

TEXAS DEPARTMENT OF INSURANCE

 State Fire Marshal's Office (112-FM)

 333 Guadalupe, Austin, Texas 78701 * PO Box 149221, Austin, Texas 78714-9221

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Contractor's Material and Test Certificate for Underground Piping

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

	e filled out and signed by both representatives. Copies shall be prepared for appro nature in no way prejudices any claim against contractor for faulty material, poor wo								
Property Name			Date						
Property Address		City	I	State	Zip				
	Accepted by approving authorities (names)								
PLANS	Address								
	Installation conforms to accepted plans Equipment used is approved If no, state deviations			ïes ïes	□ No □ No				
INSTRUCTIONS	Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain		D Y	es	🗆 No				
	Have copies of appropriate instructions and care and maintenace charts been left on premises? If no, explain		. Y	Zes	🗆 No				
LOCATION	Supplies buildings								
UNDERGROUND	Pipe types and class	Type joints							
PIPES AND	Pipe conforms to Standard		ΩY	'es	□ No				
JOINTS	Fittings conform to Standard If no, explain		ΩY	/es	No				
	Joints needed anchorage clamped, strapped or blocked in accordance with standard If no, explain		D Y	es	🗆 No				
	<u>FLUSHING</u> : Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow- offs. Flush at flows not less than 390 GPM (1476 L/min) for 4-inch pipe, 880 GPM (3331 L/min) for 6-inch pipe, 1560 GPM (5905 L/min) for 8-inch pipe, 2440 GPM (9235 L/min) for 10-inch pipe, and 3520 GPM (13323 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.								
TEST DESCRIPTION	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure In excess of 150 psi (10.3 bars) for two hours.								
	LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour (1.89 L/hr) per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made. The amount of allowable leakage specified above can be increased by 1 fl oz per inch valve diameter per hour (30 mL/25 mm/hr) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open so the hydrants are under pressure, an additional 5 oz per minute (150 mL/min) leakage is permitted for hydrant.								
	New underground piping flushed according to standard by (company)		υY	´es	🗆 No				
	If no, explain								
	How flushing flow was obtained		Th	nrough what type o	fopening				
FLUSHING		Fire pump	Hydrant butt		Open pipe				
TESTS	Lead-ins flushed according to standard by (company) If no, explain		ΩY	és	🗆 No				
	How flushing flow was obtained Through what type of opening								
	Public water I Tank or reservoir	Fire pump	Y connection	n to flange spigot	Open pipe				

HYDROSTATIC	All new underground piping hydrostatically tested at					Joints covered					
TEST		_ psi	for		hours			Yes			No
	Total amount of leakage mea	sured									
LEAKAGE		gallons			hours						
TEST	Allowable leakage										
		gallons			hours						
HYDRANTS	Number installed		Type and ma	ake			All oper	rate satisfacto	orily		
								Yes			No
CONTROL	Water control valves left wide If no, state reason	open					Yes	No			
VALVES	Hose threads of fire departme	ent connections	and hydrants in	terchangeable with tho	se of						
	the fire department answering	g alarm					Yes	🛛 No			
REMARKS	Date left in service										
	Name of installing contractor					C of	R No.	SCR-			
	Contractor's Address				City			State	7:0		
	Contractor's Address				City			State	Zip		
Signature				Tests witness							
	For property owner (signed)			iests witness	ed by Tit	tle			Date		
	For Installing contractor (sign	ed)			Tit	tle			Date		
Additional explanation and notes											

 RME
 I certify that the information herein is true and that this portion of the sprinkler system was installed in accordance with Chapter 6003, Texas Insurance Code and the rules and standards adopted by the State Fire Marshal's Office.

 RME
 Responsible Managing Employee (signature)

 Responsible Managing Employee (print or type name)
 Responsible Managing Employee (print or type name)

 RME License Number
 Date

 DISTRIBUTION:
 Original COPY 1 Posted at site or give to owner

COPY 3 for local approving authority within 10 days after completion