

23576

3802 South 2300 East  
Salt Lake City, Utah 84109-3421  
Contractor License No. 92-252208-5501  
801.277.6464 • 800.273.6465 • 801.278.2199 - FAX

DATE 5/5/2017

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**Capitol Reef Resort**  
**2600 East Highway 24**  
**Torrey, UT 84775**

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**Capitol Reef Resort**  
**2600 East Highway 24**  
**Torrey, UT 84775**

[illegible]

INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS.

3% PER MONTH

MINIMUM BILLING OF \$35.00

**"THIS INVOICE IS ALSO YOUR STATEMENT"**

THANK YOU



# Fire Suppression Services, Inc.

3802 South 2300 East  
Salt Lake City, Utah 84109-3421  
(801) 277-6464 Fax (801) 278-2199  
(800) 273-6465

## WORK AUTHORIZATION

JOB NO: 26572

DATE: 5/5/17

SALESMAN: Walt L. Johnson

CUST. P.O.: \_\_\_\_\_

INVOICE: \_\_\_\_\_

JOB

Capital Reef Resort

2600 E. Highway 24

Torrey, Ut. 84775

DESCRIPTION OF WORK

Annual Inspection

PERSON TO CONTACT AT JOB SITE

T & M ☐ CONTRACT ☐ AMOUNT \$

(1) Annual. Wet Fire Sprinkler Inspection

(1) A.F. Solution Test

(1) Annual. Backflow Preventer Inspection (For 4" DC)

(1) Annual. Backflow Preventer Inspection (Dom 3" DC)

SUBSISTENCE AND MILEAGE \_\_\_\_\_

SUBCONTRACTS AND MISC. \_\_\_\_\_

REMARKS: \_\_\_\_\_

WORK AUTHORIZED BY X

Robyn Johnson

NAME (PRINTED)

Robyn Johnson

TITLE

Office Manager

SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE



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Service # 26572  
Date 5/5/2017

## BACKFLOW ASSEMBLY TEST FORM

Job Site Capitol Reef Resort  
2600 Highway 24  
Torrey, Utah 84775

Make Ames  
Model Colt 200  
Size 4" inch  
Serial Number MK0378

Type Of  
Protection  
Zone ☐  
Domestic ☐  
Individual ☐  
Containment ☐  
Fire Protection ☒  
Assembly  
SVB ☐  
PVB ☐  
DC ☒  
RP ☐  
DDC ☐

Replacement ☐  
Existing ☒  
New ☐

Location Of Assembly Hot Water Heater Room  
Assembly Connected To What Equipment Fire Riser

	CHECK VALVE #1	CHECK VALVE #2	DP RELIEF VALVE	SVB & PVB AIR INLET
INITIAL TEST	PSI Across <u>4.2</u>	PSI Across <u>4.1</u>	Opened @ <u>      </u> PSI	Opened @ <u>      </u> PSI
	Close Tight <input checked="" type="checkbox"/>	Close Tight <input checked="" type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
			Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

REPAIRS	Parts		Parts		Parts		Parts	
	Cleaned	Installed	Cleaned	Installed	Cleaned	Installed	Cleaned	Installed
		Disk		Disk		Disk Diaphragm		Air Inlet
		Spring		Spring		Spring		Disk
		Guide		Guide		Guide		Air Inlet
		Seat		Seat		Seat		Spring
		O-Rings		O-Rings		O-Rings		
		All Parts		All Parts		All Parts		All Parts
		OTHER		OTHER		OTHER		OTHER
	Describe:		Describe:		Describe:		Describe:	

	PSI Across	PSI Across	Opened @	Opened @
FINAL TEST	<u>      </u>	<u>      </u>	<u>      </u> PSI	<u>      </u> PSI
	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
			Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

Assembly Passed Date : 5/5/2017 Failed Date :       

Comments:         
        
      

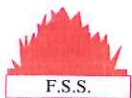
Initial Test By : Heath Dangerfield Date :         
Repaired By :        Date :       

TEST KIT INFORMATION	
Make Of The Test Kit	Mid-West Instrument
Model :	845
Serial Number :	05081169
Calibration Date :	12/1/2016

Facility Representative: Duane Dasse  
Back Flow  
Inspectors Signature : Heath Dangerfield  
Ut. Inspectors Number : #08065  
Inspectors Number : 45-01369

I Certify the above has been performed and I am aware of the final performance





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Service # 26572  
Date 5/5/2017

## BACKFLOW ASSEMBLY TEST FORM

Job Site	<u>Capitol Reef Resort</u> <u>2600 Highway 24</u> <u>Torrey, Utah 84775</u>	Make	<u>Watts</u>	Protection	Zone	<u>X</u>	SVB	<u>X</u>
		Model	<u>709</u>		Domestic	<u>X</u>	PVB	<u>X</u>
		Size	<u>3" inch</u>		Individual		DC	<u>X</u>
		Serial Number	<u>130425</u>		Containment		RP	
					Fire Protection		DDC	
Replacement	<input type="checkbox"/>	Location Of Assembly	<u>Hot Water Heater Room</u>					
Existing	<input checked="" type="checkbox"/>	Assembly Connected To What Equipment	<u>Domestic Water</u>					
New	<input type="checkbox"/>							

INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	DP RELIEF VALVE	SVB & PVB AIR INLET
	PSI Across <u>1.0</u>	PSI Across <u>0.0</u>	Opened @ <u>    </u> PSI	Opened @ <u>    </u> PSI
	Close Tight <input checked="" type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input checked="" type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
			Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

REPAIRS	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed
		Disk		Disk		Disk Diaphragm		Air Inlet
		Spring		Spring		Spring		Disk
		Guide		Guide		Guide		Air Inlet
		Seat		Seat		Seat		Spring
		O-Rings		O-Rings		O-Rings		
		All Parts		All Parts		All Parts		All Parts
		OTHER		OTHER		OTHER		OTHER
Describe:		Describe:		Describe:		Describe:		

FINAL TEST	PSI Across <u>    </u>	PSI Across <u>    </u>	Opened @ <u>    </u> PSI	Opened @ <u>    </u> PSI
	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>
	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

Assembly Passed Date :      Failed Date : 5/5/2017

Comments: Bad #2 check valve, low reading on #2. Need to repair.

Initial Test By : Heath Dangerfield

Final Test By :     

Repaired By :      Date :     

TEST KIT INFORMATION	
Make Of The Test Kit	<u>Mid-West Instrument</u>
Model :	<u>845</u>
Serial Number :	<u>05081169</u>
Calibration Date :	<u>12/1/2017</u>

Facility Representative: Duane Dasse  
Back Flow  
Inspectors Signature : Heath Dangerfield  
Ut. Inspectors Number : #08065  
Inspectors Number : 45-01369

I Certify the above has been performed and I am aware of the final performance

[illegible]

a. Did the deluge or pre-action valves operate properly during testing? .....

b. Did the heat-responsive devices operate properly during testing? .....

c. Did the supervisory devices operate during testing? .....

PASS	N/A	FAIL
	X	
	X	
	X	

a. Did the water motor and gong test satisfactorily?.....

b. Did electric alarm test satisfactorily?.....

c. Did supervisory devices operate during testing?.....

d. Monitoring Co.                  Emergency 24                  Code

	X	
X		
X		

- Are all sprinklers free from corrosion, loading or obstruction to spray discharge?
- Are sprinklers less than 50 years old? (Sample testing required after 50 years)
- Is stock of spare sprinklers available?
- Is spare head wrench available?
- Does the exterior condition of sprinkler system appear to be satisfactory?
- Temperature. Are sprinklers of proper temperature ratings for their locations?

X		
X		
X		
X		
X		
X		

	X	
--	---	--

	X	
--	---	--

	X	
--	---	--

	X	
--	---	--

### TRIP TEST TABLE

DRY PIPE	Dry Valve				Quick opening device					
	Make	Model	Serial #		Make	Model	Serial #			
OPERATING TEST		Time to trip thru test pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time water reached test outlet		Alarm operated properly?	
		Minutes	Seconds	PSI	PSI	PSI	Min	Sec.	Yes	No
N/A	Without QOD									
	With QOD									
	If no, explain:									

Operation: Pneumatic Electric Hydraulic												
DELUGE & PREACTION VALVE	Piping supervised?		Yes	No	Detecting media supervised?		Yes	No				
	Does valve operate from the manual trip and /or remote control station?										Yes	No
	Is there an accessible facility in each circuit station?					If no, explain:						
	Yes					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	Min.	Sec.			
N/A												

14. **SPECIAL SYSTEMS**

Control Valves	Number	Type	Open	Secured	Closed	Signs	Exercised
City connection control valves	1	GATE				X	X
Tank control valves							
Pump control valves							
Sectional control valves	1	BFV	X	X	X	X	X
System control valves	2	BFV	X	X	X	X	X
Other control valves							

15. **EQUIPMENT**

- a. Make & model number of sprinkler valve: Ames Colt200 4" inch DC
- b. Type of heads: TY3131 200° brass upright, TY3231 155° white pendant
- c. Type of canopies: 401 white, Semi-recessed white

16. **MAIN DRAIN TEST AT SPRINKLER RISER**

Water supply source City ☒ Tank ☐ Pump ☐ MIN PSI ☐ N/A

Last Main	Date	Test pipe location	Size Test Pipe	Pressure	Static Pressure	Residual Pressure
Drain Test	5/25/2016	Riser	2" inch	80	80	75
This Main	Date	Test pipe location	Size Test Pipe	Pressure	Static Pressure	Residual Pressure
Drain Test	5/5/2017	Riser	2" inch	130	95	80

- a. Did water pressure return to normal with in 90 seconds?..... ☒ Pass ☐ Fail

17. **Explain any "NO" answers & comments:** System past due for 5 year inspection. During main drain test flakes of piping were expelled from system piping. Recommend running bacteria test on water so system can be treated properly. No head wrench in spare head box, need to add. Antifreeze levels tested low, recommend recharging.

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:**

Signature: Heath Dangerfield  
Utah State License Number: 61931

Date: 5/5/2017



## **FIRE SUPPRESSION SERVICES, INC.**

3802 South 2300 East  
Salt Lake City, UT 84109

Contractors License # 92-252208-5501

Bard Holbrook - President

Heath Dangerfield - Estimator/Project Manager

801-277-6464

800-273-6465

Fax 801-278-2199

[Hdangerfss@gmail.com](mailto:Hdangerfss@gmail.com)

May 9, 2017

TO: Capitol Reef Resort  
Attn: Duane Dasse  
2600 Highway 24  
P.O. Box 750160  
Park City, Utah 84060

Phone: (435) 425-3761

Fax: (435) 425-3300

Email: [duane@capitolreefresort.com](mailto:duane@capitolreefresort.com)

RE: Conduct annual and 5 year inspections.

Fire Suppression Services submits this quote to conduct annual and 5 year wet fire sprinkler inspections at the location referenced above.

SCOPE OF WORK:

1. Shut down and drain system.
2. Conduct 5 year internal inspection on wet fire sprinkler system.
3. Back flush FDC, internally check system piping, cross mains, and check valves.
4. Conduct bacterium testing on water in system piping.
5. Conduct annual wet fire sprinkler system inspection.
6. Return systems to service.

**TOTAL 5 YEAR: \$ 1,120.00**

**TOTAL BACTERIUM TESTING: \$ 357.47**

**TOTAL FOR ALL: \$ 1,477.47**

Initial: \_\_\_\_\_

RE: Recharge antifreeze levels.

Fire Suppression Services submits this quote to recharge antifreeze system at the location referenced above.

SCOPE OF WORK:

1. Shut down and drain antifreeze system.
2. Recharge system with no more than four hundred forty (440) gallons of pre-mix glycerin solution.
3. Return systems to service.

**TOTAL FOR ALL: \$10,384.68**

Initial: \_\_\_\_\_

RE: Repair domestic backflow preventer valve.

Fire Suppression Services submits this quote to repair Watts 709 3" inch DC at the location referenced above.

SCOPE OF WORK:

1. Shut down and drain backflow preventer.
2. Replace gaskets on Watts 709 3" inch DC.
3. Re-inspect backflow preventer.
4. Return valve to service.

**TOTAL FOR ALL: \$ 987.33**

Initial: \_\_\_\_\_



**EXCLUSIONS:**

- A. **We cannot be responsible for repair of sheetrock or other materials if they need to be cut open or removed to repair piping. This is to be done by others.**

**TERMS:**

- A. Labor was calculated at regular day rate and will be performed during regular business hours (8am-5pm).  
B. This quote is good for only 45 days after the date at the top of the quote. Call to verify quote after 45 days.  
C. Room and sustenance to be provided by customer.  
D. Bacteria testing must be done if signs of microbial organisms are found during inspection.  
E. See FSSI Terms and Conditions.

Fire Suppression Services carries a \$5,000,000.00 liability insurance policy, is licensed with the State of Utah and has over 40 years experience in the fire protection industry.

All work will be performed in a workman-like manner, comply with current NFPA Standards, Manufacturers' specifications and all state and local codes.

Thank you for your consideration of this quote, and the opportunity to serve you. If we can further assist with this or any of your other fire protection and safety needs, please call.

Cordially;

**Heath Dangerfield**

Estimator / Project Manager

**Acceptance of quotation** – The prices, terms and conditions are satisfactory and are hereby accepted on initialed items. You are authorized to proceed with this project as specified.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

*Work cannot begin until this signed acceptance is returned.*