAL	-	-	-	NO
FH670	BASEMENT CRAWL SPACE,BELOW CEILING	4-8" PIPE RUN	WHITE,STM,4-8IN. RUN,HORIZONTAL	50	-	-	NO
FH671	KITCHEN STORAGE,BELOW CEILING	FLOOR TILE	TAN,OTH,1X1 FL TL,HORIZONTAL	-	-	-	NO

[a]Asbestos content presented for layered samples represents the highest concentration layer.

Quadrant Codes
C = Center
N = North
E = East
S = South
W = West
NE = Northeast
NW = Northwest
SE = Southeast
SW = Southwest

System Codes
STM = Steam
CHW = Chilled Water
HHW = Heating Hot Water
DOM = Domestic Water
OTH = Other
UNK = Unknown

Asbestos Types
CH = Chrysotile
AM = Amosite
OT = Other

TABLE 2035.2

ASBESTOS-CONTAINING MATERIALS - BUILDING 2035, FAMILY HOUSING

AREA	PIPE FITTINGS (EA)				PIPE RUNS (LF)				SPRAY/TROWELED CEILINGS (MSF)	FLOOR TILE (MSF)	BOILERS/ TANKS (MSF)	AIR HANDLING EQUIPMENT (MSF)	OTHER
	<4"	4-8"	9-14"	>14"	<4"	4-8"	9-14"	>14"					
Basement	-	-	-	-	1000	1000	-	-	-	-	-	-	-
Basement Crawl Space	-	-	-	-	-	1	-	-	-	-	-	-	-
TOTALS	-	-	-	-	1000	1001	-	-	-	-	-	-	-

* Other Material Present In Various Units Of Measure

EA - Each
LF - Linear Feet
MSF - Thousand Square Feet

Table 2035.3

Other Asbestos-Containing Material - Building 2035, Family Housing
Type Occupancy: Adults (Public)

Area	Material Type	Quantity (Unit)
No Other Asbestos-Containing Material Found in this Building		

EA - Each
LF - Linear Feet
MSF - Thousand Square Feet

TABLE 2035.4

EXPOSURE ASSESSMENTS (PRIORITY ORDER) - BUILDING 2035, FAMILY HOUSING

SAMPLE NO.	AREA	MATERIAL TYPE	PRIOR. INDEX CODE	PRIORITY INDEX NUMBER	EXPOSURE FACTORS 1	2	3	4	5	AVG. EXP. HOURS	% ASB.
FH670	Basement Crawl Space	4-8" PIPE RUN	C	3.750E03	3	3	2	1	2	5.00	50
FH666	Basement	<4" PIPE RUN	C	1.325E03	3	3	2	1	2	5.00	15
FH667	Basement	4-8" PIPE RUN	C	1.325E03	3	3	2	1	2	5.00	30

Priority Index Codes
A [=] Long Term Corrective Measure
B [=] Review Management Special Considerations/Remarks
C [=] Army Asbestos Deficiency Abatement Project

Priority Index Numbers Are In Scientific Notation

Exposure Factors
1 [=] Material Friability
2 [=] Occupant Accessability
3 [=] Material Condition
4 [=] Level Of Activity
5 [=] Number Of Assigned Occupants

TABLE 2035.5

COST ESTIMATE* - BUILDING 2035, FAMILY HOUSING

DESCRIPTION	UNIT COST ($)	AREA 1	AREA 2	TOTAL
Pipe Fittings (EA)				
<4"	70.30	-	-	-
4-8"	85.80	-	-	-
9-14"	147.00	-	-	-
>14"	216.00	-	-	-
Pipe Runs (LF)				
<4"	26.50	26.5	-	26.5
4-8"	30.50	30.5	**	30.5
9-14"	42.50	-	-	-
>14"	60.80	-	-	-
Sprayed/Troweled Ceilings (SF)	9.60	-	-	-
Floor Tile (SF)	5.60	-	-	-
Boilers/Tanks (SF)	37.90	-	-	-
Air Handling Equipment (SF)	20.00	-	-	-
Other		-	-	-
SUBTOTAL		57.0	**	57.0
Difficulty Allowance		-	-	-
SUBTOTAL		57.0	**	57.0
Decontamination Units		1.5	1.5	3.0
Mobilization		1.0	1.0	2.0
SUBTOTAL		59.5	2.5	62.0
Contingency @ 15.00%		8.9	0.4	9.3
SUBTOTAL		68.4	2.9	71.3
Design Fee @ 10.00%		6.8	0.3	7.1
SUBTOTAL		75.3	3.2	78.5
Air Monitoring @ 10.00%***		3.9	3.9	7.8
TOTAL		79.2	7.1	86.3

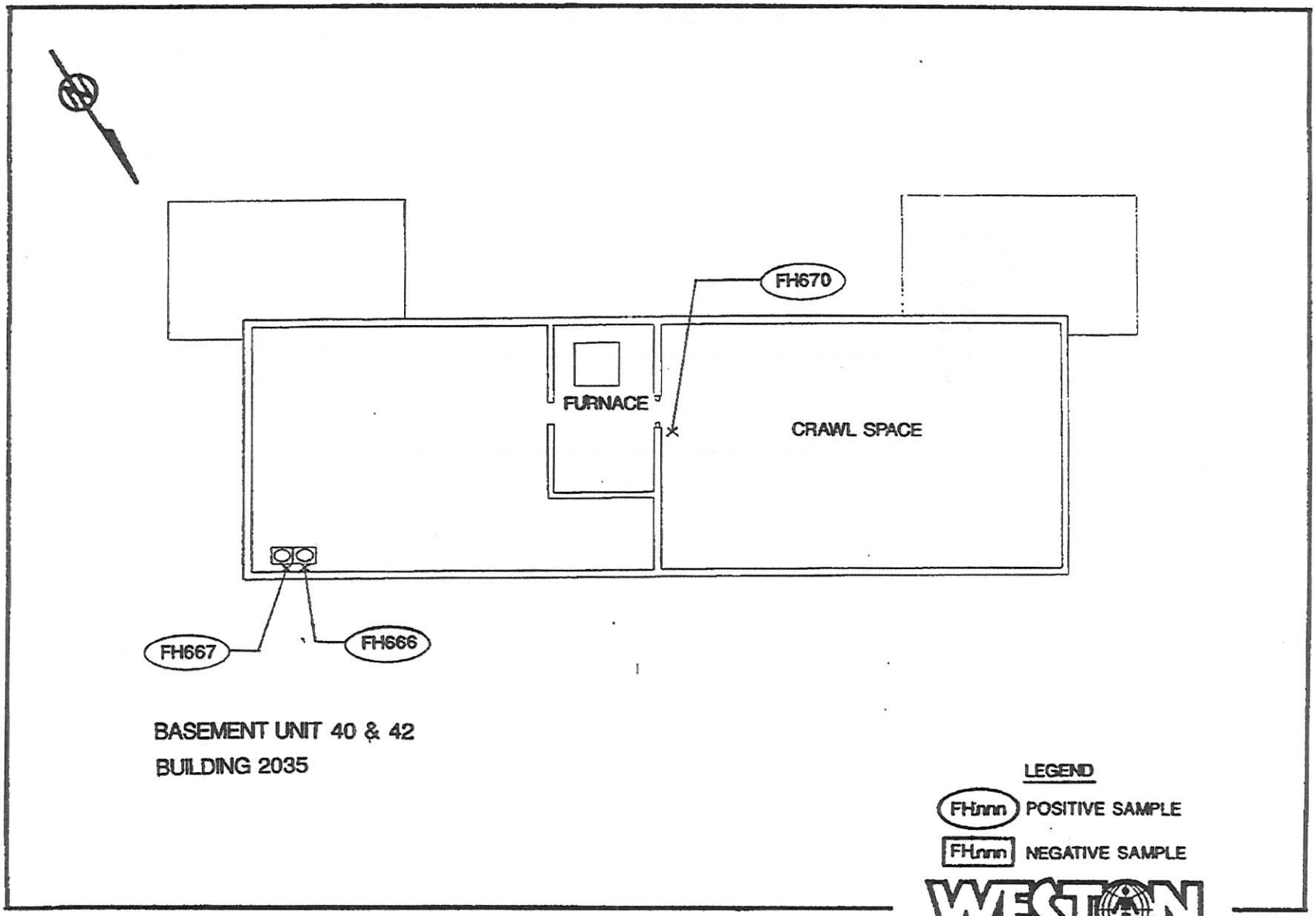
*Amounts Are In Thousands Of Dollars

**Less Than $100 For The Area; Amount Not Printed But Included In Total(s)

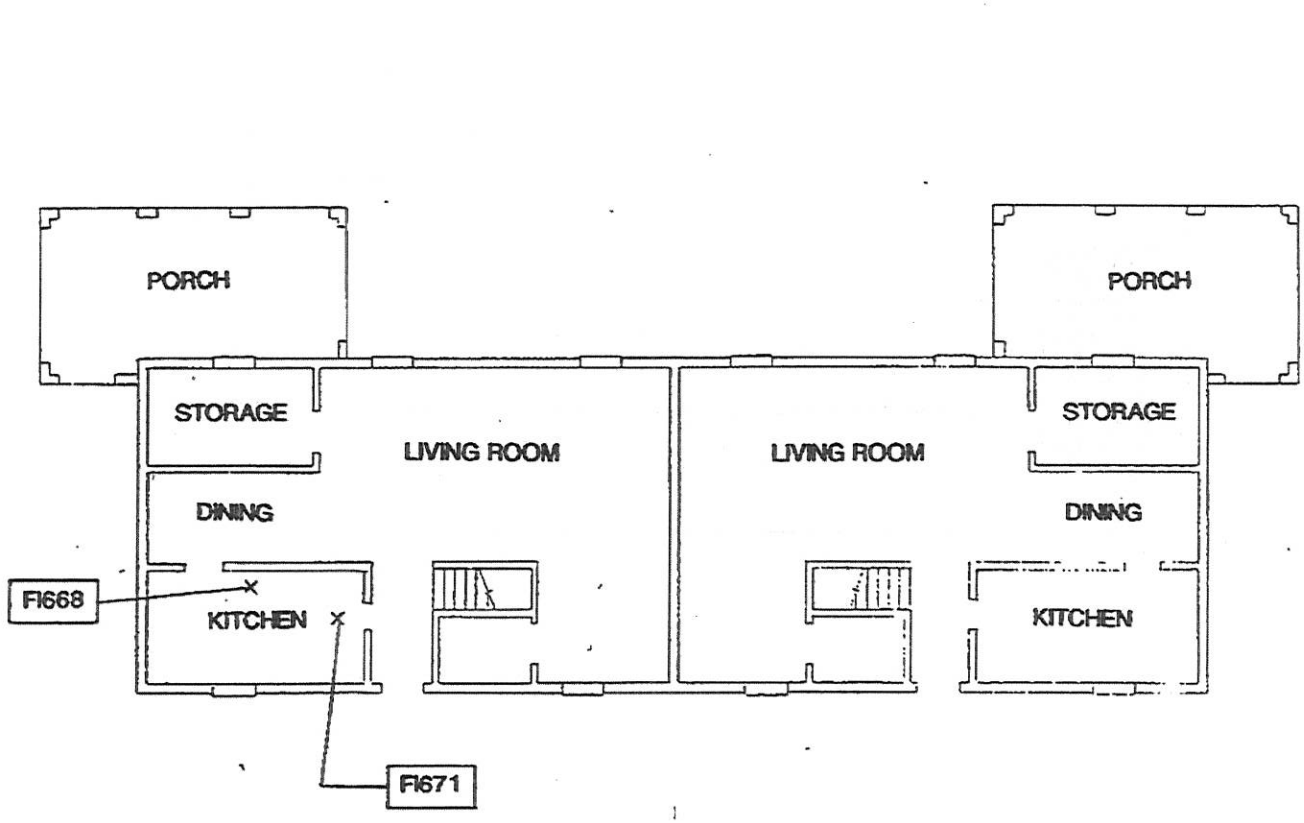
***The Minimum Air Monitoring Fee is $500.00 Per Building

AREA 1: Basement

AREA 2: Basement Crawl Space


FH670
FURNACE
CRAWL SPACE
FH667
FH666
BASEMENT UNIT 40 & 42
BUILDING 2035
LEGEND
FHnnn POSITIVE SAMPLE
FHnnn NEGATIVE SAMPLE
WESTON
MANAGERS
DESIGNERS/CONSULTANTS

2035-8



FIRST FLOOR UNIT 40 & 42
BUILDING 2035

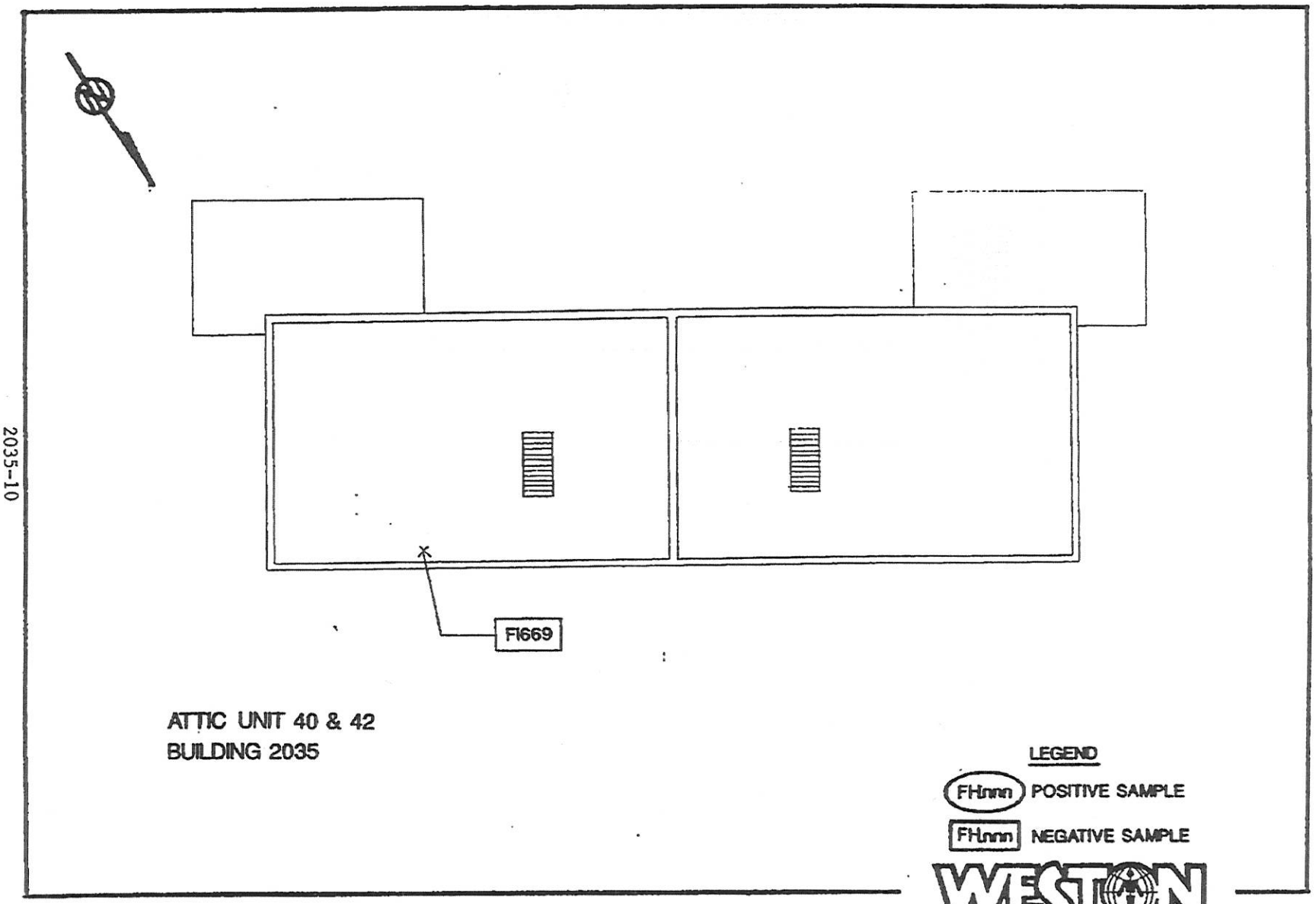
LEGEND

FHnnn POSITIVE SAMPLE

FHnnn NEGATIVE SAMPLE

WESTON
MANAGERS DESIGNERS/CONSULTANTS

2035-9



2035-10

ATTIC UNIT 40 & 42
BUILDING 2035

LEGEND

FHnnnn POSITIVE SAMPLE

FHnnnn NEGATIVE SAMPLE

WESTON
MANAGERS DESIGNERS/CONSULTANTS

CHENEGA
OPERATIONS SERVICES, LLC

P.O. Box 148
Oceanport, NJ 07757

ATTACHMENT B

EMSL Analysis Report of additional suspect materials collected 2014

EMSL Analytical, Inc.
200 Route 130 North, Cinnaminson, NJ 08077
Phone/Fax: (800) 220-3675 / (856) 786-5974
http://www.EMSL.com cinnasblab@EMSL.com

EMSL Order:	041421105
CustomerID:	TVS50
CustomerPO:	CC-001326
ProjectID:	

Attn: **Mike Zebora**
COS, LLC
P.O. Box 148
Oceanport, NJ 07757

Phone:	(848) 456-4647
Fax:	(848) 456-4047
Received:	07/23/14 9:25 AM
Analysis Date:	7/29/2014
Collected:	7/21/2014

Project: MegIII

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

			Non-Asbestos			Asbestos
Sample	Description	Appearance	% Fibrous		% Non-Fibrous	% Type
1-2024 *041421105-0001*	Doorbell wire B-2024	White Fibrous Homogeneous	55%	Synthetic	45% Non-fibrous (other)	None Detected
2-2024 *041421105-0002*	Phone wire B-2024	Yellow Fibrous Homogeneous	40%	Synthetic	60% Non-fibrous (other)	None Detected
3-2025 *041421105-0003*	Acoustic tile on wall B-2025	Brown Fibrous Homogeneous	90%	Cellulose	10% Non-fibrous (other)	None Detected
4-2028-Insulation *041421105-0004*	BX Electric cable	Brown Fibrous Homogeneous	50% 20%	Glass Synthetic	30% Non-fibrous (other)	None Detected
4-2028-Wrap *041421105-0004A*	BX Electric cable	Black Non-Fibrous Homogeneous			100% Non-fibrous (other)	None Detected
5-2029-Drywall *041421105-0005*	2nd floor ceiling above stairs	Brown/White Fibrous Homogeneous	15%	Cellulose	85% Non-fibrous (other)	None Detected
5-2029-Joint Compound *041421105-0005A*	2nd floor ceiling above stairs	White Non-Fibrous Homogeneous			100% Non-fibrous (other)	None Detected
6-2029 *041421105-0006*	Electric cable breaker box	White/Black Fibrous Homogeneous	85%	Synthetic	15% Non-fibrous (other)	None Detected

Analyst(s)
Jillian Yurick (8)

Stephen Siegel, CIH, Laboratory Manager
or other approved signatory

Initial report from 07/30/2014 09:55:48

THIS IS THE LAST PAGE OF THE REPORT.

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OPERATIONS SERVICES, LLC

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Oceanport, NJ 07757

ATTACHMENT C

Chain of Custody 2014

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OPERATIONS SERVICES, LLC

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Oceanport, NJ 07757

ATTACHMENT D

Megill Housing Details

MEGILL HOUSING

Facility	Design CateCode Description	Gross Area	UM1	Year Built
2022	FH COL	3,700	SF	1951
2023	FH COL	3,700	SF	1949
2024	FH COL	3,700	SF	1949
2025	FH COL	3,700	SF	1949
2026	FH COL	3,700	SF	1949
2027	FH COL	3,700	SF	1949
2028	FH COL	3,700	SF	1949
2029	FH LTC/MAJ	3,700	SF	1949
2030	FH LTC/MAJ	3,700	SF	1949
2031	FH LTC/MAJ	3,700	SF	1949
2032	FH LTC/MAJ	3,700	SF	1949
2033	FH LTC/MAJ	3,700	SF	1949
2034	FH LTC/MAJ	3,700	SF	1949
2035	FH LTC/MAJ	3,700	SF	1949
2036	FH LTC/MAJ	3,700	SF	1949
2037	FH LTC/MAJ	3,700	SF	1949
2038	FH LTC/MAJ	3,700	SF	1951
2039	FH LTC/MAJ	3,700	SF	1951
2040	FH LTC/MAJ	3,700	SF	1951
2041	FH LTC/MAJ	3,700	SF	1951
2042	FH LTC/MAJ	3,700	SF	1951

CHENEGA
OPERATIONS SERVICES, LLC

P.O. Box 148
Oceanport, NJ 07757

ATTACHMENT E

Megill Housing Street Numbers

MEGILL

BLDG #	ADDRESS	BR
2022	1 Megill Drive	4
2022	3 Megill Drive	4
2023	5 Megill Drive	4
2023	7 Megill Drive	4
2024	9 Megill Drive	4
2024	11 Megill Drive	4
2025	13 Megill Drive	4
2025	15 Megill Drive	4
2026	17 Megill Drive	4
2026	19 Megill Drive	4
2027	21 Megill Drive	4
2027	23 Megill Drive	4
2028	25 Megill Drive	4
2028	27 Megill Drive	4
2029	29 Megill Drive	4
2029	31 Megill Drive	4
2030	33 Megill Drive	3
2030	35 Megill Drive	3
2031	49 Megill Circle	4
2031	51 Megill Circle	4
2032	45 Megill Circle	4
2032	47 Megill Circle	4
2033	41 Megill Circle	4
2033	43 Megill Circle	4
2034	37 Megill Circle	4
2034	39 Megill Circle	4
2035	40 Megill Circle	3
2035	42 Megill Circle	3
2036	44 Megill Circle	3
2036	46 Megill Circle	3
2037	48 Megill Circle	3
2037	50 Megill Circle	3
2038	36 Megill Drive	3
2038	38 Megill Drive	3
2039	56 Megill Circle	3
2039	58 Megill Circle	3
2040	52 Megill Circle	3
2040	54 Megill Circle	3
2041	63 Megill Circle	3
2041	65 Megill Circle	3
2042	59 Megill Circle	3
2042	61 Megill Circle	3

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OPERATIONS SERVICES, LLC

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Oceanport, NJ 07757

ATTACHMENT F

Megill Housing Map

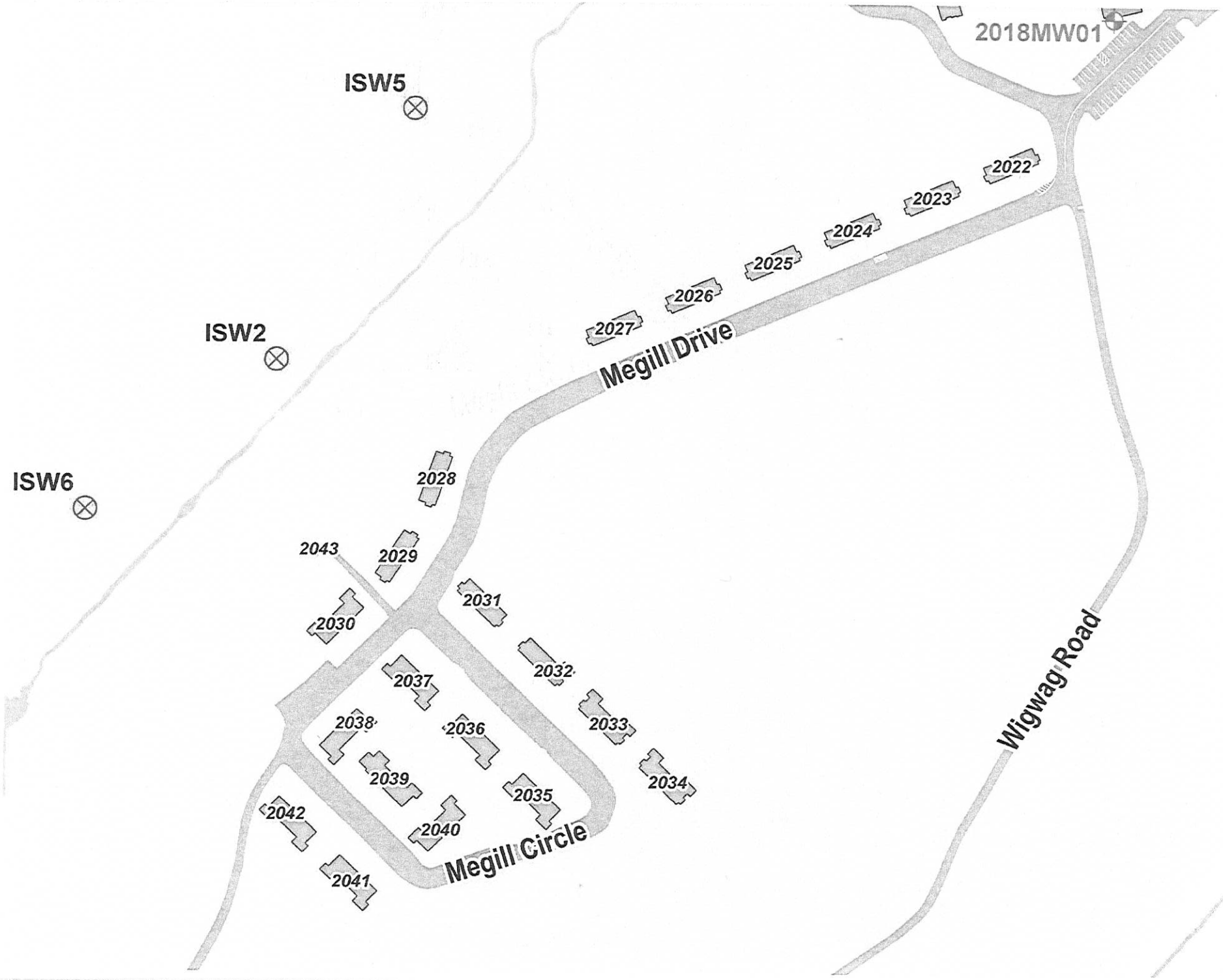
2018MW01
ISW5
ISW2
ISW6
2022
2023
2024
2025
2026
2027
Megill Drive
2028
2029
2043
2030
2031
2032
2033
2034
2035
2036
2037
2038
2039
2040
2041
2042
Megill Circle
Wigwag Road

EXHIBIT B

SEABOARD
FIRE & SAFETY
PROTECTING PEOPLE & ASSETS SINCE 1976

Seaboard Fire & Safety
Equipment Co.
2112 Kings Highway
Ocean, NJ 07712
(732) 493-8100

PROPERTY ADDRESS	Gibbs Hall Building 2000 Fort Monmouth NJ 07703
TESTING CONTRACTOR	SEABOARD FIRE & SAFETY EQUIPMENT CO. 2112 KINGS HIGHWAY OCEAN, NJ 07712 License No. P01493

ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

A. OWNER'S SECTION (TO BE COMPLETED BY THE PROPERTY OWNER OR AGENT) EXPLAIN ALL NO ANSWERS, EXCEPT AS NOTED

	Y	N
1. Is the building occupied?	✓	
2. Has the building occupancy, hazard, or floor layout changed since the last certification? (If yes, explain)		✓
3. Are all systems in service?	✓	
4. Are test reports and Annual Certifications kept on site?	✓	
5. Have there been any modifications to the system(s) since the last certification? (If yes, explain)		✓
6. Was there any action or alarm since the last certification? (If yes, explain)		✓
7. Does this certification cover all fire sprinkler and standpipe systems in the building?	✓	

OWNER/AGENT SIGNATURE _____ PRINT NAME _____

THIS REPORT COVERS: ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☑ ANNUAL ☐ THREE-YEAR ☐ FIVE-YEAR

B. CERTIFICATE HOLDER'S SECTION (ALL TESTS SHALL BE IN ACCORDANCE WITH NFPA 25)

No. of Wet Systems: _____ Make: _____ No. of Dry Systems: 1 Make: 4" Central

Model: _____ Model: Riser B-Mech Rm

	Y	N	NA
8. Were sprinklers in good condition and free of obstruction?	✓		
9. Were spare sprinklers and wrenches available?	✓		
10. Were areas protected by wet systems properly heated?	UNKNOWN		
11. Were heads free of accumulation in spray areas?	✓		
12. Were hydraulic nameplates in place on risers?			✓
13. Were alarm devices provided and in good condition?	✓		
14. Do any sprinklers need to be tested or replaced? (If yes, explain)		✓	
15. Were all sprinkler pipes and fittings in good condition?	✓		
16. Were gauges on all systems in good condition, indicating the proper pressure? (tested or replaced every 5 years)	✓		
17. Were all waterflow alarm devices tested satisfactorily?	✓		
18. Were main drains tested on all systems, results recorded, and left at the site?	✓		
19. Were there any changes in drain tests from last year? (If yes, explain)		✓	
20. DRAIN TEST: Location: Riser Size: 2 Before: 55 Flow: 45 After: 55	✓		
21. Were hangers in good condition and securely attached to structure and piping?	✓		
22. Was the type of antifreeze agent listed on the tag?			✓
23. Were the specific gravity test results for antifreeze systems acceptable?			✓
24. Were downstream pressures on pressure reducing valves satisfactory?			✓

	Y	N	NA
25. Were dry pipe system low point drains properly drained?	✓		
26 Was air pressure on dry pipe systems adequate?	✓		
27. Were dry pipe valve tests conducted with quick operating devices (QOD)?	✓		
28. Were tests of QOD's satisfactory?	✓		
29. Were dry valves trip tested, results recorded, and left at site?	✓		
30. Were dry valves full flow tested, recorded and left at the site (3-year test — 2008-2011-2014)			✓
31. Were air maintenance devices on dry systems tested satisfactorily?	✓		
32. Were dry pipe valve rooms properly heated?	✓		
33. Do air pressure relief valves have the proper rating?	✓		
34. Were PRV valves opened fully and verified that the pump was running?			✓
35. Were results of full flow tests on pressure regulating valves recorded and left at the site? (5-year test — 2010-2015-2020)	✓		
36. Were valves in proper open or closed position, and properly supervised?	✓		
37. Were valves protected from damage, accessible & operable?	✓		
38. Were low air pressure alarms on dry systems tested satisfactorily?	✓		
39. Were deluge/preaction valves trip tested by detector satisfactorily and results left at the site?			✓

B. CERTIFICATE HOLDER'S SECTION CONTINUED

	Y	N	NA
40. Were the preaction system supervisory air pressures correct?			✓
41. Were strainers checked and cleaned?			✓
42. Were check valves given their 5-year maintenance? (Year 2010-2015-2020)			✓
43. Was the sprinkler piping given its 5-year internal inspection (Year 2010-2015-2020)	✓		
44. Were backflow preventers tested?			✓
45. Were backflow preventers tested per the Plumbing Code?			✓
46. Were there any recalled sprinkler heads on the system? (If yes, describe how many and their location)		✓	

No. of Control Valves 2 Type OS&Y

Open: Yes ✓ No ☐ Secured: Yes ✓ No ☐ Closed: Yes ☐ No ✓ Signs: Yes ✓ No ☐ Condition OK

C. FIRE DEPARTMENT CONNECTIONS

47. Were Fire Department connections visible and accessible with caps and plugs in place?			✓	49. Were automatic drain valves/ball drips operating?		✓
48. Were proper signs in place?			✓	50. Was piping backflushed?		✓

D. STANDPIPES: ☐Yes ☑No TYPE: ☐Wet ☐Dry

Class and Quantity of each: Class I _____ Class II _____ Class III _____

1. Static pressure at gauge: _____ psi 2. Flow condition at highest outlet: _____ gpm (Every 5 years — 2005-2010-2015...)

51. Were fittings and piping in good condition?			✓	59. Were hose threads correct to national standard?		✓
52. Were supports and hangers in good condition and well secured to piping and structure?			✓	60. Were hose cabinet doors, glazing and latches in good condition?		✓
53. Were hose valve outlets free of damage and obstruction?			✓	61. Were hose cabinets identified, free of obstructions and accessible?		✓
54. Were valve handles in place?			✓	62. Were hoses removed, inspected and re-racked?		✓
55. Were outlet caps and gaskets in place?			✓	63. Were hose test dates current? (Maximum 3 years, 5 years if new)		✓
56. Were restricting devices in proper locations?			✓			
57. Were pressure regulating valves properly set?			✓	64. Were hose nozzles and gaskets in place?		✓
58. Was a full flow test conducted by a method resulting in a documented minimum flow of 250 gallons and a minimum rate of 250 gpm (5-year test — 2010-2015-2020)			✓	65. Were hose nozzles operable and free of obstruction?		✓
				66. Were dry standpipes given their hydrostatic test? (5-year test — 2010-2015-2020)		✓

E. FIRE PUMP: ☐Yes ☑No

TYPE: ☐Diesel ☐Electric

67. Were fire pumps flow tested with the results recorded and left at the site?			✓	74. Were pump controllers functioning properly and left in automatic mode?		✓
68. Did fire pumps operate per specification at churn, 100% and 150% flow?			✓	75. Were batteries and cables in good condition?		✓
69. Were all relief valves functioning properly?			✓	76. Were fuel tanks full?		✓
70. Were packing glands adjusted?			✓	77. Was pump room ventilation operating properly?		✓
71. Were motor and pump bearings lubricated?			✓	78. Were exhaust systems in good condition and properly insulated?		✓
72. Were pump alarms functioning properly?			✓	79. Where the fire pump is connected to standby power, was the automatic transfer switch tested		✓
73. Were engine coolant systems operating satisfactorily?			✓			

COMMENTS:

ATTACH ADDITIONAL SHEETS IF NECESSARY, INCLUDE FIRE PUMP TEST RESULTS

Heads Replaced
5th year internal inspection completed
New gauges installed
FDC caps installed

Trip Air Pressure 14 psi Trip Time 31 Seconds

TECHNICIANS NAME (PRINT AND SIGN) Rob Mudrick

EMAIL ADDRESS _____

TEST DATE 11/8/16

PHONE NUMBER _____

CERTIFICATE NUMBER P01493

SEABOARD
FIRE & SAFETY
PROTECTING PEOPLE & ASSETS SINCE 1976

Seaboard Fire & Safety
Equipment Co.
2112 Kings Highway
Ocean, NJ 07712
(732) 493-8100

PROPERTY ADDRESS	GIBB'S HALL BUILDING 2000 FORT MONMOUTH NJ 07703
TESTING CONTRACTOR	SEABOARD FIRE & SAFETY EQUIPMENT CO. 2112 KINGS HIGHWAY OCEAN, NJ 07712 License No P01493

5 YEAR INTERNAL INSPECTION – SPRINKLER SYSTEM

Type of System: ☐ Wet ☐ Dry ☐ Standpipe ☐ Deluge ☐ Pre-Action

Inspection Location #1 Riser
Inspection Location #2 Branch line
Inspection Location #3 FDC
Inspection Location #4 _____
Inspection Location #5 _____
Inspection Location #6 _____

Number of Lines Inspected: 3 Percentage: N/a
Number of Mains Inspected: 3
Condition of Pipe Interior: ☑ Good ☐ Fair ☐ Poor ☐ Blocked ☐ Other: _____

Comments:
Sprinkler system A.

Service Technician: Tom McNair, Rob Mudrick, Dave Bell Date: 08/31/2016 01:00pm EDT, 09/06/2016 08:00am EDT, 09/08/2016 08:00am EDT, 09/09/2016 08:00am EDT

Customer Signature (Print & Sign): _____ Date: 08/31/2016 01:00pm EDT, 09/06/2016 08:00am EDT, 09/08/201

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TESTING CONTRACTOR	SEABOARD FIRE & SAFETY EQUIPMENT CO. 2112 KINGS HIGHWAY OCEAN, NJ 07712 License No P01493

5 YEAR INTERNAL INSPECTION – SPRINKLER SYSTEM

Type of System: ☐ Wet ☐ Dry ☐ Standpipe ☐ Deluge ☐ Pre-Action

Inspection Location #1 RISER
Inspection Location #2 Branch line
Inspection Location #3 FDC
Inspection Location #4 _____
Inspection Location #5 _____
Inspection Location #6 _____

Number of Lines Inspected: 3 Percentage: N/a
Number of Mains Inspected: 3
Condition of Pipe Interior: ☑ Good ☐ Fair ☐ Poor ☐ Blocked ☐ Other: _____

Comments:
Sprinkler system B.

Service Technician: Tom McNair, Rob Mudrick, Dave Bell Date: 08/31/2016 01:00pm EDT, 09/06/2016 08:00am EDT, 09/08/2016 08:00am EDT, 09/09/2016 08:00am EDT

Customer Signature (Print & Sign): _____ Date: 08/31/2016 01:00pm EDT, 09/06/2016 08:00am EDT, 09/08/201

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TESTING CONTRACTOR	SEABOARD FIRE & SAFETY EQUIPMENT CO. 2112 KINGS HIGHWAY OCEAN, NJ 07712 License No P01493

5 YEAR INTERNAL INSPECTION – SPRINKLER SYSTEM

Type of System: ☐ Wet ☐ Dry ☐ Standpipe ☐ Deluge ☐ Pre-Action

Inspection Location #1 Riser
Inspection Location #2 Branch line
Inspection Location #3 FDC
Inspection Location #4 _____
Inspection Location #5 _____
Inspection Location #6 _____

Number of Lines Inspected: 3 Percentage: N/a
Number of Mains Inspected: 3
Condition of Pipe Interior: ☑ Good ☐ Fair ☐ Poor ☐ Blocked ☐ Other: _____

Comments:
Sprinkler system C.

Service Technician: Tom McNair, Rob Mudrick, Dave Bell Date: 08/31/2016 01:00pm EDT, 09/06/2016 08:00am EDT, 09/08/2016 08:00am EDT, 09/09/2016 08:00am EDT

Customer Signature (Print & Sign): _____ Date: 08/31/2016 01:00pm EDT, 09/06/2016 08:00am EDT, 09/08/201

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ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

A. OWNER'S SECTION (TO BE COMPLETED BY THE PROPERTY OWNER OR AGENT) EXPLAIN ALL NO ANSWERS, EXCEPT AS NOTED

	Y	N
1. Is the building occupied?	✓	
2. Has the building occupancy, hazard, or floor layout changed since the last certification? (If yes, explain)		✓
3. Are all systems in service?	✓	
4. Are test reports and Annual Certifications kept on site?	✓	
5. Have there been any modifications to the system(s) since the last certification? (If yes, explain)		✓
6. Was there any action or alarm since the last certification? (If yes, explain)		✓
7. Does this certification cover all fire sprinkler and standpipe systems in the building?	✓	

OWNER/AGENT SIGNATURE _____ PRINT NAME _____

THIS REPORT COVERS: ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☑ ANNUAL ☐ THREE-YEAR ☐ FIVE-YEAR

B. CERTIFICATE HOLDER'S SECTION (ALL TESTS SHALL BE IN ACCORDANCE WITH NFPA 25)

No. of Wet Systems: _____ Make: _____ No. of Dry Systems: 1 Make: 6"Tyco

Model: _____ Model: Riser A-Mech Rm 1

	Y	N	NA
8. Were sprinklers in good condition and free of obstruction?	✓		
9. Were spare sprinklers and wrenches available?	✓		
10. Were areas protected by wet systems properly heated?	UNKNOWN		
11. Were heads free of accumulation in spray areas?	✓		
12. Were hydraulic nameplates in place on risers?			✓
13. Were alarm devices provided and in good condition?	✓		
14. Do any sprinklers need to be tested or replaced? (If yes, explain)		✓	
15. Were all sprinkler pipes and fittings in good condition?	✓		
16. Were gauges on all systems in good condition, indicating the proper pressure? (tested or replaced every 5 years)	✓		
17. Were all waterflow alarm devices tested satisfactorily?	✓		
18. Were main drains tested on all systems, results recorded, and left at the site?	✓		
19. Were there any changes in drain tests from last year? (If yes, explain)		✓	
20. DRAIN TEST: Location: Riser Size: 2 Before: 60 Flow: 45 After: 60	✓		
21. Were hangers in good condition and securely attached to structure and piping?	✓		
22. Was the type of antifreeze agent listed on the tag?			✓
23. Were the specific gravity test results for antifreeze systems acceptable?			✓
24. Were downstream pressures on pressure reducing valves satisfactory?			✓

	Y	N	NA
25. Were dry pipe system low point drains properly drained?	✓		
26 Was air pressure on dry pipe systems adequate?	✓		
27. Were dry pipe valve tests conducted with quick operating devices (QOD)?	✓		
28. Were tests of QOD's satisfactory?	✓		
29. Were dry valves trip tested, results recorded, and left at site?	✓		
30. Were dry valves full flow tested, recorded and left at the site (3-year test — 2008-2011-2014)			✓
31. Were air maintenance devices on dry systems tested satisfactorily?	✓		
32. Were dry pipe valve rooms properly heated?	✓		
33. Do air pressure relief valves have the proper rating?	✓		
34. Were PRV valves opened fully and verified that the pump was running?			✓
35. Were results of full flow tests on pressure regulating valves recorded and left at the site? (5-year test — 2010-2015-2020)	✓		
36. Were valves in proper open or closed position, and properly supervised?	✓		
37. Were valves protected from damage, accessible & operable?	✓		
38. Were low air pressure alarms on dry systems tested satisfactorily?	✓		
39. Were deluge/preaction valves trip tested by detector satisfactorily and results left at the site?			✓

B. CERTIFICATE HOLDER'S SECTION CONTINUED

	Y	N	NA
40. Were the preaction system supervisory air pressures correct?			✓
41. Were strainers checked and cleaned?			✓
42. Were check valves given their 5-year maintenance? (Year 2010-2015-2020)			✓
43. Was the sprinkler piping given its 5-year internal inspection (Year 2010-2015-2020)	✓		
44. Were backflow preventers tested?			✓

	Y	N	NA
45. Were backflow preventers tested per the Plumbing Code?			✓
46. Were there any recalled sprinkler heads on the system? (If yes, describe how many and their location)		✓	

No. of Control Valves 2 Type OS&Y

Open: Yes ✓ No ☐ Secured: Yes ✓ No ☐ Closed: Yes ☐ No ✓ Signs: Yes ✓ No ☐ Condition OK

C. FIRE DEPARTMENT CONNECTIONS

47. Were Fire Department connections visible and accessible with caps and plugs in place?			✓	49. Were automatic drain valves/ball drips operating?		✓
48. Were proper signs in place?			✓	50. Was piping backflushed?		✓

D. STANDPIPES: ☐Yes ☑No TYPE: ☐Wet ☐Dry

Class and Quantity of each: Class I _____ Class II _____ Class III _____

1. Static pressure at gauge: _____ psi 2. Flow condition at highest outlet: _____ gpm (Every 5 years — 2005-2010-2015...)

51. Were fittings and piping in good condition?			✓	59. Were hose threads correct to national standard?		✓
52. Were supports and hangers in good condition and well secured to piping and structure?			✓	60. Were hose cabinet doors, glazing and latches in good condition?		✓
53. Were hose valve outlets free of damage and obstruction?			✓	61. Were hose cabinets identified, free of obstructions and accessible?		✓
54. Were valve handles in place?			✓	62. Were hoses removed, inspected and re-racked?		✓
55. Were outlet caps and gaskets in place?			✓	63. Were hose test dates current? (Maximum 3 years, 5 years if new)		✓
56. Were restricting devices in proper locations?			✓			
57. Were pressure regulating valves properly set?			✓	64. Were hose nozzles and gaskets in place?		✓
58. Was a full flow test conducted by a method resulting in a documented minimum flow of 250 gallons and a minimum rate of 250 gpm (5-year test — 2010-2015-2020)			✓	65. Were hose nozzles operable and free of obstruction?		✓
				66. Were dry standpipes given their hydrostatic test? (5-year test — 2010-2015-2020)		✓

E. FIRE PUMP: ☐Yes ☑No

TYPE: ☐Diesel ☐Electric

67. Were fire pumps flow tested with the results recorded and left at the site?			✓	74. Were pump controllers functioning properly and left in automatic mode?		✓
68. Did fire pumps operate per specification at churn, 100% and 150% flow?			✓	75. Were batteries and cables in good condition?		✓
69. Were all relief valves functioning properly?			✓	76. Were fuel tanks full?		✓
70. Were packing glands adjusted?			✓	77. Was pump room ventilation operating properly?		✓
71. Were motor and pump bearings lubricated?			✓	78. Were exhaust systems in good condition and properly insulated?		✓
72. Were pump alarms functioning properly?			✓	79. Where the fire pump is connected to standby power, was the automatic transfer switch tested		✓
73. Were engine coolant systems operating satisfactorily?			✓			

COMMENTS:

ATTACH ADDITIONAL SHEETS IF NECESSARY, INCLUDE FIRE PUMP TEST RESULTS

6" OS&Y Valve repaired and operational
5th year internal inspection completed
Outdated heads replaced.
Dry Heads replaced
Additional coverage provided in closet area.
New gauges installed

Trip Air Pressure 12 psi Trip Time 33 Seconds

TECHNICIANS NAME (PRINT AND SIGN) Rob Mudrick

EMAIL ADDRESS _____

TEST DATE 11/8/16

PHONE NUMBER _____

CERTIFICATE NUMBER P01493

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ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

A. OWNER'S SECTION (TO BE COMPLETED BY THE PROPERTY OWNER OR AGENT) EXPLAIN ALL NO ANSWERS, EXCEPT AS NOTED

	Y	N		Y	N
1. Is the building occupied?	✓		5. Have there been any modifications to the system(s) since the last certification? (If yes, explain)		✓
2. Has the building occupancy, hazard, or floor layout changed since the last certification? (If yes, explain)		✓	6. Was there any action or alarm since the last certification? (If yes, explain)		✓
3. Are all systems in service?	✓		7. Does this certification cover all fire sprinkler and standpipe systems in the building?	✓	
4. Are test reports and Annual Certifications kept on site?	✓				

OWNER/AGENT SIGNATURE _____ PRINT NAME _____

THIS REPORT COVERS: ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☑ ANNUAL ☐ THREE-YEAR ☐ FIVE-YEAR

B. CERTIFICATE HOLDER'S SECTION (ALL TESTS SHALL BE IN ACCORDANCE WITH NFPA 25)

No. of Wet Systems: _____ Make: _____ No. of Dry Systems: 1 Make: 6"Tyco

Model: _____ Model: Riser B-Mech Rm

	Y	N	NA		Y	N	NA
8. Were sprinklers in good condition and free of obstruction?	✓			25. Were dry pipe system low point drains properly drained?	✓		
9. Were spare sprinklers and wrenches available?	✓			26 Was air pressure on dry pipe systems adequate?	✓		
10. Were areas protected by wet systems properly heated?	UNKNOWN			27. Were dry pipe valve tests conducted with quick operating devices (QOD)?	✓		
11. Were heads free of accumulation in spray areas?	✓						
12. Were hydraulic nameplates in place on risers?			✓	28. Were tests of QOD's satisfactory?	✓		
13. Were alarm devices provided and in good condition?	✓			29. Were dry valves trip tested, results recorded, and left at site?	✓		
14. Do any sprinklers need to be tested or replaced? (If yes, explain)		✓		30. Were dry valves full flow tested, recorded and left at the site (3-year test — 2008-2011-2014)			✓
15. Were all sprinkler pipes and fittings in good condition?	✓						
16. Were gauges on all systems in good condition, indicating the proper pressure? (tested or replaced every 5 years)	✓			31. Were air maintenance devices on dry systems tested satisfactorily?	✓		
17. Were all waterflow alarm devices tested satisfactorily?	✓			32. Were dry pipe valve rooms properly heated?	✓		
18. Were main drains tested on all systems, results recorded, and left at the site?	✓			33. Do air pressure relief valves have the proper rating?	✓		
19. Were there any changes in drain tests from last year? (If yes, explain)		✓		34. Were PRV valves opened fully and verified that the pump was running?			✓
20. DRAIN TEST: Location: Riser Size: 2 Before: 70 Flow: 55 After: 70	✓			35. Were results of full flow tests on pressure regulating valves recorded and left at the site? (5-year test — 2010-2015-2020)	✓		
21. Were hangers in good condition and securely attached to structure and piping?	✓			36. Were valves in proper open or closed position, and properly supervised?	✓		
22. Was the type of antifreeze agent listed on the tag?			✓	37. Were valves protected from damage, accessible & operable?	✓		
23. Were the specific gravity test results for antifreeze systems acceptable?			✓	38. Were low air pressure alarms on dry systems tested satisfactorily?	✓		
24. Were downstream pressures on pressure reducing valves satisfactory?			✓	39. Were deluge/preaction valves trip tested by detector satisfactorily and results left at the site?			✓

B. CERTIFICATE HOLDER'S SECTION CONTINUED

	Y	N	NA
40. Were the preaction system supervisory air pressures correct?			✓
41. Were strainers checked and cleaned?			✓
42. Were check valves given their 5-year maintenance? (Year 2010-2015-2020)			✓
43. Was the sprinkler piping given its 5-year internal inspection (Year 2010-2015-2020)	✓		
44. Were backflow preventers tested?			✓
45. Were backflow preventers tested per the Plumbing Code?			✓
46. Were there any recalled sprinkler heads on the system? (If yes, describe how many and their location)		✓	

No. of Control Valves 2 Type OS&Y

Open: Yes ✓ No ☐ Secured: Yes ✓ No ☐ Closed: Yes ☐ No ✓ Signs: Yes ✓ No ☐ Condition OK

C. FIRE DEPARTMENT CONNECTIONS

47. Were Fire Department connections visible and accessible with caps and plugs in place?			✓	49. Were automatic drain valves/ball drips operating?		✓
48. Were proper signs in place?			✓	50. Was piping backflushed?		✓

D. STANDPIPES: ☐Yes ☑No TYPE: ☐Wet ☐Dry

Class and Quantity of each: Class I _____ Class II _____ Class III _____

1. Static pressure at gauge: _____ psi 2. Flow condition at highest outlet: _____ gpm (Every 5 years — 2005-2010-2015...)

51. Were fittings and piping in good condition?			✓	59. Were hose threads correct to national standard?		✓
52. Were supports and hangers in good condition and well secured to piping and structure?			✓	60. Were hose cabinet doors, glazing and latches in good condition?		✓
53. Were hose valve outlets free of damage and obstruction?			✓	61. Were hose cabinets identified, free of obstructions and accessible?		✓
54. Were valve handles in place?			✓	62. Were hoses removed, inspected and re-racked?		✓
55. Were outlet caps and gaskets in place?			✓	63. Were hose test dates current? (Maximum 3 years, 5 years if new)		✓
56. Were restricting devices in proper locations?			✓	64. Were hose nozzles and gaskets in place?		✓
57. Were pressure regulating valves properly set?			✓	65. Were hose nozzles operable and free of obstruction?		✓
58. Was a full flow test conducted by a method resulting in a documented minimum flow of 250 gallons and a minimum rate of 250 gpm (5-year test — 2010-2015-2020)			✓	66. Were dry standpipes given their hydrostatic test? (5-year test — 2010-2015-2020)		✓

E. FIRE PUMP: ☐Yes ☑No

TYPE: ☐Diesel ☐Electric

67. Were fire pumps flow tested with the results recorded and left at the site?			✓	74. Were pump controllers functioning properly and left in automatic mode?		✓
68. Did fire pumps operate per specification at churn, 100% and 150% flow?			✓	75. Were batteries and cables in good condition?		✓
69. Were all relief valves functioning properly?			✓	76. Were fuel tanks full?		✓
70. Were packing glands adjusted?			✓	77. Was pump room ventilation operating properly?		✓
71. Were motor and pump bearings lubricated?			✓	78. Were exhaust systems in good condition and properly insulated?		✓
72. Were pump alarms functioning properly?			✓	79. Where the fire pump is connected to standby power, was the automatic transfer switch tested		✓
73. Were engine coolant systems operating satisfactorily?			✓			

COMMENTS:

ATTACH ADDITIONAL SHEETS IF NECESSARY, INCLUDE FIRE PUMP TEST RESULTS

5th year internal inspection completed
New gauges installed

Trip Air Pressure 8.5 psi Trip Time 45 Seconds

TECHNICIANS NAME (PRINT AND SIGN) Rob Mudrick

EMAIL ADDRESS _____

TEST DATE 11/8/16

PHONE NUMBER _____

CERTIFICATE NUMBER P01493