



Appendix 6



DELAWARE STATE FIRE MARSHAL
STANDPIPE SYSTEMS
CERTIFICATE OF INSPECTION



[X] Annual Certificate of Inspection [] Non-Annual WITH a MAJOR deficiency

[] Property/Address Changed
Name: First State Montessori School Owner/Contact: Pete, Facilities
Address/City: 920 North French St Wilmington, DE 19801 Phone Number: (302) 588-7343

PROTECTED PROPERTY

Owner: Charter Schools Development Address: 920 North French St Wilmington, DE 19801

SUPPRESSION SYSTEM COMPANY INFORMATION

Company Name: Wayman Fire Protection FSL #: 0011
Technician's Name: L. Magee WBC Cert#: 2069 Date: 8/21/17

STANDPIPE FIRE SUPPRESSION SYSTEM MONITORING

Is this system monitored off-site? [X] Yes [] No
If yes, provide name, location and phone # of monitoring station: SimplexGrinnell
1.800.746.7539

SYSTEM INFORMATION

System ID Number: 1 Location: Throughout Building
System Type: [X] Wet Standpipe [] Dry Standpipe [] Other
Operation: [] Manual [] Semi-Automatic [] Automatic

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION NONE [X] CHECKED BELOW []

HOSE CONNECTIONS

- [] 7501 - Visible Obstructions
[] 7502 - Fire Hose Connection Damaged
[] 7503 - Valve Handles Missing
[] 7504 - Valve Leaking

PIPING

- [] 7505 - Damaged Piping

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION NONE [X] CHECKED BELOW []

HOSE CONNECTIONS

- [] 7550 - Cap Missing
[] 7551 - Cap Gasket Missing or Deteriorated
[] 7552 - Restricting Device Missing
[] 7553 - Manual, Semi-Automatic or Dry-Standpipe—
Valve Does Not Operate Smoothly

PIPING

- [] 7554 - Control Valves Damaged
[] 7555 - Missing or Damaged Pipe Support Devices
[] 7556 - Damaged Supervisory Devices

HOSE

- [] 7557 - Hose Missing
[] 7558 - Hose Damaged or In Poor Condition

HOSE NOZZLE

- [] 7559 - Hose Nozzle Missing
[] 7560 - Gasket Missing or Deteriorated
[] 7561 - Nozzle Does Not Operate Smoothly

CABINET

- [] 7506 - Visible Obstructions

HOSE STORAGE DEVICE

- [] 7507 - Obstruction
[] 7508 - Other (Comment Below)

HOSE STORAGE DEVICE

- [] 7562 - Difficult to Operate
[] 7563 - Damaged
[] 7564 - Hose Improperly Racked or Rolled
[] 7565 - Nozzle Clip In Place and Nozzle Correctly Contained
[] 7566 - If Exposed In Cabinet, Will Hose Rack Swing Out At
Least 90 Degrees?

CABINET

- [] 7567 - Difficult to Open
[] 7568 - Cabinet Door Will Not Open Fully
[] 7569 - Door Glazing Cracked or Broken
[] 7570 - If Cabinet Is Break-Glass Type, Is Lock Functioning
Properly?
[] 7571 - Glass Break Device Is Missing or Not Attached
[] 7572 - Not Properly Identified As Containing Fire Equipment
[] 7573 - All Valves, Hose, Nozzles, Fire Extinguishers, etc.,
Easily Accessible

COMMENTS/DEFICIENCY DESCRIPTION

FOR INTERNAL USE ONLY:

Data Entry Date: _____ Date Received By T.S. Manager: _____ FM Assigned: _____ Date FM Assigned: _____ Date Inspected: _____

[] NO MAJOR DEFICIENCIES FOUND [] MAJOR DEFICIENCIES FOUND: _____ [] MAJOR DEFICIENCIES VERIFIED: _____
DATE NOV ISSUED: _____ COMPLIANCE DATE: _____ 1ST EXTENSION DATE: _____ 2ND EXTENSION & APPROVAL DATE: _____
DATE OF COMPLIANCE: _____ DATE FORWARDED TO T.S. MANAGER: _____ DATE FORWARDED TO OPERATIONS: _____ BY _____



WAYMAN FIRE PROTECTION, INC.

SPRINKLERS * ALARMS * INSPECTIONS * SPECIAL HAZARDS

PROPERTY: Charter School Development

DATE: 8/17/17

ADDRESS: 920 N. French St.

PHONE: _____

CITY: Wilmington

STATE: DE

ZIP: 19801

PUMP		<input checked="" type="checkbox"/> ELECTRIC	<input type="checkbox"/> DIESEL	CONTROLLER	
GPM: 1000	MANU MASS. Patterson		MAKE: Joslyn Clark		PUMP ST: 145
PSI: 135/112	SERIAL #: FP-CO 34956		MOD: C3C201		TIMER: 4:00
RPM: 3540	MOD: 6 x 5 MAA				

DRIVE	VOLTS: 240/460	H.P: 100	PHASE: 3	MASS: U. S. Electric
	FL AMPS: 91.7	RPM: 3569	CYCLES: 60	SERIAL #: E09-c-92m
	AMPS 150%:		SER FAC: 1-15	MOD: FF-100E 1BS

MAINT PUMP	MAKE: Sta-Rite	GPM:
	MOD: HP-703-02	START: 160
	H.P:	STOP: 175

RPM	DISCH. PSI	STATIC PSI	NET PSI	STREAMS			TOTAL GPM	PERCENT RATED CAPACITY	VOLTS / AMPS		
				NO.	SIZE	PSI			1	2	3
3570	170	30	140	No	Flow	Churn	Test	0%			
3560	90	15	75	2	2.5	8-11	1000+	100%			
3558	70	15	55	3	2.5	8-11-1	1500+	150%			
3580	175	30	145	0	Generator test			0%			

STARTS			Pump Performance	<input checked="" type="checkbox"/> 100%	<input checked="" type="checkbox"/> 150%	<input type="checkbox"/> Did not meet specs
	MAN.	AUTO.	<input type="checkbox"/> City Suction Low			
1	✓	✓	REMARKS / COMMENTS:			
2	✓	✓				
3	✓	✓				
4	✓	✓				
5	✓	✓				

TEST PERFORMED BY: Leo B. Magee Sr

DATE: 8/17/17



DELAWARE STATE FIRE MARSHAL
FIRE SUPPRESSION SYSTEM
CERTIFICATE OF INSPECTION



MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:

- | | | | | | |
|-------------|---|---|-------------|---|---|
| <u>7720</u> | - | Gauges damaged | <u>7730</u> | - | Lacking Signs (Calculation Plates, Valves, etc.) |
| <u>7721</u> | - | Control Values not Monitored or Secured | <u>7731</u> | - | FDC Lacking Caps / Plugs |
| <u>7722</u> | - | Fire Pump / Jockey Pump Deficiency | <u>7732</u> | - | FDC Lacking Sign / Improperly Marked |
| <u>7723</u> | - | Standpipe Deficiency | <u>7733</u> | - | Sprinkler Head Wrong Rating or Installed Improperly |
| <u>7724</u> | - | Sprinkler Heads Damaged / Painted | <u>7734</u> | - | Sprinkler Head over 50 years of Age |
| <u>7725</u> | - | Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads | <u>7735</u> | - | Spare Head Box & Contents Deficiency |
| <u>7726</u> | - | Tamper / Supervisory switch deficiency | <u>7736</u> | - | Sprinklered Areas Maintained Below 40° |
| <u>7727</u> | - | Dry System Trip Test Exceeds 60 Seconds | <u>7737</u> | - | Water Motor Gong Inoperative |
| <u>7728</u> | - | Dry system devices deficiency (Air Compressor, etc.) | <u>7738</u> | - | Other |
| <u>7729</u> | - | Pipe / Pipe hanger deficiency | | | |



DELAWARE STATE FIRE MARSHAL
FIRE SUPPRESSION SYSTEM
CERTIFICATE OF INSPECTION



Annual Certificate of Inspection Non-Annual WITH a MAJOR deficiency

Property/Address Changed

PROTECTED PROPERTY

Name: First State Montessori School Contact: Pete, Facilities
Address/City: 920 North French St Wilmington, DE 19801 Phone Number: (302) 588-7343

PROPERTY OWNER

Owner: Same Address: Same

SUPPRESSION SYSTEM COMPANY INFORMATION

Company Name: Wayman Fire Protection FSL #: 0011
Technician's Name: L. Magee WBC Cert #: 2069 Date: 8/21/17

FIRE SUPPRESSION SYSTEM MONITORING

Is this system monitored off-site? Yes No

If yes, provide name, location and phone # of monitoring station: SimplexGrinnell
1.800.746.7539

SYSTEM INFORMATION

System ID Number: 1 Control Location: Mechanical Room, Ground Floor
System Type: Wet Sprinkler Dry Sprinkler Other
Pre-Action Deluge Water Spray
Sprinkler Heads Make: #1 Viking #2 #3
Model: #1 M #2 #3
Are heads subject to recall?: #1 Y N #2 Y N #3 Y N

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE CHECKED BELOW

- 7701-System Out-of-Service / Impaired
7702-Unprotected Areas (>= 10 heads contiguous)
7703-Closed Control Valves
7704-Dry Pipe System Tripped
7705-Major FDC Obstructions
7706-Fire Pump / Jockey Pump Inoperative
7707-Improper Design (Storage Occupancies Only)
7708-Quick Opening Device Inoperative
7709-Other (Comment Below)

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE CHECKED BELOW

- 7720 7724 7728 7732 7736
7721 7725 7729 7733 7737
7722 7726 7730 7734 7738
7723 7727 7731 7735

COMMENTS/DEFICIENCY DESCRIPTION

FOR INTERNAL USE ONLY:

Data Entry Date Date Received By T.S. Manager FM Assigned Date FM Assigned Date Inspected
NO MAJOR DEFICIENCIES FOUND MAJOR DEFICIENCIES FOUND MAJOR DEFICIENCIES VERIFIED
DATE NOV ISSUED COMPLIANCE DATE 1ST EXTENSION DATE 2ND EXTENSION & APPROVAL DATE
DATE OF COMPLIANCE DATE FORWARDED TO T.S. MANAGER DATE FORWARDED TO OPERATIONS BY



DELAWARE STATE FIRE MARSHAL
FIRE SUPPRESSION SYSTEM
CERTIFICATE OF INSPECTION



MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:

- | | | | | | |
|-------------|---|---|-------------|---|---|
| <u>7720</u> | - | Gauges damaged | <u>7730</u> | - | Lacking Signs (Calculation Plates, Valves, etc.) |
| <u>7721</u> | - | Control Values not Monitored or Secured | <u>7731</u> | - | FDC Lacking Caps / Plugs |
| <u>7722</u> | - | Fire Pump / Jockey Pump Deficiency | <u>7732</u> | - | FDC Lacking Sign / Improperly Marked |
| <u>7723</u> | - | Standpipe Deficiency | <u>7733</u> | - | Sprinkler Head Wrong Rating or Installed Improperly |
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| <u>7728</u> | - | Dry system devices deficiency (Air Compressor, etc.) | <u>7738</u> | - | Other |
| <u>7729</u> | - | Pipe / Pipe hanger deficiency | | | |



**DELAWARE STATE FIRE MARSHAL
FIRE SUPPRESSION SYSTEM
CERTIFICATE OF INSPECTION**



Annual Certificate of Inspection Non-Annual WITH a MAJOR deficiency

Property/Address Changed

PROTECTED PROPERTY

Name: First State Montessori School

Contact: Pete, Facilities

Address/City: 920 North French St Wilmington, DE 19801

Phone Number: (302) 588-7343

PROPERTY OWNER

Owner: Same

Address: Same

SUPPRESSION SYSTEM COMPANY INFORMATION

Company Name: Wayman Fire Protection

FSL #: 0011

Technician's Name: L. Magee

WBC Cert #: 2069

Date: 8/21/17

FIRE SUPPRESSION SYSTEM MONITORING

Is this system monitored off-site? Yes No

If yes, provide name, location and phone # of monitoring station: SimplexGrinnell

1.800.746.7539

SYSTEM INFORMATION

System ID Number: 1000 GPM Fire Pump

Control Location: Mechanical Room, Ground Floor

System Type: Wet Sprinkler

Dry Sprinkler

Other Fire Pump

Pre-Action

Deluge

Water Spray

Sprinkler Heads Make: #1

#2

#3

Model: #1

#2

#3

Are heads subject to recall?: #1 Y / N

#2 Y / N

#3 Y / N

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE

CHECKED BELOW

- 7701-System Out-of-Service / Impaired
- 7702-Unprotected Areas (≥ 10 heads contiguous)
- 7703-Closed Control Valves
- 7704-Dry Pipe System Tripped
- 7705-Major FDC Obstructions

- 7706 - Fire Pump / Jockey Pump Inoperative
- 7707 - Improper Design (Storage Occupancies Only)
- 7708 - Quick Opening Device Inoperative
- 7709 - Other (Comment Below)

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE

CHECKED BELOW

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 7720 | <input type="checkbox"/> 7724 | <input type="checkbox"/> 7728 | <input type="checkbox"/> 7732 | <input type="checkbox"/> 7736 |
| <input type="checkbox"/> 7721 | <input type="checkbox"/> 7725 | <input type="checkbox"/> 7729 | <input type="checkbox"/> 7733 | <input type="checkbox"/> 7737 |
| <input type="checkbox"/> 7722 | <input type="checkbox"/> 7726 | <input type="checkbox"/> 7730 | <input type="checkbox"/> 7734 | <input type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723 | <input type="checkbox"/> 7727 | <input type="checkbox"/> 7731 | <input type="checkbox"/> 7735 | |

COMMENTS/DEFICIENCY DESCRIPTION

FOR INTERNAL USE ONLY:

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DATE NOV ISSUED: _____ COMPLIANCE DATE: _____ 1ST EXTENSION DATE: _____ 2ND EXTENSION & APPROVAL DATE: _____

DATE OF COMPLIANCE: _____ DATE FORWARDED TO T.S. MANAGER: _____ DATE FORWARDED TO OPERATIONS: _____ BY _____



WAYMAN FIRE PROTECTION, INC.

SPRINKLERS • ALARMS • INSPECTIONS • SPECIAL HAZARDS

COMMENT SHEET

DATE: 8-21-17

LOCATION: Charter Development

INSPECTOR: L. Magee

RECOMMENDATION:

1. Flow meter is clogged and out of calibration.
Recommend repairing and calibration.

Note : Test Header 6" valve had been passing causing jockey pump cycling, was repaired on 8/18/17 by service department



Wayman Fire Protection, Inc.
 403 Meco Drive
 Wilmington, DE 19804
 Phone: (302) 994-5757 Fax: (302) 994-5750

Work Order 1340771

Site: 920NFRE Charter Schools Development 920 North French St Wilmington, DE 19801 Email:	Bill To: CHASCH Charter School Dev Corp 6731 Columbia Gateway Dr. Suite 220 Columbia, MD 21046
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CONTACT: Pete Antonelli OWNER PHONE: 443 561-1286 TYPE: Inspection Contract
 JOB SITE PHONE: 443 561-1286 SCHEDULED DATE: 08/16/17 7:00 am
 OTHER PHONE: CUSTOMER PO # :
 TECHNICIANS: ~~Robert D Dremock~~
 Michael Joseph Foret

Special Instructions

Annual F/A, WET, Fire Pump, STD, Ext


Work Ordered

Wet Standpipe Annual

Completed

Technician Notes

Time included in Fire pump 8-17-17

TECHNICIAN(S): L. Magee / J. Ryck/ M. Aucoin SYSTEM MFG: _____ SYSTEM TYPE: _____
 TRAVEL TIME: _____ ACTUAL TIME: _____ TOTAL TIME: _____ DATE COMPLETED: 8-17-17
 CUSTOMER SIGNATURE:  SERVICE COMPLETE: Y N
 PRINTED NAME: _____ CUSTOMER EMAIL: _____



Wayman Fire Protection, Inc.
 403 Meco Drive
 Wilmington, DE 19804
 Phone: (302) 994-5757 Fax: (302) 994-5750

Work Order 1340771

Site: 920NFRE Charter Schools Development 920 North French St Wilmington, DE 19801 Email:	Bill To: CHASCH Charter School Dev Corp 6731 Columbia Gateway Dr. Suite 220 Columbia, MD 21046
---	--

CONTACT: Pete Antonelli OWNER PHONE: 443 561-1286 TYPE: Inspection Contract
 JOB SITE PHONE: 443 561-1286 SCHEDULED DATE: 08/16/17 7:00 am
 OTHER PHONE: CUSTOMER PO #:
 TECHNICIANS: Robert D Dremeek L. Magee / J. Ryck/ M. Aucoin
 Michael Joseph Foret

Special Instructions

Annual FIA, WET, Fire Pump, STD, Ext


Work Ordered

Wet Annual Inspection

Completed

Technician Notes

L. Magee / J. Ryck/ M. Aucoin. 8-21 3 Hours

TECHNICIAN(S): L. Magee / J. Ryck/ M. Aucoin SYSTEM MFG: _____ SYSTEM TYPE: _____
 TRAVEL TIME: _____ ACTUAL TIME: 3 Y 3 TOTAL TIME: 9 DATE COMPLETED: 8-21-17
 CUSTOMER SIGNATURE:  SERVICE COMPLETE: Y N
 PRINTED NAME: _____ CUSTOMER EMAIL: _____



Wayman Fire Protection, Inc.
 403 Meco Drive
 Wilmington, DE 19804
 Phone: (302) 994-5757 Fax: (302) 994-5750

Work Order 1340771

Site: 920NFRE Charter Schools Development 920 North French St Wilmington, DE 19801 Email:	Bill To: CHASCH Charter School Dev Corp 6731 Columbia Gateway Dr. Suite 220 Columbia, MD 21046
---	--

CONTACT: Pete Antonelli OWNER PHONE: 443 561-1286 TYPE: Inspection Contract
 JOB SITE PHONE: 443 561-1286 SCHEDULED DATE: 08/16/17 7:00 am
 OTHER PHONE: CUSTOMER PO # :
 TECHNICIANS: Robert D Dremcek L. Magee / J. Ryck/ M. Aucoin
 Michael Joseph Forst

Special Instructions

Annual F/A, WET, Fire Pump, STD, Ext


Work Ordered

Fire pump Annual Inspection

Completed

Technician Notes

L. Magee / J. Ryck 8-17-17 5 hours

TECHNICIAN(S): L. Magee / J. Ryck/ M. Aucoin SYSTEM MFG: _____ SYSTEM TYPE: _____
 TRAVEL TIME: _____ TOTAL TIME: 10 DATE COMPLETED: 8-17-17
 CUSTOMER SIGNATURE:  SERVICE COMPLETE: Y N
 PRINTED NAME: _____ CUSTOMER EMAIL: _____

Clear System Info



Wayman Fire Protection, Inc.

403 Meco Drive, Wilmington, Delaware 19804
REPORT OF SPRINKLER INSPECTION

3rd Quarter

Fire Pump Wet with Standpipe

ANNUAL INSPECTION

(215) 440-0550

(800) 999-1134

(302) 994-5757

Property: First State MontessoriBuilding Or Area: SameAddress: 920 N. French StInspector: L. MageeCity: Wilmington State: DE Zip: 19801Date: 8/21/17

1.	General	N.A	Yes	No
	a. Is the building occupied according to information furnished by owner or owner's representative?		✓	
	b. Is occupancy the same as previous inspection according to information furnished by owner?		✓	
	c. Are all systems in service?		✓	
	d. Is building completely protected by sprinklers?		✓	
	e. Is all stock or storage at least 18" below sprinkler deflectors?		✓	
	f. In the areas where sprinkler piping contains water, does the building appear to be properly heated or protected against the entrance of cold air?		✓	
2.	Control Valves (see section 12 on second page)	N.A	Yes	No
	a. Are all sprinkler control valves and all other valves in the appropriate open or closed position?		✓	
	b. Are all control valves in the open position locked, sealed, or properly supervised with a tamper switch?		✓	
3.	Water Supplies (see section 13 on second page)	N.A	Yes	No
	a. Was water flow test at main drain conducted at the sprinkler riser and satisfactory results obtained?		✓	
4.	Tanks, Pumps, and Fire Department Connections	N.A	Yes	No
	a. Do fire pumps, tanks, reservoirs appear to be in good condition and properly maintained?		✓	
	b. Are fire department connections in satisfactory condition, couplings free and caps in place?		✓	
5.	Wet Systems	N.A	Yes	No
	a. Are cold weather valves in the open or closed position as appropriate?	✓		
	b. Have anti-freeze systems been tested and left in satisfactory condition?	✓		
	c. Are alarm valves, water-flow indicators and retard chambers in satisfactory condition?		✓	
6.	Dry Systems (See section 10 on second page)	N.A	Yes	No
	a. Is the dry valve in service and in good condition?	✓		
	b. Does air pressure and priming water level appear normal?	✓		
	c. Is air compressor system in service and in good condition?	✓		
	d. Were low points drained (during fall and winter inspections)?	✓		
	e. Did quick opening devices operate satisfactorily?	✓		
	f. Did dry valves trip properly during trip test as required?	✓		
	g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection?	✓		
7.	Special Systems (see section 11 on second page)	N.A	Yes	No
	a. Did the deluge or pre-action valves operate properly during testing?	✓		
8.	Alarms	N.A	Yes	No
	a. Did water motor gong test satisfactorily?	✓		
	b. Did electric alarm(s) test satisfactorily?		✓	
	c. Did Supervisory alarm service test satisfactorily?		✓	

All "no" answers are to be explained in writing. See section 14.



Property: First State Montessori
Same

Fire Pump Wet with Standpipe

9. Sprinklers	N.A	Yes	No
a. Are all sprinklers in good condition, not obstructed and free of corrosion or loading?		✓	
b. Are all sprinklers less than 50 years old?		✓	
c. Are extra sprinklers readily available?		✓	
d. Is condition of piping, drain valves, hangers, gauges, check valves and strainers satisfactory?		✓	
e. Sprinklers have been checked for proper temperature rating and guidelines?		✓	

10. Dry Pipe Valve Trip Test	Make of valve: N/A		Model:		Serial Number:	
<input type="checkbox"/> Full Trip (Control Valve Fully Open)	Water Pressure	Air Pressure	Time To Trip	Trip Point	Water At Outlet	Alarm Operated
<input type="checkbox"/> Partial Trip (Control Valve Partially Open)						

11. Deluge Valve Test	Make of valve: N/A		Model: Serial#:		Maximum Time For Release To Operate:	
Operation: <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic			Piping Supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Detection Supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Valve operate from all manual trip and/or remote control stations: <input type="checkbox"/> Yes <input type="checkbox"/> No						

12. Control Valves	Number	Type	Open	Closed	Secured	Signs	Explanation
System Control Valves	1	OSY	Yes		Yes	Yes	
City Connection Valves	1	OSY	Yes		Yes	Yes	
Jockey Pump Control Valves	2	IBV	Yes		Yes	Yes	
Pump Control Valves	4	IBV / OSY	Yes		Yes	Yes	Isolation / Bypass
Sectional Control Valves	7	IBV	Yes		Yes	Yes	Express Main and Elevators
Other Control Valves	3	IBV	Yes	1 Closed test header	Yes	Yes	Flow meter, test header

13. Water Flow Test	Water Supply Source: <input checked="" type="checkbox"/> City <input type="checkbox"/> Tank <input checked="" type="checkbox"/> Pump					
	Date	Location Of Valve	Size of Pipe	Pressure Before	Flow Pressure	Pressure After
This Test	8/21/17	Main Drain	2"	170	125	165
Previous Test	7/7/16	Main Drain	2"	170	130	170

14. Explanation of any "No" answers.

Flow meter not operational, clogged, uncalibrated

Owner or Owner's Representative signature: _____

Date: 8/21/17