NDCS ATTACHMENT B. ANNUAL FIRE SPRINKLER INSPECTION REPORTS

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: CCC O
2370 E Ave J
Omaha NE 68110

7-17-24
INSPECTION DATE
Prison
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	X	REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
08454	5	
		Ord Inspection
11236	1	Replaced Corroded heads in Bathrooms
112595	5	
Anti-Freeze	7	

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 9069

X
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO CCC D DATE 7-17-24

ADDRESS 2320 E Ave J Omaha TECHNICIAN BJL

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2020

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	X		
b. Have antifreeze system solutions been tested?	X		
c. Were the antifreeze test results satisfactory?	X		
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?		X	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT TO CCC O DATE 7-17-24

Wet Systems	No: 1	Make and Model: 2 1/2	W/E/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type: Anti-freeze	
Condition?		Make and Model: 2 1/2	DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	X	X			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	BV/BV	X	X			
System Control Valves	2	BV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? City 120 PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4	140	105	120					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 1984
b. When was the Last 5 year done. 2020
c. When is the Next 5 year due. 2025
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: CCC O

Bus/Owner:

Address: 2320 E Av J

Account No. Omaha NE 68110

☒ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Ames
Model: Colt-200
Serial #: HE-3056
Device type: DC
Size: 2 1/2

Location: kitchen Storage
Contact person:
Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at ____ ____ PSID

Check valve #1 2.4 PSID Held ☒ yes ☐ no

Check valve #2 2.4 PSID Held ☒ yes ☐ no

Shut off #2 Held ☒ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ ____ PSID

Air vent opened at ____ ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) Brian Champion Certificate # 9069 Date of test 7-17-24

State certified technician (signature) Brian Champion Customer (signature) X

Employer of state certified technician Mahoney Fire Sprinkler, Inc. Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer MidWest Test gauge serial # 04112315 Date calibration verified 4/24 Accuracy verified by III, Inc.

1624 (063020tlc)

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: CCC O

Bus/Owner:

Address: 2320 E Ave J

Account No. Omaha NE 68110

☒ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Watts

Model: 009 M2

Serial #: A10 521

Device type: RP

Size: 2"

Location: Kitchen storage

Contact person:

Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at 3.2 PSID

Check valve #1 9.2 PSID Held ☒ yes ☐ no

Check valve #2 2.4 PSID Held ☒ yes ☐ no

Shut off #2 Held ☒ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ PSID

Air vent opened at ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) Brian Champion Certificate # 9069 Date of test 7-17-21

State certified technician (signature) Customer (signature) X

Employer of state certified technician Mahoney Fire Sprinkler, Inc. Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer MidWest Test gauge serial # 04172315 Date calibration verified 4/21 Accuracy verified by III, Inc.

1624 (063020tlc)

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Community Correctional Center
2720 W. VanDorn St
Lincoln, NE, 68522

9.3.24
INSPECTION DATE

Correctional
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
/	REPORT OF INSPECTION	/	PERIODIC ANNUAL INSPECTION
/	DRY PIPE VALVE TEST	/	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
112216	1	
08548	2	
08547	5	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 8943

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Community Correctional Center DATE 9-3-24

ADDRESS 2720 W. VanDorn st Lincoln, NE, 68522 TECHNICIAN Bloyd

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2020

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?			
b Are all systems in service?			
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?			
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?			
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?			
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?			
3 WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?			
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?			
5 WET SYSTEMS (See Item 13)			
a Are cold weather valves (D S &Y) in the appropriate open or closed position?			
b Have antifreeze system solutions been tested?			
c Were the antifreeze test results satisfactory?			
6 DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?			
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7 SPECIAL SYSTEMS (See Item 16)			
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?			
8 ALARMS			
a Did water motor and gong test satisfactorily?			
b. Did electric alarm test satisfactorily?			
c Did supervisory alarm service test satisfactorily?			
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?			
c Is stock of spare sprinklers available?			
d Does the exterior condition of sprinkler system appear to be satisfactory?			
e Temperature. Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT TO Community Correctional Center DATE 9-3-24

Wet Systems	No. 1	Make and Model:	4WFS
Dry Systems	No: 1	Make and Model	4" WPS/Low Air
Special Systems	No:	Type	
Condition?		Make and Model:	4" DC

10 Date dry pipe valve trip tested (control valve partially open)	2024	See Trip Test Report
11 Date dry pipe valve trip tested (control valve fully open)	2020	See Trip Test Report
12 Date quick opening device tested		See Trip Test Report
13 Date deluge or preaction valve tested	/	See Trip Test Report

14 Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		WP	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	BF/OSY	✓	✓			
System Control Valves	2	BF	✓	✓			
Other Control Valves							

15 WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank ___ _ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? yes (If none made Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Dry	2"	60	50	60					
Wet	2"	1	1	1					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. unknown

b. When was the Last 5 year done. 2020

c. When is the Next 5 year due. 2025

d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location ___ _____ Test Result? _____

17. Explain any "No" answers and comments: _____

/

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

/

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE!

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

DRY PIPE VALVE TRIP TEST REPORT

REPORT TO Community Correctional Center INSPECTION NO.

STREET 2720 W. Van Dorn St CITY Lincoln STATE NE CONTRACT NO

DATE OF TRIP TEST 9-3-24 TECHNICIAN B. Loya

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY LINE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE, TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO. (1)	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
VALVE SERIAL NUMBER		W0038569			
MANUFACTURER (NAME)		Viking			
VALVE MODEL		G-4000			
VALVE SIZE		4" INCH	INCH	INCH	INCH
CONTROLLING SPRINKLERS	(LOCATION)	Attic			
	(NUMBER)	200 (APPROX.)	(APPROX.)	(APPROX.)	(APPROX.)
DATE LAST TRIP TESTED?		2023			
DATE LAST OPERATED?		2023			
PRESSURE BEFORE TEST	AIR	30 LBS	LBS	LBS	LBS
	WATER	60 LBS	LBS	LBS	LBS
SIZE AND LOCATION OF TEST VALVE		1/2 Riser			
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		3			
WATER TRIPPED AT	AIR PRESSURE	10 LBS.	LBS.	LBS	LBS
	WATER PRESSURE	60 LBS	LBS	LBS	LBS
	TIME	MIN: 24 SEC	MIN SEC	MIN SEC	MIN SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		MIN SEC	MIN SEC	MIN SEC	MIN SEC
PERFORMANCE		Ok			
VALVE CONDITION	INTERIOR OF BODY	|			
	MOVING PARTS	|			
	RUBBER FACING	|			
	SEATS	|			
	RESET?	yes			
DID ALARMS OPERATE AT TRIP TEST?		|			
ALL LOW POINT DRAINS BLOWN OUT? (7)		|			
WATER CONTROL VALVE LEFT OPEN AND SEALED?		|			
ALARM CONTROL VALVE LEFT OPEN		|			

QUICK OPENING DEVICES	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
DEVICE SERIAL NUMBER				
MANUFACTURER (NAME)				
TYPE AND MODEL	X			
AIR PRESSURE IN UPPER CHAMBER	LBS	LBS	LBS	LBS
QUICK OPENING DEVICE TRIPPED AT	SEC LBS	SEC LBS	SEC LBS	SEC LBS
PERFORMANCE				
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN				

REMARKS

CONFERRED WITH: DATE

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Community Correctional Center Contact Person _____

Service Address 2720 W. Van Dorn St Lincoln, NE, 68522 Suite# _____

Phone# _____ e-mail: _____

Device Location Mech Rm

☑ Annual Test ☐ Repair ☐ New Installation

☑ DC ☐ RPP Serial #: JE-0909 Size: 4" Manufacturer: Watts Model#: 757

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☐ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☑ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 3.1 PSID	Held ☑ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 4.2 PSID	Held ☑ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Brian Love	Mahoney Fire	8943	402-553-1229
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
Brian			9-3-24
State Certified Technician (Signature)		Customer (Signature)	Date of Test
Midwest	0R081384		4/24
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Community Correctional Center WHU
2720 W. Van Dorn St
Lincoln, NE, 68522

9-3-21
INSPECTION DATE

Correctional
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
/	REPORT OF INSPECTION	/	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	/	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
476087	1	
49014	1	
49015	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 8943

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Community Correctional Center WHU DATE 9-3-24

ADDRESS _____ TECHNICIAN B.Loye

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2020

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?			
b Are all systems in service?			
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?			
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?			
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?			
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?			
3 WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?			
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?			
5 WET SYSTEMS (See Item 13)			
a. Are cold weather valves (D S &Y) in the appropriate open or closed position?			
b. Have antifreeze system solutions been tested?			
c Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7 SPECIAL SYSTEMS (See Item 16)			
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?			
8. ALARMS			
a. Did water motor and gong test satisfactorily?			
b Did electric alarm test satisfactorily?			
c Did supervisory alarm service test satisfactorily?			
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?			
c. Is stock of spare sprinklers available?			
d Does the exterior condition of sprinkler system appear to be satisfactory?			
e. Temperature. Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE!
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT TO Community Correctional Center WHG DATE 9.3.24

Wet Systems	No: 2	Make and Model: 2) 4" WFS
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 4" DC

10. Date dry pipe valve trip tested (control valve partially open)		See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open)		See Trip Test Report
12. Date quick opening device tested		See Trip Test Report
13. Date deluge or preaction valve tested		See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PN	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	BF	✓	✓			
System Control Valves	2	BF	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 70 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? yes (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
LT	2"	70	50	70					
RT	8"	1							

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. 2020

b. When was the Last 5 year done. 2020

c. When is the Next 5 year due. 2025

d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Community Correctional Center WHu Contact Person _____

Service Address 2720 W. Van Dorn St Lincoln, NE 68522 Suite# _____

Phone# _____ e-mail: _____

Device Location Mech Rm

☑ Annual Test ☐ Repair ☐ New Installation

☑ DC ☐ RPP Serial #: SH-2274 Size: 4" Manufacturer: Watts Model#: 757

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☑ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☑ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 2.6 PSID	Held ☑ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 3.8 PSID	Held ☑ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Brian Love	Mahoney Fire	8943	402-553-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
[signature]			9-3-24
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	0100884		4/24
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Community Correctional Center WHU Contact Person _____

Service Address 2720 W. VanDorn st Lincoln, NE 68522 Suite# _____

Phone# _____ e-mail: _____

Device Location Mech Rm

☑ Annual Test ☐ Repair ☐ New Installation

☑ DC ☐ RPP Serial #: SA-0536 Size: 3" Manufacturer: Watts Model#: 757

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☑ Domestic Containment ☐ Irrigation ☐ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☑ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 1. 6 PSID	Held ☑ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 1. 8 PSID	Held ☑ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Brian Loye	Mahoney Fire	8943	402-553-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
Brian			9-3-24
State Certified Technician (Signature)		Customer (Signature)	Date of Test
Midwest	02081384		4/24
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Correctional Community Center WHU Contact Person _____

Service Address 2720 W. VanDorn st Lincoln, NE, 68522 Suite# _____

Phone# _____ e-mail: _____

Device Location Mech Rm

☑ Annual Test ☐ Repair ☐ New Installation

☐ DC ☑ RPP Serial #: 67054 Size: 1" Manufacturer: Watts Model#: LF919QT

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☑ Domestic Containment ☐ Irrigation ☐ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☑ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 7.4 PSID	Held ☑ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 1.6 PSID	Held ☑ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at 2.8 PSID		Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Brian Love	Mahoney Fire	8943	402-558-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
Brian			9-8-24
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	02087884		4/24
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

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Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Correctional Community Center WHU Contact Person _____

Service Address 2720 W. VanDorn St Lincoln, NE, 68522 Suite# _____

Phone# _____ e-mail: _____

Device Location Mech Rm

☑ Annual Test ☐ Repair ☐ New Installation

☐ DC ☑ RPP Serial #: 32235 Size: 2" Manufacturer: Watts Model#: 919QT

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☑ Irrigation ☐ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☑ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 8.6 PSID	Held ☑ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 1.2 PSID	Held ☑ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at 3.4 PSID		Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Brian Love	Mahoney Fire	B943	402-553-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
[signature]			9.3.24
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	02084284		4/24
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Community Correction Center THU 2720 W. VanDorn St Lincoln, NE, 68522	9-3-24 **INSPECTION DATE** Correctional **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
✓	REPORT OF INSPECTION	✓	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	✓	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
46108	1	
46109	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 8943

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Community Correctional Center THU DATE 9-3-24

ADDRESS 2720 W. VanDorn st Lincoln, NE, 68522 TECHNICIAN B. Loya

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a. Is the building occupied?			
b Are all systems in service?			
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflector?			
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?			
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?			
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?			
3 WATER SUPPLIES (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?			
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?			
5. WET SYSTEMS (See Item 13)			
a Are cold weather valves (D S &Y.) in the appropriate open or closed position?			
b Have antifreeze system solutions been tested?			
c Were the antifreeze test results satisfactory?			
6 DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?			
8 ALARMS			
a Did water motor and gong test satisfactorily?			
b Did electric alarm test satisfactorily?			
c Did supervisory alarm service test satisfactorily?			
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			
c Is stock of spare sprinklers available?			
d Does the exterior condition of sprinkler system appear to be satisfactory?			
e Temperature. Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT TO Community Correctional Center THU DATE 9.3.24

Wet Systems	No: 1	Make and Model:	4" WFS
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PN	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	BF	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? yes (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	60	50	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2017
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building T.HU Community Correctional Center Contact Person _____

Service Address 2720 W. Van Dorn st Lincoln, NE, 68522 Suite# _____

Phone# _____ e-mail: _____

Device Location Mech Rm

☑ Annual Test ☐ Repair ☐ New Installation

☑ DC ☐ RPP Serial #: E00322 Size: 4" Manufacturer: Backflow Direct Model#: Dermger 20

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☑ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☑ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 2.9 PSID	Held ☑ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 0.0 PSID	Held ☐ Yes ☑ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Brian Loye	Mahoney Fire	8943	402-553-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
[signature]			9.3.24
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	02081384		4/24
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: Need # 2 Rebuild kit

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Community Correctional Center THU Contact Person _____

Service Address 2720 W. Van Dorn st Lincoln, NE, 68522 Suite# _____

Phone# _____ e-mail: _____

Device Location Mech Rm

☑ Annual Test ☐ Repair ☐ New Installation

☑ DC ☐ RPP Serial #: QL-0918 Size: 3" Manufacturer: Watts Model#: 757

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☑ Domestic Containment ☐ Irrigation ☐ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☑ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 2. 4 PSID	Held ☑ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 2. 2 PSID	Held ☑ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Brian Love	Mahoney Fire	8943	402-553-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
[signature]			9-3-24
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	0000384		4/24
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women
1107 Recharge Road
York, NE 68467
Pump House

9-25-24
INSPECTION DATE

Prison
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
49012	1	
49013	4	

STATUS OF SYSTEM – CHECK ONE

X IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

Homer Dutcher Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Pump House

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e Does the hand hose on the sprinkler system appear to be satisfactory?	Yes		
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	Yes		
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Yes		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (D S &Y) in the appropriate open or closed position?	Yes		
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e Did quick-opening devices operate satisfactorily?		N/A	
f. Did the dry valve trip properly during the trip pressure test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a Did water motor and gong test satisfactorily?		N/A	
b. Did electric alarm test satisfactorily?		N/A	
c. Did supervisory alarm service test satisfactorily?	Yes		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c Is stock of spare sprinklers available?	Yes		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

Pump House

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No:	1	Make and Model:	1" Wet W/F/S
Dry Systems	No		Make and Model:	
Special Systems	No:	1	Type:	1250 GPM Fire Pump
Condition?			Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		RB	✓	✓			
Tank Control Valves							
Pump Control Valves	6	BFV	✓	✓			
Sectional Control Valves	1	BFV	✓	✓			
System Control Valves	1	OS&Y	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 65 City _____ PSI Tank _____ PSI Fire Pump 65 Jockey Pump 65 PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	65	50	65					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a When was the system installed. 2009
b. When was the Last 5 year done. 2023
c When is the Next 5 year due. 2028
d Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments:

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:

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FIRE PUMP TEST REPORT

Report To NE Corr. Ctr. for Women Building Location Pump House
Street 1107 Recharge Road Technician JWilliams
City York State NE Date 9-25-24
Phone

Make Patterson Model/Type 8X6MI Serial No. FP-C04563.4
Rated Capacity 1250 GPM at Rated Head ____ PSI, Ft. at Rated Speed 100 RPM
Shut Off Pressure 100 PSI ____ Net Pressure at 150% Rated Capacity 76 PSI
Brake HP at Rated Conditions 105 Max. BHP at Rated Speed at Any Capacity 101.7
(X) Horizontal ( ) Vertical (1) Stages Impeller Dia. 12.656 Inches

Pump Operation ( ) Manual (X) Automatic Cut In 25 PSI Cut Out 65 PSI

Driver: ( ) Electric Motor ( ) Steam Turbine (X) Engine (Diesel/Gasoline)

Suction Supply from Well Capacity Unlimited Gallons
City Supply ____ PSI Relief Valve Setting ____ PSI

Lift ____ Ft. Vertical Turbine Discharge Head to Water Level ____ Ft.
Head ____ Ft./PSI Vertical Turbine Lowest Impeller to Water Level ____ Ft.

Jockey Pump: Make Grundfos Type CR3-10 U-FGJ-A-E-HQQEP Centrifugal Pump Pos. Displacement
Rated Head ____ PSI/Ft. Cut In 55 PSI Cut Out 65 PSI
Rated Capacity ____ GPM Relief Valve Setting ____ PSI

All Suction Valves Open (X) Yes ( ) No Pump Alarms Working Properly (X) Yes ( ) No

Comments Test Header Opened

Date	Number and Size of Streams Ft. of Hose	Location	Pitot	GPM	Pump Pressures: Vertical Turbine Discharge Gage PSI, Ft.	Pump Pressures: Suction PSI, Ft.	Pump Pressures: Net PSI, Ft.	RPM	Steam at Inlet: Stroke / Volts	Steam at Jets: Slip at 100 / AMPs	Tech.
9-25-24											JW
	Churn	Pump			60	8	52	2025	14		
100%	3, 1 3/4, 50	Head	36	1250	50	7	43	2074	15		
150%	4, 1 3/4, 50	Head	30	1992	45	5	40	2070	15.5		

Check Engine Tachometer Against Tech. Speed Counter. Plot Test Points on Reverse Side.

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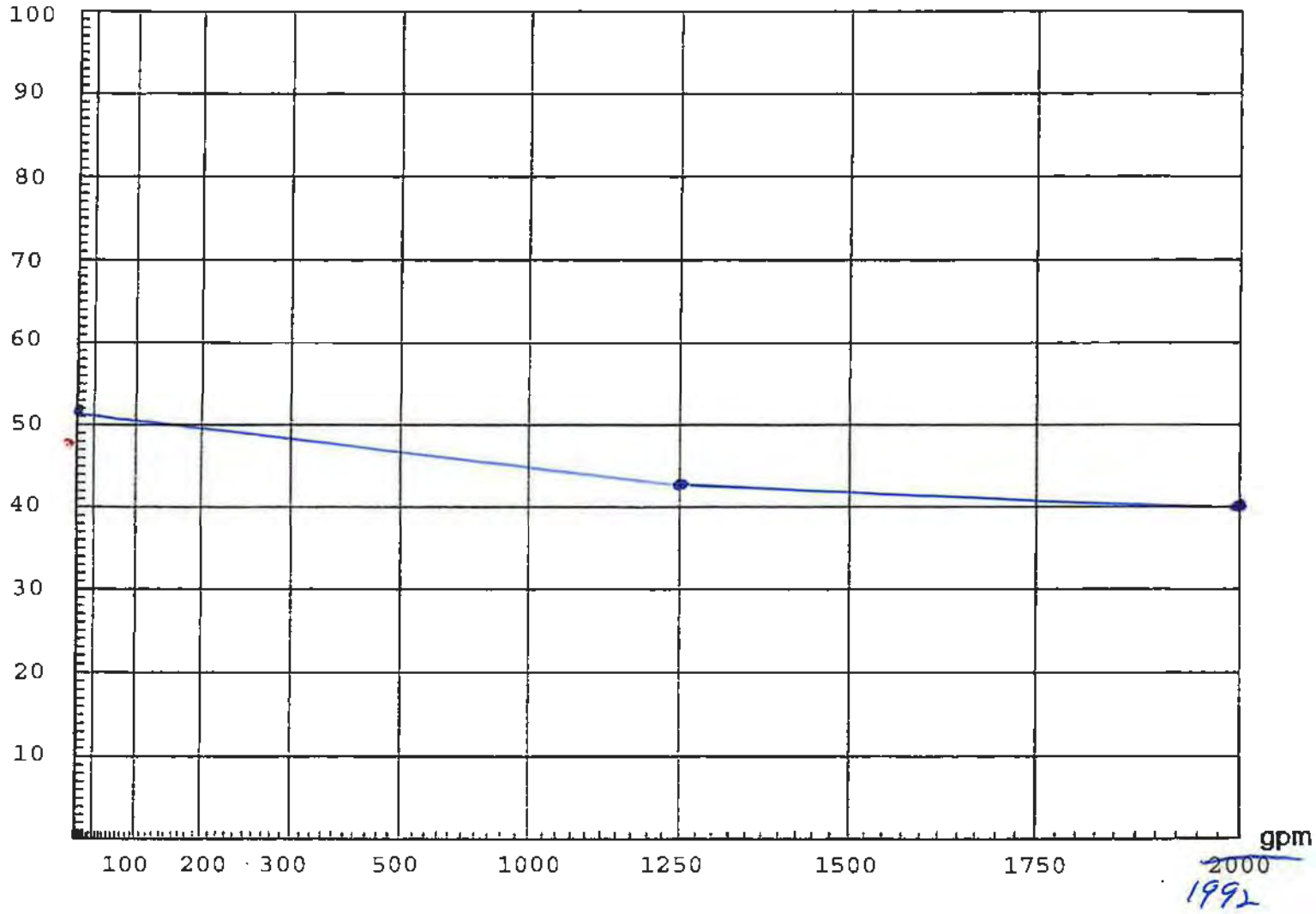
(402) 553-1221 • (402) 553-4545 FAX

Job Name: NE Correctional Center for Women - York
Diesel Pump 1,250 GPM
Date: 9-25-24

Hydraulic Graph



NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women 1107 Recharge Road York, NE 68467 Admin	9-25-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
24051	1	
24052	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James A. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 5411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Admin

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN T Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	Y		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		N	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	Y		
5 WET SYSTEMS (See Item 13)	Y		
a Are cold weather valves (D S &Y) in the appropriate open or closed position?		N	
b. Have antifreeze system solutions been tested?		N	
c. Were the antifreeze test results satisfactory?		N	
6. DRY STSTEMS (See Items 10 to 14)		Y	
a Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		Y	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		Y	
d. Were low points drained during this inspection?		Y	
e Did quick-opening devices operate satisfactorily?		Y	
f. Did the dry valve trip properly during the trip pressure test?		Y	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Y	
7. SPECIAL SYSTEMS (See Item 16)		N	
a Did the deluge or pre-action valves operate properly during testing?		N	
b. Did the heat-responsive devices operate properly during testing?		N	
c Did the supervisory devices operate during testing?		N	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	N		
b. Did electric alarm test satisfactorily?	N		
c. Did supervisory alarm service test satisfactorily?			
9. SPRINKLERS	Y		
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?		N	
e Temperature. Are sprinklers of proper temperature ratings for their locations?		N	

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES ANYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

Admin

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No: 1	Make and Model	2 1/2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type.	
Condition?		Make and Model:	3" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	OS&Y	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 65 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	65	55	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed 2009
b. When was the Last 5 year done. 2023
c. When is the Next 5 year due. 2028
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

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:

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BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
Admin Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	_____ Lbs.

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Conbraco	3	3"	NBM71	

Height off Floor	Protection From:					New Installation
2-0 (in./Ft.)	Freezing	[X] Yes [ ] No	Flooding	[X] Yes [ ] No		[ ] Yes [X] No

Is device installed according to plumbing code requirements? [X] Yes [ ] No

Does branch piping exist prior to the meter or containment device? [ ] Yes [X] No

Plumbing Permit No.

DEVICE LOCATION: Mailroom Mech #1124

REDUCED PRESSURE PRINCIPAL ASSEMBLY Initial Test	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY Initial Test	Passed	Failed
1st Check held in direction of flow 2.8 PSID	[X]	[ ]
2nd Check held backpressure	[X]	[ ]
2nd Check held in direction of flow 2.8 PSID	[X]	
No. 2 Shut-off Valve leak tight	[X]	

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

PRESSURE VACUUM BREAKER				Passed	Failed
	Initial Test	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	[ ]	[ ]
	After Repair	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams (Print Name) James Williams (Signature)

Company: Mahoney Fire Sprinkler, Inc.

Registration No.: 8411 Registration Expiration Date: 12-31-25

Repaired By: _____ (Print Name) _____ (Signature)

Final Test By: _____ (Print Name) _____ (Signature)

Date: _____

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Nebraska Correctional Center for Women 1107 Recharge Road York, NE 68467 North Hall
9-25-24	**INSPECTION DATE**
Prison	**TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
X	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4 – Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18542	1	
18543	2	
18541	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIE

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James D Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

North Hall

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	Y		
b. Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		N	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a Are cold weather valves (O S &Y) in the appropriate open or closed position?	Y		
b Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?		N	
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?			
c. Did supervisory alarm service test satisfactorily?			
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

North Hall

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No: 1	Make and Model:	4" Wet W/F/S
Dry Systems	No: 1	Make and Model:	4" Dry W/F/P & Low Air
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10. Date dry pipe valve trip tested (control valve partially open)	2024	See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open)	2023	See Trip Test Report
12. Date quick opening device tested		See Trip Test Report
13 Date deluge or preaction valve tested	/	See Trip Test Report

14 Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	O	O			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	BFV	O	O			
System Control Valves	2	BFV	O	O			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 65 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser Wet	2"	65	60	65					
Riser Dry	2"	65	60	65					

16 5 Year IPI, Gauges, FDC Check Valve, Comments

a When was the system installed 2009

b. When was the Last 5 year done. 2023

c When is the Next 5 year due. 2028

d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments:

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

MAHONEY
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DRY PIPE VALVE TRIP TEST REPORT

North Hall

REPORT TO Nebraska Correctional Center for Women INSPECTION NO. _____

STREET 1107 Recharge Rd. CITY York STATE NE CONTRACT NO. _____

DATE OF TRIP TEST 9-25-24 TECHNICIAN JWilliams

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY LINE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE, TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO. (1)	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
VALVE SERIAL NUMBER		TPV 1			
MANUFACTURER (NAME)		Grinnell			
VALVE MODEL		TPV 1			
VALVE SIZE		4 INCH	INCH	INCH	INCH
CONTROLLING SPRINKLERS	(LOCATION)	Attic			
	(NUMBER)	150 (APPROX.)	(APPROX.)	(APPROX.)	(APPROX.)
DATE LAST TRIP TESTED?		2023			
DATE LAST OPERATED?		2023			
PRESSURE BEFORE TEST	AIR	34 LBS	LBS	LBS	LBS
	WATER	65 LBS	LBS	LBS	LBS
SIZE AND LOCATION OF TEST VALVE		1/2 I. T.			
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		3			
WATER TRIPPED AT	AIR PRESSURE	10 LBS.	LBS.	LBS.	LBS.
	WATER PRESSURE	65 LBS	LBS	LBS	LBS
	TIME	MIN 20 SEC	MIN SEC	MIN SEC	MIN SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		MIN SEC	MIN SEC	MIN SEC	MIN SEC
PERFORMANCE		OK			
VALVE CONDITION	INTERIOR OF BODY	OK			
	MOVING PARTS	OK			
	RUBBER FACING	OK			
	SEATS	OK			
	RESET?	Yes			
DID ALARMS OPERATE AT TRIP TEST?		Yes			
ALL LOW POINT DRAINS BLOWN OUT? (4)		Yes			
WATER CONTROL VALVE LEFT OPEN AND SEALED?		Yes			
ALARM CONTROL VALVE LEFT OPEN.		Yes			

QUICK OPENING DEVICES	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
DEVICE SERIAL NUMBER				
MANUFACTURER (NAME)				
TYPE AND MODEL				
AIR PRESSURE IN UPPER CHAMBER	LBS	LBS	LBS	LBS
QUICK OPENING DEVICE TRIPPED AT	SEC LBS	SEC LBS	SEC LBS	SEC LBS
PERFORMANCE				
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN				

REMARKS _____

CONFERRED WITH: _____ DATE 9-25-24

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
North Hall Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	65 Lbs

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Ames	Colt 200A	3"	EL-0039	

Height off Floor: Vert (in./Ft.)

Protection From: Freezing [X] Yes [ ] No; Flooding [X] Yes [ ] No

New Installation [ ] Yes [X] No

Is device installed according to plumbing code requirements? [X] Yes [ ] No

Does branch piping exist prior to the meter or containment device? [ ] Yes [X] No

Plumbing Permit No.

DEVICE LOCATION: Basement

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow 1.2 PSID	[X]	[ ]
2nd Check held backpressure	[X]	[ ]
2nd Check held in direction of flow 27 PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight	[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

PRESSURE VACUUM BREAKER				Passed	Failed
	Initial Test	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	[ ]	[ ]
	After Repair	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams (Print Name) James Williams (Signature)

Company: Mahoney Fire Sprinkler, Inc.

Registration No: 8411 Registration Expiration Date: 12-31-25

Repaired By: _____ (Print Name) _____ (Signature)

Final Test By: _____ (Print Name) _____ (Signature)

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women 1107 Recharge Road York, NE 68467 West Hall	9-25-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4 – Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
09151	1	
09148	1	
09149	1	
09150	5	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 2411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

West Hall

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	Y		
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		—	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		—	
d. Were low points drained during this inspection?		—	
e. Did quick-opening devices operate satisfactorily?		—	
f. Did the dry valve trip properly during the trip pressure test?		—	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Y	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?		Y	

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
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West Hall

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No: 3	Make and Model:	(2) 2 1/2" Wet W/F/S, 4" W/F/S
Dry Systems	No	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13 Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 65 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser Basement	1 1/4"	60	50	60					
Riser 2 1/2"	1 1/4"	60	50	60					
Riser 4"	2"	65	55	65					

16 5 Year IPI, Gauges, FDC Check Valve, Comments

a When was the system installed 2008

b. When was the Last 5 year done. 2023

c When is the Next 5 year due. 2028

d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments:

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:

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
West Hall Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	65 Lbs

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Wilkins	350A	4"	U14071	

Height off Floor	Protection From:				New Installation
Vert (in./Ft.)	Freezing	[X] Yes [ ] No	Flooding	[X] Yes [ ] No	[ ] Yes [X] No

Is device installed according to plumbing code requirements?	Does branch piping exist prior to the meter or containment device?	Plumbing Permit No.
[X] Yes [ ] No	[ ] Yes [X] No	

DEVICE LOCATION: Basement

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	____PSID	[ ]	[ ]
Relief Valve opened at	____PSID	[ ]	[ ]
Difference (1st check-relief)	____PSID	[ ]	[ ]
2nd Check held backpressure		[ ]	[ ]
2nd Check held in direction of flow	____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight		[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	____PSID	[ ]	[ ]
Relief Valve opened at	____PSID	[ ]	[ ]
Difference (1st check-relief)	____PSID	[ ]	[ ]
2nd Check held backpressure		[ ]	[ ]
2nd Check held in direction of flow	____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight		[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	4.0 PSID	[X]	[ ]
2nd Check held backpressure	4.0	[X]	[ ]
2nd Check held in direction of flow	____PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight		[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	____PSID	[ ]	[ ]
2nd Check held backpressure		[ ]	[ ]
2nd Check held in direction of flow	____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight		[ ]	[ ]

PRESSURE VACUUM BREAKER

			Passed	Failed
Initial Test	**Air Inlet** opened at ____PSID	**Check Valve** held in direction of flow ____PSID	[ ]	[ ]
After Repair	**Air Inlet** opened at ____PSID	**Check Valve** held in direction of flow ____PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams (Print Name) James Williams (Signature)
Company: Mahoney Fire Sprinkler, Inc.
Registration No: 8411 Registration Expiration Date: 12-31-25

Repaired By: (Print Name) (Signature)
Final Test By: (Print Name) (Signature)
Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women 1107 Recharge Road York, NE 68467 East Hall	9-25-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4 – Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
08912	1	
08911	5	

STATUS OF SYSTEM – CHECK ONE

X IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

East Hall

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	Y		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5 WET SYSTEMS (See Item 13)	Y		
a Are cold weather valves (D S &Y) in the appropriate open or closed position?		Y	
b Have antifreeze system solutions been tested?		Y	
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			
c Is stock of spare sprinklers available?			
d. Does the exterior condition of sprinkler system appear to be satisfactory?			
e. Temperature Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
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(402) 553-1221 • (402) 553-4545 FAX

East Hall

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No: 2	Make and Model	3" Wet W/F/S, 2 1/2" W/F/S
Dry Systems	No	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser 3"	2"	60	50	60					
Riser 2 1/2"	1 1/4"	60	50	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2010
b. When was the Last 5 year done. 2023
c. When is the Next 5 year due. 2028
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

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:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

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(402) 553-1221 • (402) 553-4545 FAX

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
East Hall Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	60 Lbs

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Wilkins	350A	4"	U15938	

Height off Floor	Protection From:				New Installation	
Vert (in./Ft.)	Freezing	[X] Yes [ ] No	Flooding	[X] Yes [ ] No		[ ] Yes [X] No

Is device installed according to plumbing code requirements? [X] Yes [ ] No

Does branch piping exist prior to the meter or containment device? [ ] Yes [X] No

Plumbing Permit No.

DEVICE LOCATION: Basement

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	PSID	[ ]	[ ]
Relief Valve opened at	PSID	[ ]	[ ]
Difference (1st check-relief)	PSID	[ ]	[ ]
2nd Check held backpressure		[ ]	[ ]
2nd Check held in direction of flow	PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight		[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	PSID	[ ]	[ ]
Relief Valve opened at	PSID	[ ]	[ ]
Difference (1st check-relief)	PSID	[ ]	[ ]
2nd Check held backpressure		[ ]	[ ]
2nd Check held in direction of flow	PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight		[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	2.6 PSID	[X]	[ ]
2nd Check held backpressure	4.8	[X]	[ ]
2nd Check held in direction of flow	PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight		[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	PSID	[ ]	[ ]
2nd Check held backpressure		[ ]	[ ]
2nd Check held in direction of flow	PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight		[ ]	[ ]

PRESSURE VACUUM BREAKER

			Passed	Failed
Initial Test	**Air Inlet** opened at	PSID	**Check Valve** held in direction of flow PSID	[ ]	[ ]
After Repair	**Air Inlet** opened at	PSID	**Check Valve** held in direction of flow PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams (Print Name) James Williams (Signature)

Company: Mahoney Fire Sprinkler, Inc.

Registration No.: 8411 Registration Expiration Date: 12-31-25

Repaired By: (Print Name) (Signature)

Final Test By: (Print Name) (Signature)

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women 1107 Recharge Road York, NE 68467 Building A	9-25-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
06593	1	
06592	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 844

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

Building A

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	✓		
b. Are all systems in service?	✓		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	✓		
5 WET SYSTEMS (See Item 13)	✓		
a. Are cold weather valves (D S &Y) in the appropriate open or closed position?		✓	
b Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c Did supervisory alarm service test satisfactorily?	✓		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
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Building A

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No: 1	Make and Model:	4" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 70 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	70	60	70					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. unknown
b. When was the Last 5 year done. 2023
c. When is the Next 5 year due. 2028
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

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

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BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
Building A Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	70 Lbs

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Ames	Colt 200A	4"	DH-0466	

Height off Floor	Protection From:					New Installation	
Vert (in./Ft.)	Freezing	[X] Yes [ ] No	Flooding	[X] Yes [ ] No		[ ] Yes [X] No	

Is device installed according to plumbing code requirements?		Does branch piping exist prior to the meter or containment device?		Plumbing Permit No.
[X] Yes [ ] No		[ ] Yes [X] No		

DEVICE LOCATION: Mech Room

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow 3.0 PSID	[X]	[ ]
2nd Check held backpressure	[X]	[ ]
2nd Check held in direction of flow 26 PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight	[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

PRESSURE VACUUM BREAKER		Air Inlet opened	Check Valve held in direction of flow	Passed	Failed
	Initial Test	at _____ PSID	_____ PSID	[ ]	[ ]
	After Repair	at _____ PSID	_____ PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James D. Williams (Print Name) James D. Williams (Signature)

Company: Mahoney Fire Sprinkler, Inc.

Registration No.: 8411 Registration Expiration Date: 12-31-25

Repaired By: _____ (Print Name) _____ (Signature)

Final Test By: _____ (Print Name) _____ (Signature)

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women 1107 Recharge Road York, NE 68467 Building B	9-25-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4 – Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
06591	1	
06590	1	
06589	5	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James W Williams
INSPECTOR SIGNATURE
NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

Building B

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN TWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		N	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)	Y		
a. Are cold weather valves (D S &Y) in the appropriate open or closed position?		N	
b. Have antifreeze system solutions been tested?		N	
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		N	
b. Did the heat-responsive devices operate properly during testing?		N	
c. Did the supervisory devices operate during testing?		N	
8. ALARMS			
a. Did water motor and gong test satisfactorily?			
b. Did electric alarm test satisfactorily?	N		
c. Did supervisory alarm service test satisfactorily?	N		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?		N	
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?		N	
c. Is stock of spare sprinklers available?		N	
d. Does the exterior condition of sprinkler system appear to be satisfactory?		N	
e. Temperature Are sprinklers of proper temperature ratings for their locations?		N	

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

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Building B

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No: 2	Make and Model: 4" Wet W/F/S, 2 1/2" W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 4" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		RB	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 70 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser 4"	2"	70	60	70					
Riser 2 1/2"	1 1/4"	50	65	70					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed 2009
b. When was the Last 5 year done. 2023
c. When is the Next 5 year due. 2028
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

✓

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

✓

MAHONEY Fire Sprinkler, Inc.

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BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
Building B Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	_____ Lbs.

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Ames	Colt 200A	4"	DB-1148	

Height off Floor: Vert _____(in./Ft.)

Protection From: Freezing [X] Yes [ ] No; Flooding [X] Yes [ ] No

New Installation [ ] Yes [X] No

Is device installed according to plumbing code requirements? [X] Yes [ ] No

Does branch piping exist prior to the meter or containment device? [ ] Yes [X] No

Plumbing Permit No.

DEVICE LOCATION: Mech Room off Showers

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
Relief Valve opened at _____PSID	[ ]	[ ]
Difference (1st check-relief) _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
Relief Valve opened at _____PSID	[ ]	[ ]
Difference (1st check-relief) _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow 28 PSID	[X]	[ ]
2nd Check held backpressure	[X]	[ ]
2nd Check held in direction of flow 15 PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight	[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

PRESSURE VACUUM BREAKER				
Initial Test	**Air Inlet** opened at _____PSID	**Check Valve** held in direction of flow _____PSID	Passed [ ]	Failed [ ]
After Repair	**Air Inlet** opened at _____PSID	**Check Valve** held in direction of flow _____PSID	Passed [ ]	Failed [ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams (Print Name) James Williams (Signature)

Company: Mahoney Fire Sprinkler, Inc.

Registration No: 844 Registration Expiration Date: 12-31-25

Repaired By: _____ (Print Name) _____ (Signature)

Final Test By: _____ (Print Name) _____ (Signature)

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women 1107 Recharge Road York, NE 68467 Building C	9-25-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
06588	1	
06587	1	
06586	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

James R Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

Building C

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. **GENERAL**			
a Is the building occupied?	X		
b. Are all systems in service?	X		
c Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e Does the hand hose on the sprinkler system appear to be satisfactory?	X		
2 **CONTROL VALVES** (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. **WET SYSTEMS** (See Item 13)			
a Are cold weather valves (O S &Y) in the appropriate open or closed position?	X		
b Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See Items 10 to 14)			
a Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained during this inspection?		X	
e Did quick-opening devices operate satisfactorily?		X	
f Did the dry valve trip properly during the trip pressure test?		X	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
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Building C

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No: 2	Make and Model	2" Wet W/F/S, 2 1/2" W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14 Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		RB	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 70 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser 2"	1 1/4"	70	60	70					
Riser 2 1/2"	1"	70	60	70					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed 2009
b. When was the Last 5 year done. 2023
c. When is the Next 5 year due. 2028
d Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments:

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:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
Building C Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	70 Lbs.

Type of Assembly	Manufacturer	Model	Size	Serial No	Meter No.
DC	Ames	Colt 200A	4"	DD-0974	

Height off Floor	Protection From:					New Installation
Vert (in./Ft.)	Freezing	[X] Yes [ ] No	Flooding	[X] Yes [ ] No		[ ] Yes [X] No

Is device installed according to plumbing code requirements?		Does branch piping exist prior to the meter or containment device?		Plumbing Permit No.
	[X] Yes [ ] No		[ ] Yes [X] No	

DEVICE LOCATION: Mech Room

REDUCED PRESSURE PRINCIPAL ASSEMBLY Initial Test	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
Relief Valve opened at _____PSID	[ ]	[ ]
Difference (1st check-relief) _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
Relief Valve opened at _____PSID	[ ]	[ ]
Difference (1st check-relief) _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY Initial Test	Passed	Failed
1st Check held in direction of flow 2.3 PSID	[X]	[ ]
2nd Check held backpressure	[X]	[ ]
2nd Check held in direction of flow 3.5 PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight	[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

PRESSURE VACUUM BREAKER				Passed	Failed
	Initial Test	**Air Inlet** opened at _____PSID	**Check Valve** held in direction of flow _____PSID	[ ]	[ ]
	After Repair	**Air Inlet** opened at _____PSID	**Check Valve** held in direction of flow _____PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams James Williams
Print Name Signature

Company: Mahoney Fire Sprinkler, Inc.

Registration No: 8411 Registration Expiration Date: 12-31-25

Repaired By:
Print Name Signature

Final Test By:
Print Name Signature

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Nebraska Correctional Center for Women
1107 Recharge Road
York, NE 68467
Building D & E Medical

9-25-24
INSPECTION DATE

Prison
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18596	1	
18595	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Building D & E Medical

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

ADDRESS 1107 Recharge Road, York, NE 68467 TECHNICIAN T Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2023

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. **GENERAL**			
a Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e Does the hand hose on the sprinkler system appear to be satisfactory?		C	
2. **CONTROL VALVES** (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. **WATER SUPPLIES** (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5 **WET SYSTEMS** (See Item 13)			
a. Are cold weather valves (D S &Y) in the appropriate open or closed position?	Yes		
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. **DRY SYSTEMS** (See Items 10 to 14)		N/A	
a Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. **SPECIAL SYSTEMS** (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. **ALARMS**			
a Did water motor and gong test satisfactorily?		N/A	
b. Did electric alarm test satisfactorily?	Yes		
c. Did supervisory alarm service test satisfactorily?	Yes		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c. Is stock of spare sprinklers available?	Yes		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e. Temperature Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

Building D & E Medical

REPORT TO Nebraska Correctional Center for Women DATE 9-25-24

Wet Systems	No. 1	Make and Model: 3" Wet W/F/S
Dry Systems	No	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 3" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	60	55	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed 2009
b. When was the Last 5 year done. 2023
c. When is the Next 5 year due. 2028
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

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

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
Building D & E Medical Nebraska Correctional Center for Women		

Mailing Address: 1107 Recharge Road, York, NE 68467

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
9-25-24	[X] A.M. [ ] P.M.	_____ Lbs.

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Ames	Colt 200A	3"	EC-0956	

Height off Floor: Vert (In./Ft.)

Protection From: Freezing [X] Yes [ ] No; Flooding [X] Yes [ ] No

New installation [ ] Yes [X] No

Is device installed according to plumbing code requirements? [X] Yes [ ] No

Does branch piping exist prior to the meter or containment device? [ ] Yes [X] No

Plumbing Permit No.

DEVICE LOCATION: Meter Room 2116

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
Relief Valve opened at _____ PSID	[ ]	[ ]
Difference (1st check-relief) _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow 3.2 PSID	[X]	[ ]
2nd Check held backpressure 4.0	[X]	[ ]
2nd Check held in direction of flow PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight	[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____ PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____ PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

PRESSURE VACUUM BREAKER				Passed	Failed
	Initial Test	Air Inlet opened at _____ PSID	Check Valve held in direction of flow _____ PSID	[ ]	[ ]
	After Repair	Air Inlet opened at _____ PSID	Check Valve held in direction of flow _____ PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams (Print Name) James Williams (Signature)

Company: Mahoney Fire Sprinkler, Inc.

Registration No: 8411 Registration Expiration Date: 12/31/25

Repaired By: (Print Name) (Signature)

Final Test By: (Print Name) (Signature)

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: CCC O
2370 E Ave J
Omaha NE 68110

7-17-24
INSPECTION DATE
Prison
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	X	REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
08454	5	
		Ord Inspection
11236	1	Replaced Corroded heads in Bathrooms
112595	5	
Anti-Freez	7	

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 9069

X
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO CCC D DATE 7-17-24

ADDRESS 2320 E Ave J Omaha TECHNICIAN BJL

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2020

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	X		
b. Have antifreeze system solutions been tested?	X		
c. Were the antifreeze test results satisfactory?	X		
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?		X	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT TO CCC O DATE 7-17-24

Wet Systems	No: 1	Make and Model: 2 1/2	W/E/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type: Anti-freeze	
Condition?		Make and Model: 2 1/2	DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	X	X			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	BV/BV	X	X			
System Control Valves	2	BV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? City 120 PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4	140	105	120					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 1984
b. When was the Last 5 year done. 2020
c. When is the Next 5 year due. 2025
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? [X] Yes [ ] No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: CCC O

Bus/Owner:

Address: 2320 E Av J

Account No. Omaha NE 68110

☒ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Ames
Model: Colt-200
Serial #: HE-3056
Device type: DC
Size: 2 1/2

Location: kitchen Storage
Contact person:
Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at ____ ____ PSID

Check valve #1 2.4 PSID Held ☒ yes ☐ no

Check valve #2 2.4 PSID Held ☒ yes ☐ no

Shut off #2 Held ☒ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ ____ PSID

Air vent opened at ____ ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) Brian Champion Certificate # 9069 Date of test 7-17-24

State certified technician (signature) Brian Champion Customer (signature) X

Employer of state certified technician Mahoney Fire Sprinkler, Inc. Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer MidWest Test gauge serial # 04112315 Date calibration verified 4/24 Accuracy verified by III, Inc.

1624 (063020tlc)

METROPOLITAN UTILITIES DISTRICT

Backflow Device Test Report

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: CCC O

Bus/Owner:

Address: 2320 E Ave J

Account No. Omaha NE 68110

☒ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Watts
Model: 009 M2
Serial #: A10 521
Device type: RP
Size: 2"

Location: Kitchen Storage
Contact person:
Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at 3.2 PSID

Check valve #1 9.2 PSID Held ☒ yes ☐ no

Check valve #2 2.4 PSID Held ☒ yes ☐ no

Shut off #2 Held ☒ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ PSID

Air vent opened at ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) Brian Champion Certificate # 9069 Date of test 7-17-21

State certified technician (signature) Customer (signature) X

Employer of state certified technician Mahoney Fire Sprinkler, Inc. Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer MidWest Test gauge serial # 04172315 Date calibration verified 4/24 Accuracy verified by III, Inc.

1624 (063020tlc)

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: DCS Central Office
801 W. Prospector Pl
Lincoln, NE 68528
Bld #1

6-13-24
INSPECTION DATE

Office
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

- WET RISER
- DRY RISER
- PREACTION RISER
- FIRE PUMP
- BACKFLOW PREVENTER
- STANDPIPE
- OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
11228	1	05/year Performed
11229	5	

STATUS OF SYSTEM – CHECK ONE

☑ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Edwards
INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO DCS Central Office Bld #1 DATE 6-13-24

ADDRESS 801 W. Inspector PL Lincoln NE 68528 TECHNICIAN J. Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2024

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		N	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)	Y		
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		N	
b. Have antifreeze system solutions been tested?		N	
c. Were the antifreeze test results satisfactory?		N	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		N	
b. Did the heat-responsive devices operate properly during testing?		N	
c. Did the supervisory devices operate during testing?		N	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		N	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

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Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT TO DCS Central Office Bld #1 DATE 6-13-24

Wet Systems	No: (2)	Make and Model: 2" Wet w/FDC (3) 2042	
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model: 4" DC	

10. Date dry pipe valve trip tested (control valve partially open) ______ See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) ______ See Trip Test Report
12. Date quick opening device tested ______ See Trip Test Report
13. Date deluge or preaction valve tested ______ See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	BF	✓	✓			
System Control Valves	2	OS&Y	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 70 City ______ PSI Tank ______ PSI Fire Pump ______ Jockey Pump ______ PSI

Water Flow Test? Yes (If none made, Why?) ______

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Main	2	70	60	70					
LL	1	//							
1	1	No Gauges							
2	1								

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 1993
b. When was the Last 5 year done. 2024
c. When is the Next 5 year due. 2029
d. Comments 5 year Performed

Auxiliary Equipment No.? ______ Type ______ Location ______ Test Result? ______

17. Explain any "No" answers and comments: ______

X

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ______

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

X

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building DCS Central Office Bldg #1 Contact Person _____

Service Address 801 W. Prospector PL Lincoln NE 68528 Suite# _____

Phone# _____ e-mail: _____

Device Location Basement Mech Room / Meter Area

☒ Annual Test ☐ Repair ☐ New Installation

☒ DC ☐ RPP Serial #: J6611 Size: 4 Manufacturer: Cambraco Model#: 10403

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☒ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve

Shut off #2 Held ☒ Yes ☐ No

Check Valve #1 17 PSID Held ☒ Yes ☐ No

Check Valve #2 19 PSID Held ☒ Yes ☐ No

Relief Valve (RP only) Opened at _____ PSID

Pressure Vacuum Breaker

Shut off #1 Held ☐ Yes ☐ No

Shut off #2 Held ☐ Yes ☐ No

Check Valve Held at _____ PSID

Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
Travis Williams	Mahoney Fire Sprinkler	8411	402-553-1221

State Certified Technician (Signature)	Customer (Signature)	Date of Test
Travis Williams		6-13-24

Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration
Mid West	01160070	7-31-24

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

NFPA 25 - 5 YEAR MAINTENANCE REPORT

Date: 6-13-24
Customer: DCS Central Office Bldg #1
Address: 801 W. Prospector Pl Lincoln, NE 68528
Contact Name: _____

System(s) Involved:

TYPE	COUNT	LOCATION
Wet	1	Main Area
Dry		
Deluge		
Preaction		

Location of main pipe inspected: 1ST Floor
Location of branch line inspected: 1ST Floor

Results of Initial Examination:

[X] The interior of the fire sprinkler piping is in satisfactory condition.
[ ] The fire sprinkler system(s) are in need of internal cleaning. Some of the pipes were found to be partially full of foreign material. (Specify what was discovered inside pipe)

_____

_____

	SIZE & TYPE
Alarm Check	
FDC Check Valve	4" ~~DC~~ Single Check
System Check Valve	4 DC
Gauge (# of gauges replaced 2)	
Other	

Water shut off: Domestic, Fire Sprinkler or Both? Fire Sprinkler
Formal notice required to shut off water? No
Street key required to shut off water? No
Extra equipment required? No

Was the check valve internally inspected? (YES) NO N/A
Did the check valve pass inspection? (YES) NO N/A
If no, please explain: _____

Was any maintenance performed on the valve? YES (NO) N/A
If yes, please explain: _____

Date next 5 Year Inspection is due: Month June Year 2029

Printed Name of Mahoney Fire Sprinkler Inspector: JWilliams

Printed Name of Owner, Lessee of Property: Darcy Brownlee

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Housing #1	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18174	1	• Upright/Pendant Sample Testing is due
18175	1	

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James H. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

S/S Hendrix
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

HOUSING #1

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	Y		
b. Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	Y		
5 WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	Y		
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		Y	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		Y	
d. Were low points drained during this inspection?		Y	
e Did quick-opening devices operate satisfactorily?		Y	
f Did the dry valve trip properly during the trip pressure test?		Y	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Y	
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c. Did the supervisory devices operate during testing?		Y	
8 ALARMS			
a Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			Y
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
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HOUSING #1

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 2	Make and Model:	(2) 3" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	(2) 3" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 55 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser LT	1 1/4"	50	45	50					
Riser RT	1 1/4"	55	45	55					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a When was the system installed. 2000
b. When was the Last 5 year done. 2022
c When is the Next 5 year due 2027
d Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments: Upright/Pendant 7 20yr head testing due

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:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Housing #2	9-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4 – Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18176	1	• Upright/Pendant head Sampling is due
		• PIV is Sitted in
		• PIV is missing Sight glasses

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James M Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

S/S Herrera
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

HOUSING #2

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	Y		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2. CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	Y		
5 WET SYSTEMS (See Item 13)	Y		
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?			
b Have antifreeze system solutions been tested?		NA	
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		NA	
b Did the heat-responsive devices operate properly during testing?		NA	
c Did the supervisory devices operate during testing?		X	
8. ALARMS			
a Did water motor and gong test satisfactorily?	N		
b. Did electric alarm test satisfactorily?			
c Did supervisory alarm service test satisfactorily?	Y		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			C
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?			
c Is stock of spare sprinklers available?	Y		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

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HOUSING #2

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model:	3" Wet W/F/S
Dry Systems	No	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	3" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	60	50	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a When was the system installed 2000
b. When was the Last 5 year done. 2022
c When is the Next 5 year due. 2027
d Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: 20# pendant/upright head sampling is due. PIV is sitted in. PIV is missing both sight glass covers

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Housing #3	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18177	1	• Head sample testing is due. Upright & pendant

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James DeWitt
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 841

S/S Henrichsen
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

HOUSING #3

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	Y		
b. Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves right? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)	Y		
a. Are cold weather valves (D S &Y) in the appropriate open or closed position?			
b. Have antifreeze system solutions been tested?		N	
c. Were the antifreeze test results satisfactory?		N	
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?			
8. ALARMS			
a Did water motor and gong test satisfactorily?			
b. Did electric alarm test satisfactorily?			
c. Did supervisory alarm service test satisfactorily?			
9. SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
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(402) 553-1221 • (402) 553-4545 FAX

HOUSING #3

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model 3" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 3" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	60	50	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed 2000
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: 2½" Head Sampling is due

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:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 SMU #4	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4 – Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18181	1	6 Upright / Pendant Sample Testing Due
	1	

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James A. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8471

S/S Henders
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

SMU

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN J Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	✓		
b Are all systems in service?	✓		
c Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3 WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	✓		
5 WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O S &Y) in the appropriate open or closed position?	✓		
b Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d Were low points drained during this inspection?		✓	
e Did quick-opening devices operate satisfactorily?		✓	
f Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7 SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?		✓	
c Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?			✓
c. Is stock of spare sprinklers available?	✓		
d Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?		✓	

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
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SMU

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 2	Make and Model:	(2) 3" Wet W/F/S
Dry Systems	No	Make and Model:	
Special Systems	No:	Type.	
Condition?		Make and Model:	(2) 3" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves	3	Automatic	✓	✓			

15. WATER FLOW TEST

Water Pressure? 55 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser ABC	1 1/4"	55	45	55					
Riser DEF	1 1/4"	55	45	55					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a When was the system installed. 2000
b. When was the Last 5 year done. 2022
c When is the Next 5 year due. 2027
d Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments. Upright/pendent 20yr Sample testing due.

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Central Services #5	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18184	1	• Upright/Pendant Sample Testing due

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

S/S Henrikson
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

CENTRAL SERVICES

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	Y		
b. Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	Y		
5 WET SYSTEMS (See Item 13)	Y		
a Are cold weather valves (O S &Y) in the appropriate open or closed position?			
b Have antifreeze system solutions been tested?		Y	
c. Were the antifreeze test results satisfactory?		Y	
6 DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?			
8. ALARMS			
a Did water motor and gong test satisfactorily?			
b Did electric alarm test satisfactorily?	Y		
c Did supervisory alarm service test satisfactorily?	Y		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

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CENTRAL SERVICES

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model: 3" Wet W/F/S
Dry Systems	No	Make and Model:
Special Systems	No:	Type.
Condition?		Make and Model: 3" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	60	50	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a When was the system installed 2000

b. When was the Last 5 year done. 2022

c When is the Next 5 year due. 2027

d Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments: Upright/Pendant Simple Testing Due

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Canine Building #6	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18178	1	• Upright/pendant head coupling is due
		• PIV is Silted in.
		• 1) PIV Sight glass is missing

STATUS OF SYSTEM - CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James V. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

S/S Kevin Ward
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

CANINE BUILDING

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN T.Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	Y		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3 WATER SUPPLIES (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?	Y		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5 WET SYSTEMS (See Item 13)			
a Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	Y		
b Have antifreeze system solutions been tested?		Y	
c Were the antifreeze test results satisfactory?		Y	
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		Y	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		Y	
d. Were low points drained during this inspection?		Y	
e Did quick-opening devices operate satisfactorily?		Y	
f Did the dry valve trip properly during the trip pressure test?		Y	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Y	
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c. Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a Did water motor and gong test satisfactorily?		N	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY Fire Sprinkler, Inc.
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CANINE BUILDING

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model:	2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City ______ PSI Tank ______ PSI Fire Pump ______ Jockey Pump ______ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	60	50	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
   a. When was the system installed 2000
   b. When was the Last 5 year done. 2022
   c. When is the Next 5 year due. 2027
   d. Comments

Auxiliary Equipment No.? ______ Type ______ Location ______ Test Result?

17. Explain any "No" answers and comments: Needs head Sampling. PIV sited in. PIV sight glass missing

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:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Tower #7	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18173	1	• Upright Sample Testing is due

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

S/S Hernandez

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

TOWER

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	Y		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?			
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3 WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		S	
b Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	Y		
5 WET SYSTEMS (See Item 13)	Y		
a Are cold weather valves (O S &Y) in the appropriate open or closed position?			
b Have antifreeze system solutions been tested?			
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?			
8. ALARMS			
a. Did water motor and gong test satisfactorily?			
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

TOWER

REPORT TO Tecumseh State Correctional Institution DATE 10-6-24

Wet Systems	No: 1	Make and Model: 3" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 3" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	60	50	40					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2000
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments. 20y/ Upright head sampling due

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Warehouse / Vehicle #9	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18170	1	• Head sample by is due

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Richard Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 6411

S/S
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

WAREHOUSE / VEHICLE MAINTENANCE

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN W. Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e Does the hand hose on the sprinkler system appear to be satisfactory?		Yes	
2. CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3 WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Yes	
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Yes		
5. WET SYSTEMS (See Item 13)	Yes		
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		Yes	
b. Have antifreeze system solutions been tested?		Yes	
c. Were the antifreeze test results satisfactory?		Yes	
6. DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a Did water motor and gong test satisfactorily?	N/A		
b. Did electric alarm test satisfactorily?	N/A		
c Did supervisory alarm service test satisfactorily?			
9 SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			X
c Is stock of spare sprinklers available?	Yes		
d. Does the exterior condition of sprinkler system appear to be satisfactory?			
e Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

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WAREHOUSE / VEHICLE MAINTENANCE

REPORT TO Tecumseh State Correctional Institution DATE 10/6/24

Wet Systems	No: 1	Make and Model: 4" Wet W/F/S	
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model: 4" Single Check	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 75 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	75	60	75					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed 2000
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: ½ brass upright & chrome ½ pendant due for Sample Testing

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Energy Center #10	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4 – Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18103	5	
18169	4	
18171	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James A. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8911

S/S Henrikus
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

ENERGY CENTER

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN J.Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	Yes		
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Yes		
5 WET SYSTEMS (See Item 13)	Yes		
a Are cold weather valves (O S &Y) in the appropriate open or closed position?		X	
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)		N/A	
a Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e Did quick-opening devices operate satisfactorily?		N/A	
f Did the dry valve trip properly during the trip pressure test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS (See Item 16)		X	
a Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. ALARMS			
a Did water motor and gong test satisfactorily?	Yes		
b Did electric alarm test satisfactorily?	Yes		
c Did supervisory alarm service test satisfactorily?	Yes		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c. Is stock of spare sprinklers available?	Yes		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

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ENERGY CENTER

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model:	3" Wet W/F/S
Dry Systems	No	Make and Model:	
Special Systems	No: 1	Type:	8" Fire Pump w/ Jockey
Condition?		Make and Model:	8" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves	5	BFV/OS&Y	✓	✓			
Sectional Control Valves	1	BFV	✓	✓			
System Control Valves	2	OS&Y	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 75 City _____ PSI Tank _____ PSI Fire Pump 140 Jockey Pump 140 PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser 3"	1 1/4"	75	60	75					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2000
b. When was the Last 5 year done. 2022
c When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments:

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

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FIRE PUMP TEST REPORT

Report To Tecumseh State Correctional Institution Building Location Energy Center
Street 2725 Highway 50 Technician J.William
City Tecumseh State NE Date 10-16-24
Phone

Make Aurora Model/Type 5-4B1-15 Serial No. 00-11-0914
Rated Capacity 750 GPM at Rated Head 70 PSI, Ft. at Rated Speed 1750 RPM
Shut Off Pressure 425 PSI Net Pressure at 150% Rated Capacity 62.4 PSI
Brake HP at Rated Conditions Max. BHP at Rated Speed at Any Capacity 57.2
(X) Horizontal Vertical 1 Stages Impeller Dia. 13-1063 Inches

Pump Operation Manual (X) Automatic Cut In 120 PSI Cut Out 140 PSI

Driver: Electric Motor Steam Turbine (X) Engine (Diesel/Gasoline)

Suction Supply from Well Capacity unlimited Gallons
City Supply 70 PSI Relief Valve Setting 175 PSI

Lift Ft. Vertical Turbine Discharge Head to Water Level Ft.
Head Ft./PSI Vertical Turbine Lowest Impeller to Water Level Ft.

Jockey Pump: Make Aurora Type T-S Centrifugal Pos. Displacement
Rated Head PSI/Ft. Cut In 130 PSI Cut Out 140 PSI
Rated Capacity GPM Relief Valve Setting PSI

All Suction Valves Open (X) Yes No Pump Alarms Working Properly (X) Yes No

Comments Test Header Drained

Date	Number and Size of Streams Ft. of Hose	Location	Pitot	GPM	Pump Pressures: Vertical Turbine Discharge Gage to Water level — Discharge PSI, Ft.	or Suction PSI, Ft.	Net PSI, Ft.	RPM	Steam at Inlet: Stroke / Volts	Jets: Slip at 100 / AMPs	Tech.
	Churn	Pump	/	/	140	65	75	1750		13.8	
100%	2,1 3/4,50	Head	2@18	750	131	61	71	1680		14.2	
150%	3,1 3/4,50	Head	3@18	1150	114	55	59	1600		14.1	

Check Engine Tachometer Against Tech. Speed Counter. Plot Test Points on Reverse Side.

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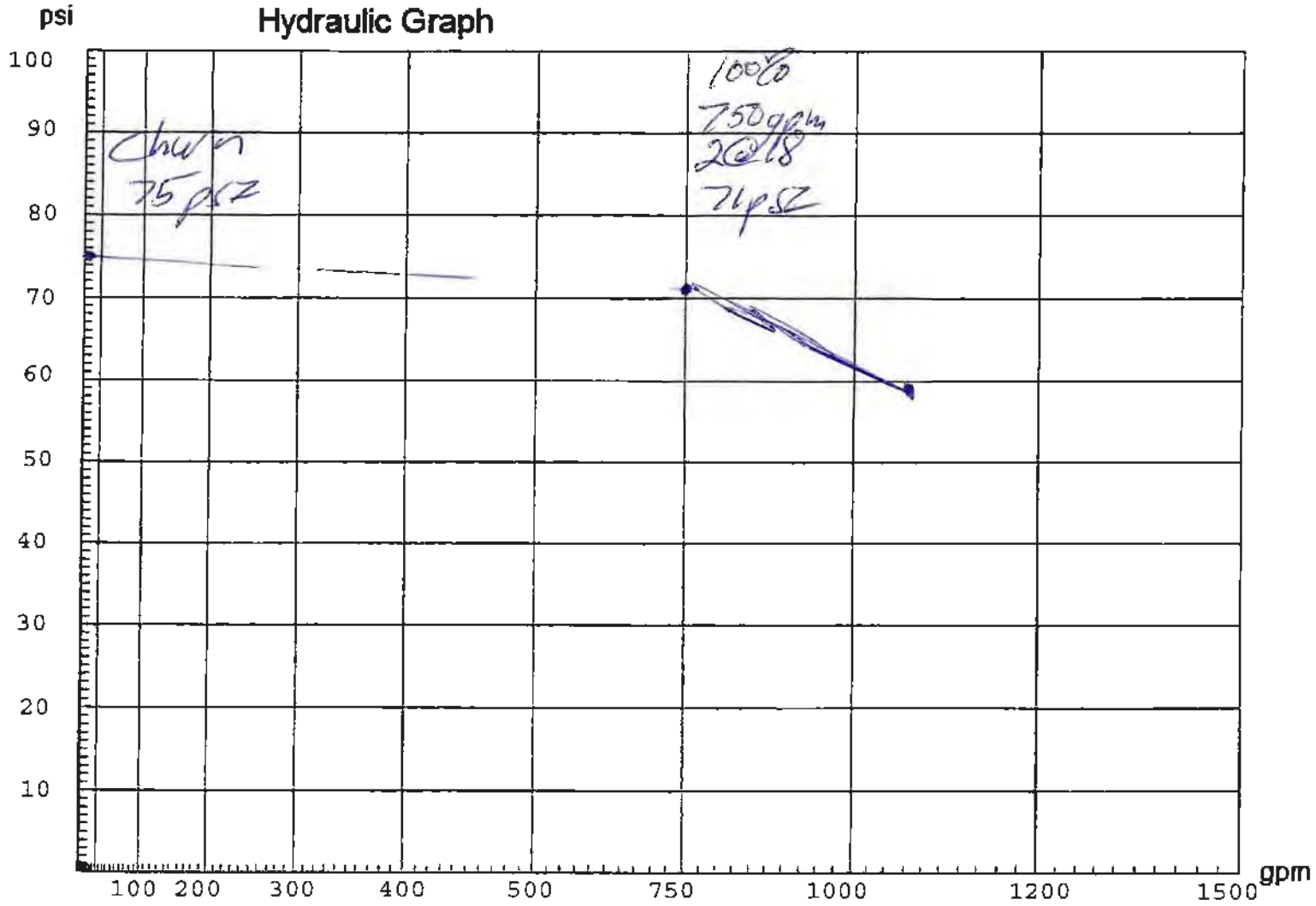
Job Name: Tecumseh State Correctional Institution
Energy Center

Date: 10-16-24

Hydraulic Graph



MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

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BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
Tecumseh State Correctional Institution		

Mailing Address: 2725 N. Highway 50, Tecumseh, NE 68450

Service Address: Same

Isolation [ ] Containment [X]
Device Protects Backflow from: Fireline

Date of Test	Time	Supply Pressure
10-16-24	[ ] A.M. [/] P.M.	75 Lbs.

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
DC	Febco	850	8"	N1206281118	

Height off Floor: Vert (In./Ft.)

Protection From: Freezing [X] Yes [ ] No; Flooding [X] Yes [ ] No

New Installation [ ] Yes [X] No

Is device installed according to plumbing code requirements? [X] Yes [ ] No

Does branch piping exist prior to the meter or containment device? [ ] Yes [X] No

Plumbing Permit No.

DEVICE LOCATION: Energy Center

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
Relief Valve opened at _____PSID	[ ]	[ ]
Difference (1st check-relief) _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
Relief Valve opened at _____PSID	[ ]	[ ]
Difference (1st check-relief) _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

DOUBLE CHECK VALVE ASSEMBLY — Initial Test	Passed	Failed
1st Check held in direction of flow 1.6 PSID	[X]	[ ]
2nd Check held backpressure 1.4	[X]	[ ]
2nd Check held in direction of flow _____PSID	[X]	[ ]
No. 2 Shut-off Valve leak tight	[X]	[ ]

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair	Passed	Failed
1st Check held in direction of flow _____PSID	[ ]	[ ]
2nd Check held backpressure	[ ]	[ ]
2nd Check held in direction of flow _____PSID	[ ]	[ ]
No. 2 Shut-off Valve leak tight	[ ]	[ ]

PRESSURE VACUUM BREAKER				Passed	Failed
	Initial Test	Air Inlet opened at _____PSID	Check Valve held in direction of flow _____PSID	[ ]	[ ]
	After Repair	Air Inlet opened at _____PSID	Check Valve held in direction of flow _____PSID	[ ]	[ ]

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James Williams (Print Name) James Williams (Signature)

Company: Mahoney Fire Sprinkler, Inc.

Registration No: 8411 Registration Expiration Date: 12-31-25

Repaired By: (Print Name) (Signature)

Final Test By: (Print Name) (Signature)

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 South Gate #11	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18172	1	• Needs Head Testing

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8911

S/S
OWNER/REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

SOUTH GATE

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2 CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)	Y		
a. Are cold weather valves (D S &Y) in the appropriate open or closed position?		N/A	
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)		N/A	
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e. Did quick-opening devices operate satisfactorily?		N/A	
f. Did the dry valve trip properly during the trip pressure test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8 ALARMS			
a. Did water motor and gong test satisfactorily?		N/A	
b. Did electric alarm test satisfactorily?	N/A		
c. Did supervisory alarm service test satisfactorily?		N/A	
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			d
c. Is stock of spare sprinklers available?		N/A	
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?		N/A	

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

SOUTH GATE

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model:	2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	Y	Y			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	Y	Y			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 75 City _____ PSI Tank _____ PSI Fire Pump 140 Jockey Pump 140 PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	75	60	75					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2000
b. When was the Last 5 year done. 2022
c When is the Next 5 year due. 2027
d Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments: 20yr Pendant Head Testing is due

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:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Gatehouse #12	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18180	1	• Upright/Pendant Sample Testing is due

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8741

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

GATEHOUSE

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	Y		
b. Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		N	
2. CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)	Y		
a Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		N	
b Have antifreeze system solutions been tested?		N	
c Were the antifreeze test results satisfactory?		N	
6 DRY SYSTEMS (See Items 10 to 14)			
a Is the dry valve in service?		N	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N	
7. SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		N	
b. Did the heat-responsive devices operate properly during testing?		N	
c Did the supervisory devices operate during testing?		N	
8. ALARMS			
a Did water motor and gong test satisfactorily?		N	
b Did electric alarm test satisfactorily?	Y		
c Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS	Y		
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			N
c Is stock of spare sprinklers available?	Y		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY Fire Sprinkler, Inc.
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GATEHOUSE

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model: 2 1/2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 2 1/2" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	Y	Y			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	Y	Y			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 70 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	70	60	70					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2000
b. When was the Last 5 year done. 2022
c When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments: Upright/Pendant 20yr Sample Testing is due

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:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Tecumseh State Correctional Institution 2725 N. Highway 50 Tecumseh, NE 68450 Admin/OPS/Intake/SNF #13	10-16-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 – WET RISER
2 – DRY RISER
3 – PREACTION RISER
4-Fire Pump
5 – BACKFLOW PREVENTER
6 – STANDPIPE
7 – OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
18183	1	• Upright/Pendant Sample Testing is Due

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8471

S/S Hendricks
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

ADMIN/OPS/INTAKE/SNF

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Highway 50, Tecumseh, NE 68450 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 **GENERAL**			
a Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e Does the hand hose on the sprinkler system appear to be satisfactory?			
2. **CONTROL VALVES** (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. **WATER SUPPLIES** (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Yes	
b Are fire department connections in satisfactory condition, couplings free caps in place and check valves tight? Are they accessible and visible?	Yes		
5. **WET SYSTEMS** (See Item 13)			
a Are cold weather valves (O S &Y) in the appropriate open or closed position?	Yes		
b Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6 **DRY SYSTEMS** (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e Did quick-opening devices operate satisfactorily?		N/A	
f Did the dry valve trip properly during the trip pressure test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. **SPECIAL SYSTEMS** (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		N/A	
b Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?		N/A	
b Did electric alarm test satisfactorily?	Yes		
c Did supervisory alarm service test satisfactorily?	Yes		
9 **SPRINKLERS**			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c. Is stock of spare sprinklers available?	Yes		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION
PAGE 2 OF 2

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

ADMIN/OPS/INTAKE/SNF

REPORT TO Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: 1	Make and Model: 4" Wet W/F/S
Dry Systems	No	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 4" Single Check

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 70 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	70	50	70					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed 2000
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17 Explain any "No" answers and comments: Upright/pendent sprinkler head test is due

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: CSI - Tecumseh State Correctional Institution
2725 W. Hwy 50
Tecumseh, NE 68450

10-16-24
INSPECTION DATE
Prison
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
	1	Upright/pendent Sample Testing is due
	1	
	5	
Antifreeze	7	

STATUS OF SYSTEM – CHECK ONE

☐ IN COMPLIANCE ☒ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Whitlow
INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 8401

S/S Hewitt
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

REPORT TO CSZ - Tecumseh State Correctional Institution DATE 10-16-24

ADDRESS 2725 N. Hwy 50 Tecumseh, NE 68450 TECHNICIAN J. Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position? Glycerine	Y		
b. Have antifreeze system solutions been tested?	Y		
c. Were the antifreeze test results satisfactory? 18°	Y		
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c. Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			X
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

REPORT OF INSPECTION

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
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(402) 553-1221 • (402) 553-4545 FAX

REPORT TO CSZ-Tecumseh State Correctional Institution DATE 10-16-24

Wet Systems	No: (2)	Make and Model: 2" Wet, 3" Wet w/FS
Dry Systems	No:	Make and Model:
Special Systems	No: (2)	Type: 1" Antifreeze Loop, 1" Spark Detection w/Solenoid
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	Y	Y			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	BFV	Y	Y			
System Control Valves	2	BFV	Y	Y			
Other Control Valves	2	BV	Y	Y			

15. WATER FLOW TEST

Water Pressure? 75 City ____ PSI Tank ____ PSI Fire Pump 140 Jockey Pump 140 PSI

Water Flow Test? Yes (If none made. Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
2"	1 1/4	75		75					
3"	1 1/4	75		75					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2000
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17. Explain any "No" answers and comments: Need 2yr Head Sampling

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

MAHONEY Fire Sprinkler, Inc.

WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
CSC-Tecumseh State Correctional Institution		

Mailing Address: 2725 N Hwy 50

Service Address: Tecumseh, NE 6845

Isolation ☐ Containment ☒
Device Protects Backflow from: Fire Line

Date of Test	Time	Supply Pressure	Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
10-16-24	☐ A.M. ☒ P.M.	75 Lbs.	RP	Watts	919QT	1	22480	

Height off Floor	Protection From: Freezing	Flooding	New Installation
_____ (in./Ft.)	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No

Is device installed according to plumbing code requirements?	Does branch piping exist prior to the meter or containment device?	Plumbing Permit No.
☒ Yes ☐ No	☐ Yes ☒ No	

DEVICE LOCATION: Upper Meter

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	7.0 PSID	☒	☐
Relief Valve opened at	3.0 PSID	☒	☐
Difference (1st check-relief)	4.0 PSID	☒	☐
2nd Check held backpressure	1.8	☒	☐
2nd Check held in direction of flow	PSID	☐	☐
No. 2 Shut-off Valve leak tight		☒	☐

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	_____ PSID	☐	☐
Relief Valve opened at	_____ PSID	☐	☐
Difference (1st check-relief)	_____ PSID	☐	☐
2nd Check held backpressure		☐	☐
2nd Check held in direction of flow	_____ PSID	☐	☐
No. 2 Shut-off Valve leak tight		☐	☐

DOUBLE CHECK VALVE ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	_____ PSID	☐	☐
2nd Check held backpressure		☐	☐
2nd Check held in direction of flow	_____ PSID	☐	☐
No. 2 Shut-off Valve leak tight		☐	☐

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	_____ PSID	☐	☐
2nd Check held backpressure		☐	☐
2nd Check held in direction of flow	_____ PSID	☐	☐
No. 2 Shut-off Valve leak tight		☐	☐

PRESSURE VACUUM BREAKER

			Passed	Failed
Initial Test	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	☐	☐
After Repair	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	☐	☐

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: James R Williams (Print Name) James R Williams (Signature)

Company: Mahoney Fire

Registration No.: 8461 Registration Expiration Date: 12-31-25

Repaired By: _____ (Print Name) _____ (Signature)

Final Test By: _____ (Print Name) _____ (Signature)

Date:

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Nebraska Correctional Youth Facility 2610 E. 20th Street Omaha, NE 68110 Main Riser
5-17-24	**INSPECTION DATE**
Corrections	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
11554	1	
11552	5	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Main Riser

REPORT TO Nebraska Correctional Youth Facility DATE 5-17-24

ADDRESS 2610 E. 20th Street, Omaha, NE 68110 TECHNICIAN J Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2021

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e. Does the hand hose on the sprinkler system appear to be satisfactory?			
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?			
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Yes		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O S &Y) in the appropriate open or closed position?	Yes		
b. Have antifreeze system solutions been tested?		Yes	
c. Were the antifreeze test results satisfactory?		Yes	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?			
8. ALARMS			
a. Did water motor and gong test satisfactorily?			
b. Did electric alarm test satisfactorily?			
c. Did supervisory alarm service test satisfactorily?	Yes		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?			
c. Is stock of spare sprinklers available?			
d. Does the exterior condition of sprinkler system appear to be satisfactory?			
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Main Riser

REPORT TO Nebraska Correctional Youth Facility DATE 5-17-24

Wet Systems	No: 1	Make and Model:	6" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	6" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	BFV	✓	✓			
System Control Valves	2	OS&Y	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 115 City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI

Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	115	105	115					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. 1998
b. When was the Last 5 year done 2021
c. When is the Next 5 year due. 2026
d. Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: Nebraska Correctional Youth Facility

Bus/Owner:

Address: 2610 E. 20th Street, Omaha, NE 68110

Account No.

☑ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Febco

Model: 850

Serial #: 9707161258

Device type: DC

Size: 6"

Location: Mech Room

Contact person:

Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at ____ ____ PSID

Check valve #1 12 PSID Held ☑ yes ☐ no

Check valve #2 16 PSID Held ☑ yes ☐ no

Shut off #2 Held ☑ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ ____ PSID

Air vent opened at ____ ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print): James Williams Certificate # 841 Date of test 5-17-24

State certified technician (signature): James Williams Customer (signature)

Employer of state certified technician Mahoney Fire Sprinkler Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer Midwest Test gauge serial # 01160040 Date calibration verified 7-31-23 Accuracy verified by Ne. Tech

1624 (063020tlc)

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Nebraska Correctional Youth Facility 2610 E. 20th Street Omaha, NE 68110 Housing Units 1-3
5-17-24	**INSPECTION DATE**
Corrections	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
11542	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 841

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Housing Units 1-3

REPORT TO Nebraska Correctional Youth Facility DATE 5-17-24

ADDRESS 2610 E. 20th Street, Omaha, NE 68110 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2021

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)	✓		
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
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REPORT OF INSPECTION

Housing Units 1-3

REPORT TO Nebraska Correctional Youth Facility DATE 5-17-24

Wet Systems	No: 1	Make and Model: 4" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15 WATER FLOW TEST

Water Pressure? _____ City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"								

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 1998
b. When was the Last 5 year done. 2021
c. When is the Next 5 year due. 2026
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: ✓

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Nebraska Correctional Youth Facility 2610 E. 20th Street Omaha, NE 68110 Building E
5-17-24	**INSPECTION DATE**
Corrections	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
11551	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James A Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Building E

REPORT TO Nebraska Correctional Youth Facility DATE 5-17-24

ADDRESS 2610 E. 20th Street, Omaha, NE 68110 TECHNICIAN TWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2021

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. WET SYSTEMS (See Item 13)	X		
a. Are cold weather valves (D,S &Y) in the appropriate open or closed position?		X	
b. Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained during this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly during the trip pressure test?		X	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Building E

REPORT TO Nebraska Correctional Youth Facility DATE 5-17-24

Wet Systems	No: 1	Make and Model: 4" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10 Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12 Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	Y	Y			
Other Control Valves							

15 WATER FLOW TEST

Water Pressure? City PSI Tank PSI Fire Pump Jockey Pump PSI

Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	120	105	120					

16 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 1998
b When was the Last 5 year done. 2021
c When is the Next 5 year due. 2026
d. Comments

Auxiliary Equipment No.? Type Location Test Result?

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☐ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge:

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Omaha Correctional Center 2323 E. Avenue J Omaha, NE 68111 Tower
3-29-24	**INSPECTION DATE**
Prison	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James L. Gums
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Tower DATE 3-29-24

ADDRESS 2323 E. Avenue J, Omaha, NE 68111 TECHNICIAN T.Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. **GENERAL**			
a Is the building occupied?	X		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		N	
2 **CONTROL VALVES** (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3 **WATER SUPPLIES** (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?	Y		
4 **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		N	
b Are fire department connections in satisfactory condition, couplings free, caps in place and check valves tight? Are they accessible and visible?	Y		
5 **WET SYSTEMS** (See Item 13)			
a Are cold weather valves (O.S &Y) in the appropriate open or closed position?	Y		
b Have antifreeze system solutions been tested?		N/A	
c Were the antifreeze test results satisfactory?		N/A	
6. **DRY SYSTEMS** (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d Were low points drained during this inspection?		N/A	
e Did quick-opening devices operate satisfactorily?		N/A	
f Did the dry valve trip properly during the trip pressure test?		N/A	
g Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N	
7 **SPECIAL SYSTEMS** (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		N	
b. Did the heat-responsive devices operate properly during testing?		N	
c Did the supervisory devices operate during testing?		N	
8. **ALARMS**			
a Did water motor and gong test satisfactorily?		N	
b. Did electric alarm test satisfactorily?	Y		
c Did supervisory alarm service test satisfactorily?	Y		
9 **SPRINKLERS**	Y		
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c Is stock of spare sprinklers available?	Y		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

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REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Tower DATE 3-29-24

Wet Systems	No	1	Make and Model:	1 1/2" Wet W/F/S
Dry Systems	No		Make and Model:	
Special Systems	No:	1	Type:	6" loop with OS&Y tampers (house cabinets)
Condition?			Make and Model:	

10 Date dry pipe valve trip tested (control valve partially open)		See Trip Test Report
11 Date dry pipe valve trip tested (control valve fully open)		See Trip Test Report
12 Date quick opening device tested		See Trip Test Report
13. Date deluge or preaction valve tested		See Trip Test Report

14 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	3	OS&Y	X	X			Visiting B103, Training E102
System Control Valves	1	OS&Y	X	X			
Other Control Valves							

15 WATER FLOW TEST

Water Pressure? N/A City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI

Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	N/A	1	N/A					

16 5 Year IPI, Gauges, FDC Check Valve. Comments

a. When was the system installed. Unknown

b When was the Last 5 year done 2022

c When is the Next 5 year due. 2027

d Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17 Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? [X] Yes [ ] No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Omaha Correctional Center 2323 E. Avenue J Omaha, NE 68111 RHU
3-29-24	**INSPECTION DATE**
Prison	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
07509	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Von Behrens
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - RHU DATE 3-24-24

ADDRESS 2323 E. Avenue J, Omaha, NE 68111 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	X		
b Are all systems in service?	X		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3 WATER SUPPLIES (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?	X		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b Are fire department connections in satisfactory condition, couplings free caps in place and check valves tight? Are they accessible and visible?	X		
5 WET SYSTEMS (See Item 13)			
a Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	X		
b Have antifreeze system solutions been tested?		X	
c Were the antifreeze test results satisfactory?		X	
6 DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?		X	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7 SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b Did the heat-responsive devices operate properly during testing?		X	
c Did the supervisory devices operate during testing?		X	
8 ALARMS			
a Did water motor and gong test satisfactorily?		X	
b Did electric alarm test satisfactorily?	X		
c Did supervisory alarm service test satisfactorily?	X		
9 SPRINKLERS			
a Are all sprinklers free from corrosion loading or obstruction to spray discharge?	X		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c Is stock of spare sprinklers available?	X		
d Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e Temperature Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

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REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - RHU DATE 3-29-24

Wet Systems	No: 1	Make and Model:	2 1/2" Wet W/F/S
Dry Systems	No:	Make and Model	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10 Date dry pipe valve trip tested (control valve partially open)		See Trip Test Report
11 Date dry pipe valve trip tested (control valve fully open)		See Trip Test Report
12 Date quick opening device tested		See Trip Test Report
13 Date deluge or preaction valve tested		See Trip Test Report

14 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							
System Control Valves	1	BFV	X	X			
Other Control Valves							

15 WATER FLOW TEST

Water Pressure? _____ City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	125	100	125					

16 5 Year IPI, Gauges, FDC Check Valve. Comments

a. When was the system installed Unknown

b When was the Last 5 year done 2022

c When is the Next 5 year due. 2027

d. Comments

Auxiliary Equipment No.? _____ Type _____ _____ Location _____ Test Result? _____

17 Explain eny "No" answers and comments:

18a Is the fire sprinkler system monitored by 24-HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Omaha Correctional Center 2323 E. Avenue J Omaha, NE 68111 Housing J #3	3-29-04 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
11236	1	

STATUS OF SYSTEM - CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing J #3 DATE 3-29-24

ADDRESS 2323 E. Avenue J, Omaha, NE 68111 TECHNICIAN P.Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	✓		
b Are all systems in service?	✓		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3 WATER SUPPLIES (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?	✓		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5 WET SYSTEMS (See Item 13)			
a Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	✓		
b Have antifreeze system solutions been tested?		✓	
c Were the antifreeze test results satisfactory?		✓	
6 DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d Were low points drained during this inspection?		✓	
e Did quick-opening devices operate satisfactorily?		✓	
f Did the dry valve trip properly during the trip pressure test?		✓	
g Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7 SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8 ALARMS			
a Did water motor and gong test satisfactorily?		✓	
b Did electric alarm test satisfactorily?	✓		
c Did supervisory alarm service test satisfactorily?	✓		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c Is stock of spare sprinklers available?	✓		
d Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing J #3 DATE 5-29-24

Wet Systems	No 2	Make and Model:	(1) 4" Wet W/F/S, (1) 2 1/2" Wet W/F/S
Dry Systems	No	Make and Model:	
Special Systems	No	Type	
Condition?		Make and Model:	4" Single Check

10 Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11 Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12 Date quick opening device tested — See Trip Test Report
13 Date deluge or preaction valve tested — See Trip Test Report

14 Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		WP	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	BFV	✓	✓			
System Control Valves	1	WP	✓				
Other Control Valves							

15 WATER FLOW TEST

Water Pressure? 120 City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI
Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Upper	1"	120	70	120					
Lower	1"	120	70	120					
Feed	2"	120	70	120					

16 5 Year IPI, Gauges, FDC Check Valve, Comments
a When was the system installed. 1992
b When was the Last 5 year done 2022
c When is the Next 5 year due 2027
d. Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17 Explain any "No" answers and comments:

16a Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Omaha Correctional Center 2323 E. Avenue J Omaha, NE 68111 Housing J #2
3-29-24	**INSPECTION DATE**
Prison	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
25700	1	
25699	5	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James N. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 841

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing J #2 DATE 3-29-24

ADDRESS 2323 E. Avenue J, Omaha, NE 68111 TECHNICIAN Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a Is the building occupied?	X		
b Are all systems in service?	X		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3 WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5 WET SYSTEMS (See Item 13)			
a Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	X		
b Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6 DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d Were low points drained during this inspection?		X	
e Did quick-opening devices operate satisfactorily?		X	
f Did the dry valve trip properly during the trip pressure test?		X	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7 SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		X	
b Did the heat-responsive devices operate properly during testing?		X	
c Did the supervisory devices operate during testing?		X	
8 ALARMS			
a Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c Did supervisory alarm service test satisfactorily?	X		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c Is stock of spare sprinklers available?	X		
d Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing J #2 DATE 3-29-24

Wet Systems	No. 1	Make and Model:	4" Wet W/F/S
Dry Systems	No	Make and Model	
Special Systems	No	Type	
Condition?		Make and Model:	4" DC

10 Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11 Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12 Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	OS&Y	✓	✓			
System Control Valves	2	OS&Y	✓	✓			
Other Control Valves							

15 WATER FLOW TEST

Water Pressure? 125 City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI

Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	125	100	125					

16 5 Year IPI, Gauges, FDC Check Valve. Comments

a When was the system installed Unknown
b When was the Last 5 year done 2022
c When is the Next 5 year due 2027
d Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17 Explain any "No" answers and comments

18a Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

16b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss Initial here to acknowledge: ____

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

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: Omaha Correctional Center

Bus/Owner: Housing J #2

Address: 2323 E. Avenue J, Omaha, NE 68111

Account No.

☒ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Watts
Model: 709
Serial #: 184046
Device type: DC
Size: 4"

Location: Pipe Chase
Contact person: Kelly Turner
Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at ____ PSID

Check valve #1 19 PSID Held ☒ yes ☐ no

Check valve #2 19 PSID Held ☒ yes ☐ no

Shut off #2 Held ☒ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ PSID

Air vent opened at ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) James P Williams Certificate # 8411 Date of test 3-29-24

State certified technician (signature) James P Williams Customer (signature)

Employer of state certified technician Mahoney Fire Sprinkler Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer Mitvest Test gauge serial # 01160040 Date calibration verified 7-31-23 Accuracy verified by Ne. Tech

1624 (063020tlc)

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Omaha Correctional Center 2323 E. Avenue J Omaha, NE 68111 Housing J #1
3-25-14	**INSPECTION DATE**
Prison	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
07512	1	
07513	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James L. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 84

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing J #1 DATE 3-29-24

ADDRESS 2323 E. Avenue J, Omaha, NE 68111 TECHNICIAN T Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1 GENERAL			
a Is the building occupied?	X		
b Are all systems in service?	X		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 CONTROL VALVES (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3 WATER SUPPLIES (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?	X		
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b Are fire department connections in satisfactory condition, couplings free caps in place and check valves tight? Are they accessible and visible?	X		
5 WET SYSTEMS (See Item 13)	X		
a Are cold weather valves (D S &Y) in the appropriate open or closed position?			
b Have antifreeze system solutions been tested?		X	
c Were the antifreeze test results satisfactory?		X	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?		X	
g Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7 SPECIAL SYSTEMS (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		X	
b Did the heat-responsive devices operate properly during testing?		X	
c Did the supervisory devices operate during testing?		X	
8 ALARMS			
a Did water motor and gong test satisfactorily?		X	
b Did electric alarm test satisfactorily?	X		
c Did supervisory alarm service test satisfactorily?	X		
9 SPRINKLERS			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c Is stock of spare sprinklers available?	X		
d Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing J #1 DATE 3-29-24

Wet Systems	No. 1	Make and Model: 4" Wet W/F/S
Dry Systems	No	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 4" DC

10 Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12 Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	X	X			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	OS&Y	X	X			
System Control Valves	2	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 25 City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI
Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	45	30	25					

16 5 Year IPI, Gauges, FDC Check Valve Comments
a When was the system installed. Unknown
b When was the Last 5 year done 2022
c When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No ? ____ Type ____ Location ____ Test Result? ____

17 Explain any "No" answers and comments.

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: Omaha Correctional Center

Bus/Owner: Housing J #1

Address: 2323 E. Avenue J, Omaha, NE 68111

Account No.

☒ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Watts
Model: 709
Serial #: 184123
Device type: DC
Size: 4"

Location: Pipe Chase
Contact person: Kelly Turner
Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at ____ PSID
Check valve #1 13 PSID Held ☒ yes ☐ no
Check valve #2 18 PSID Held ☒ yes ☐ no
Shut off #2 Held ☒ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no
Shut off #1 Held ☐ yes ☐ no
Check valve ☐ Held at ____ PSID
Air vent opened at ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) James Williams Certificate # 8411 Date of test 3-29-24

State certified technician (signature) James Williams Customer (signature)

Employer of state certified technician Mahoney Fire Sprinkler Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer Midwest Test gauge serial # 01160040 Date calibration verified 7-31-23 Accuracy verified by Ne. Tech

1624 (063020tlc)

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Omaha Correctional Center 2323 E. Avenue J Omaha, NE 68111 Housing K	3-29-24 **INSPECTION DATE** Prison **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
07514	1	
07515	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

Thomas L. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8417

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing K DATE 3-29-24

ADDRESS 2323 E. Avenue J, Omaha, NE 68111 TECHNICIAN [illegible]

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. **GENERAL**			
a Is the building occupied?	Y		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2 **CONTROL VALVES** (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3 **WATER SUPPLIES** (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4 **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**		X	
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?			
b Are fire department connections in satisfactory condition, couplings free caps in place and check valves tight? Are they accessible and visible?	Y		
5 **WET SYSTEMS** (See Item 13)			
a Are cold weather valves (D S &Y) in the appropriate open or closed position?	Y		
b Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See Items 10 to 14)			
a. Is the dry valve in service?			
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7 **SPECIAL SYSTEMS** (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		X	
b Did the heat-responsive devices operate properly during testing?		X	
c Did the supervisory devices operate during testing?		X	
8 **ALARMS**			
a Did water motor and gong test satisfactorily?		X	
b Did electric alarm test satisfactorily?			
c Did supervisory alarm service test satisfactorily?	Y		
9 **SPRINKLERS**			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c Is stock of spare sprinklers available?	Y		
d Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e Temperature Are sprinklers of proper temperature ratings for their locations?	Y		

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Housing K DATE 3-29-24

Wet Systems	No 1	Make and Model:	4" Wet W/F/S
Dry Systems	No	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10 Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11 Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12 Date quick opening device tested — See Trip Test Report
13 Date deluge or preaction valve tested — See Trip Test Report

14 Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	OS&Y	✓	✓			
System Control Valves	2	OS&Y	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 125 City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI

Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Location	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	125	120	125					

16 5 Year IPI, Gauges, FDC Check Valve Comments

a When was the system installed. Unknown
b When was the Last 5 year done 2022
c When is the Next 5 year due 2027
d. Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17. Explain any "No" answers and comments:

18a Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: Omaha Correctional Center

Bus/Owner: Housing K

Address: 2323 E. Avenue J, Omaha, NE 68111

Account No.

☒ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Watts
Model: 709
Serial #: 184062
Device type: DC
Size: 4"

Location: Unit Pipe Chase
Contact person: Kelly Turner
Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at ____ ____ PSID

Check valve #1 16 PSID Held ☒ yes ☐ no

Check valve #2 15 PSID Held ☒ yes ☐ no

Shut off #2 Held ☒ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ ____ PSID

Air vent opened at ____ ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) James D Williams Certificate # 8411 Date of test 3-29-24

State certified technician (signature) James D Williams Customer (signature)

Employer of state certified technician Mahoney Fire Sprinkler Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer Ulbrich Test gauge serial # 01160040 Date calibration verified 7-31-23 Accuracy verified by Ne. Tech

1624 (063020tlc)

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Omaha Correctional Center 2323 E. Avenue J Omaha, NE 68111 Energy Center
3-29-04	**INSPECTION DATE**
Prison	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
32375	1	
32374	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James E. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Energy Center DATE 3-29-24

ADDRESS 2323 E. Avenue J, Omaha, NE 68111 TECHNICIAN [illegible]

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. **GENERAL**			
a Is the building occupied?	Y		
b Are all systems in service?	Y		
c Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e Does the hand hose on the sprinkler system appear to be satisfactory?			
2 **CONTROL VALVES** (See Item 14)			
a Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3 **WATER SUPPLIES** (See Item 15)			
a Was a water flow test of main drain made at the sprinkler riser?	Y		
4 **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		N	
b Are fire department connections in satisfactory condition, couplings free caps in place and check valves tight? Are they accessible and visible?	N		
5 **WET SYSTEMS** (See Item 13)			
a Are cold weather valves (D S &Y) in the appropriate open or closed position?	Y		
b Have antifreeze system solutions been tested?		N	
c Were the antifreeze test results satisfactory?		N	
6. **DRY SYSTEMS** (See Items 10 to 14)			
a. Is the dry valve in service?		N	
b Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c Has the operation of the air or nitrogen supply been tested? Is it in service?			
d Were low points drained during this inspection?			
e Did quick-opening devices operate satisfactorily?			
f Did the dry valve trip properly during the trip pressure test?			
g Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N	
7 **SPECIAL SYSTEMS** (See Item 16)			
a Did the deluge or pre-action valves operate properly during testing?		N	
b Did the heat-responsive devices operate properly during testing?		N	
c Did the supervisory devices operate during testing?		N	
8 **ALARMS**			
a. Did water motor and gong test satisfactorily?			
b Did electric alarm test satisfactorily?	N		
c Did supervisory alarm service test satisfactorily?	N		
9 **SPRINKLERS**			
a Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	N		
b Are all sprinklers less than 50 years old, including quick response less than 20 years old?	N		
c Is stock of spare sprinklers available?	N		
d Does the exterior condition of sprinkler system appear to be satisfactory?	N		
e Temperature Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Omaha Correctional Center - Energy Center DATE 3-29-24

Wet Systems	No. 1	Make and Model:	6" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	6" DC

10 Date dry pipe valve trip tested (control valve partially open)		See Trip Test Report
11 Date dry pipe valve trip tested (control valve fully open)		See Trip Test Report
12 Date quick opening device tested		See Trip Test Report
13. Date deluge or preaction valve tested		See Trip Test Report

14 Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	X	X			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	OS&Y	X	X			
System Control Valves	2	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 125 City ____ PSI Tank ____ PSI Fire Pump ____ ____ Jockey Pump ____ ____ PSI

Water Flow Test? YES (If none made Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	125	100	125					

16 5 Year IPI, Gauges, FDC Check Valve, Comments

a When was the system installed. 1982

b When was the Last 5 year done 2022

c When is the Next 5 year due. 2027

d. Comments

Auxiliary Equipment No.? ____ Type ____ ____ Location ____ ____ Test Result? ____ ____

17 Explain eny "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

Backflow Device Test Report

METROPOLITAN UTILITIES DISTRICT

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 7350 World Communications Dr., Omaha, NE 68122

Name: Omaha Correctional Center

Bus/Owner: Energy Center

Address: 2323 E. Avenue J, Omaha, NE 68111

Account No.

☑ Test completed
☐ Test failed
☐ Retest after repair

☒ Annual Test ☐ Relocate ☐ Replacement ☐ New Installation

Old serial #:

Manufacturer: Ames
Model: Colt-200
Serial #: UB-0971
Device type: DC
Size: 6"

Location: South Mechanical Room
Contact person: Kelly Turner
Repair information:

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at ____ ____ PSID

Check valve #1 26 PSID Held ☑ yes ☐ no

Check valve #2 33 PSID Held ☑ yes ☐ no

Shut off #2 Held ☑ yes ☐ no

Pressure Vacuum Breaker

Shut off #2 Held ☐ yes ☐ no

Shut off #1 Held ☐ yes ☐ no

Check valve ☐ Held at ____ ____ PSID

Air vent opened at ____ ____ PSID

Prevents backflow from:

☐ Carbonator	☐ Water cooled compressor	☐ Photo developer or x-ray	☐ Humidifier
☐ Lawn sprinkler	☐ Food processing	☐ Boiler makeup	☐ Cooling tower
☐ Dry cleaning	☐ Mortuary	☐ Laboratory or hospital	☐ Vacuum pump
☐ Fountain	☐ Swimming pool	☐ Chemicals	☐ Service containment

☒ Other (describe): Fire Sprinkler System

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) James Williams Certificate # 8411 Date of test 3-29-24

State certified technician (signature) James Williams Customer (signature)

Employer of state certified technician Mahoney Fire Sprinkler Phone: 402-553-1221 Fax: 402-553-4545

Test gauge manufacturer Ma Test Test gauge serial # 01100040 Date calibration verified 7-31-23 Accuracy verified by Ne. Tech

1624 (063020tlc)

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: CSI - Lincoln Correctional Center
3216 W. Van Dorn Street
Lincoln, NE 68522

5-22-24
INSPECTION DATE

Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
27107	5	
27108	1	
27138	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO CSI - Lincoln Correctional Center DATE 5-22-24

Wet Systems	No: 2	Make and Model: (1) 2 1/2" Wet, (1) 6" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model: 6" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
2 1/2"	1 1/4"	60	45	60					
6"	2"	60	45	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2012
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building CSI - Lincoln Correctional Center Contact Person _____

Service Address 3216 W. Van Dorn Street Suite# _____

Phone# _____ e-mail: _____

Device Location Annex

☒ Annual Test ☐ Repair ☐ New Installation

☒ DC ☐ RPP Serial #: LK-0114 Size: 6" Manufacturer: Ames Model#: Colt-200

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☒ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☒ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 16 PSID	Held ☒ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 22 PSID	Held ☐ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. Must be returned to LWS within 30 days of performing test.

James Williams — Mahoney Fire Sprinkler — 8411 — (402) 553-1221

State Certified Technician (Please Print) — Company — Grade 6 Certificate# — Cell/Phone#

James Williams — 5-22-24

State Certified Technician (Signature) — Customer (Signature) — Date of Test

Midwest — 01/60040 — 7-3-23

Test Gauge Manufacturer — Test Gauge Serial # — Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Unit F

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
41826	1	
41827	1	
42828	1	
42829	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R. Morris
INSPECTOR SIGNATURE
NE LICENSE #: 99024
TESTER BFP LICENSE #: 841

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit F DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JW Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)	✓		
a. Are cold weather valves (O,S &Y) in the appropriate open or closed position?			
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	✓		
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Old Car Port DATE 5-22-24

Wet Systems	No: 3	Make and Model: (3) 4" Wet W/F/S	
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model: 4" DC	

10. Date dry pipe valve trip tested (control valve partially open) _____ See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) _____ See Trip Test Report
12. Date quick opening device tested _____ See Trip Test Report
13. Date deluge or preaction valve tested _____ See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Zone FB	2"	60	45	60					
Zone F	2"	60	45	60					
Zone FA	2"	60	45	60					

16 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. 2022
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Reception & Treatment Center Contact Person _____

Service Address 3218 W. Van Dorn Street Suite# _____

Phone# _____ e-mail: _____

Device Location Unit F

☒ Annual Test ☐ Repair ☐ New Installation

☒ DC ☐ RPP Serial #: J13552 Size: 4" Manufacturer: Ames Model#: Deringer 20

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☒ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☒ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 30 PSID	Held ☒ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 26 PSID	Held ☒ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

James Williams	Mahoney Fire Sprinkler	8411	(402) 553-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
James Williams			5-22-24
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01160040		7-3-23
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Unit G

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
42817	1	
42818	1	
42819	1	
42820	5	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Lee Williams
INSPECTOR SIGNATURE
NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit G DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

8. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)	Y		
a. Are cold weather valves (D.S &Y) in the appropriate open or closed position?		Y	
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c. Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS	Y		
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?			
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Old Car Port DATE 5-22-24

Wet Systems	No: 3	Make and Model: (3) 4" Wet W/F/S	
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model: 4" DC	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	BFV	✓	✓			
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 60 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
LT	2"	60	45	60					
Middle	2"	60	45	60					
RT	2"	60	45	60					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. 2022
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Reception & Treatment Center Contact Person _____

Service Address 3218 W. Van Dorn Street Suite# _____

Phone# _____ e-mail: _____

Device Location Unit G

☒ Annual Test ☐ Repair ☐ New Installation

☒ DC ☐ RPP Serial #: J23732 Size: 4" Manufacturer: Ames Model#: Deringer 20

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☒ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☒ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 3 2 PSID	Held ☒ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 3 4 PSID	Held ☒ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. Must be returned to LWS within 30 days of performing test.

James William Mahoney Fire Sprinkler 841 (402)553-1221

State Certified Technician (Please Print) Company Grade 6 Certificate# Cell/Phone#

James William 5-22-24

State Certified Technician (Signature) Customer (Signature) Date of Test

Midwest 01160040 7-31-25

Test Gauge Manufacturer Test Gauge Serial # Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Power Plant

5-21-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
41882	1	
41881	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James W. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Power Plant DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2021

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)	✓		
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	✓		
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Power Plant DATE 5-21-24

Wet Systems	No: 1	Make and Model:	4" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	4" DC

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	✓	✓			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 55 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	2"	55	40	55					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. 2021
b. When was the Last 5 year done. 2021
c. When is the Next 5 year due. 2026
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Reception & Treatment Center Contact Person _____

Service Address 3218 W. Van Dorn Street Suite# _____

Phone# _____ e-mail: _____

Device Location Power Plant - Meter Area

☒ Annual Test ☐ Repair ☐ New Installation

☒ DC ☐ RPP Serial #: UA-2284 Size: 4" Manufacturer: Ames Model#: Colt 200

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☒ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☒ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 2 9 PSID	Held ☒ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 3 3 PSID	Held ☒ Yes ☐ No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

James Williams — Mahoney Fire Sprinkler — (402)553-1221

State Certified Technician (Please Print) — Company — Grade 6 Certificate# — Cell/Phone#

James Williams — 5-24

State Certified Technician (Signature) — Customer (Signature) — Date of Test

Midwest — 01160040 — 7-31-23

Test Gauge Manufacturer — Test Gauge Serial # — Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Mech Room

5-21-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
17835	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIE

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James W Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Mech Room DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN TWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?	✓		
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (D.S &Y) in the appropriate open or closed position?	✓		
b. Have antifreeza system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Mech Room DATE 5-21-24

Wet Systems	No: 1	Make and Model: 2 1/2" Wet W/F/S	
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 150 City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1 1/4"	150	140	150					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Upper D&E / Skilled Nursing / Hospital

5-21-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31932	1	
31933	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8741

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Skilled Nursing / Hospital

REPORT TO Reception & Treatment Center - Upper D&E DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN TW. Ward

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?	✓		
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS		✓	
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	✓		
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (D,S &Y) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	✓		
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

Skilled Nursing / Hospital

REPORT TO Reception & Treatment Center - Upper D&E DATE 5-21-24

Wet Systems	No: 2	Make and Model:	(2) 2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 145 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
LT	1"	145	135	145					
RT	1"	145	135	145					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Old Car Port

5-21-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
X	DRY PIPE VALVE TEST	X	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
41883	1	
41884	1	
41885	2	
41886	1	
41887	1	
41888	1	
41896	1	
41900	5	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Old Car Port DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JW, Mark

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	X		
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	X		
b. Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?	X		
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	X		
c. Has the operation of the air or nitrogen supply been tested? Is it in service?	X		
d. Were low points drained during this inspection?	X		
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly during the trip pressure test?	X		
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?	X		
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Old Car Port DATE 5-21-24

Wet Systems	No:	6	Make and Model: (3) 2 1/2" Wet, (1) 3" Wet, (2) 4" Wet W/F/S
Dry Systems	No:	1	Make and Model: 2" Dry W/P/S & Low Air
Special Systems	No:		Type:
Condition?			Make and Model: 8" DC

10. Date dry pipe valve trip tested (control valve partially open)	2024	See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open)	2024	See Trip Test Report
12. Date quick opening device tested		See Trip Test Report
13. Date deluge or preaction valve tested		See Trip Test Report

14. 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	9	BFV	Y	Y			
System Control Valves	2	BFV	Y	Y			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
41883 3"	1 1/4"	175	160	175	41887 4"	2"	175	160	175
41884 2 1/2"	1 1/4"	175	160	175	41888 2 1/2"	1 1/4"	175	160	175
41885 2" Dry	1"	175	160	175	41896	4"	175	160	175
41886 2 1/2"	1 1/4"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. 2021

b. When was the Last 5 year done. 2022

c. When is the Next 5 year due. 2027

d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

MAHONEY Fire Sprinkler, Inc.

WE PUT OUT FIRES EVERYWHERE

DRY PIPE VALVE TRIP TEST REPORT

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT TO Reception & Treatment Center Old Car Port INSPECTION NO. _____

STREET 3218 W. Van Dorn St CITY Lincoln STATE NE CONTRACT NO. _____

DATE OF TRIP TEST 5-24 TECHNICIAN J. Williams

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY LINE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE, TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO. (1)	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
VALVE SERIAL NUMBER					
MANUFACTURER (NAME)		Victaulic			
VALVE MODEL		768N Fire Lock NX			
VALVE SIZE		2 INCH	INCH	INCH	INCH
CONTROLLING SPRINKLERS	(LOCATION)	Selby Port			
	(NUMBER)	50 (APPROX.)	(APPROX.)	(APPROX.)	(APPROX.)
DATE LAST TRIP TESTED?		2023			
DATE LAST OPERATED?		2023			
PRESSURE BEFORE TEST	AIR	34 LBS	LBS	LBS	LBS
	WATER	175 LBS	LBS	LBS	LBS
SIZE AND LOCATION OF TEST VALVE		2" Riser			
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		3			
WATER TRIPPED AT	AIR PRESSURE	05 LBS.	LBS.	LBS.	LBS.
	WATER PRESSURE	175 LBS	LBS	LBS	LBS
	TIME	MIN 12 SEC	MIN SEC	MIN SEC	MIN SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		MIN SEC	MIN SEC	MIN SEC	MIN SEC
PERFORMANCE		OK			
VALVE CONDITION	INTERIOR OF BODY	OK			
	MOVING PARTS	OK			
	RUBBER FACING	OK			
	SEATS	OK			
	RESET?	Yes			
DID ALARMS OPERATE AT TRIP TEST?		Yes			
ALL LOW POINT DRAINS BLOWN OUT?		Yes			
WATER CONTROL VALVE LEFT OPEN AND SEALED?		Yes			
ALARM CONTROL VALVE LEFT OPEN.		Yes			

QUICK OPENING DEVICES		SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
DEVICE SERIAL NUMBER					
MANUFACTURER (NAME)					
TYPE AND MODEL					
AIR PRESSURE IN UPPER CHAMBER		LBS	LBS	LBS	LBS
QUICK OPENING DEVICE TRIPPED AT		SEC LBS	SEC LBS	SEC LBS	SEC LBS
PERFORMANCE					
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN					

REMARKS Riser Mount

CONFERRED WITH: _____ DATE 5-21-24

Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Reception & Treatment Center Contact Person _____

Service Address 3218 W. Van Dorn Street Suite# _____

Phone# _____ e-mail: _____

Device Location Old Car Port

☒ Annual Test ☐ Repair ☐ New Installation

☒ DC ☐ RPP Serial #: TI-1481 Size: 8" Manufacturer: Ames Model#: Colt-200

☐ Replacement

☐ DC ☐ RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

☐ Domestic Containment ☐ Irrigation ☒ Fire Service ☐ Boiler ☐ Carbonator

☐ Swimming Pool ☐ Cooling Tower ☐ Water Cooled Ice Maker ☐ Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held ☒ Yes ☐ No	Shut off #1	Held ☐ Yes ☐ No
Check Valve #1 25 PSID	Held ☒ Yes ☐ No	Shut off #2	Held ☐ Yes ☐ No
Check Valve #2 24 PSID	Held ☒ Yes ☐ No	Check Valve Held at _____	_____ PSID
Relief Valve (RP only) Opened at _____	_____ PSID	Air vent opened at _____	_____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight ☐ Yes ☐ No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

James Williams	Mahoney Fire Sprinkler	8411	(402) 553-1221
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
James Williams			5-21-24
State Certified Technician (Signature)	Customer (Signature)		Date of Test
MidWest	01160040		7-3-23
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

White Copy - LWS Yellow Copy - Contractor Pink Copy - Business

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Fire Pump	5-21-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
35064	1	
35065	4	
35066	6 Wet	

STATUS OF SYSTEM - CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' STREET, OMAHA, NE 68137
(402) 553-1221 PH | (402) 553-4545 FAX

STANDPIPE INSPECTION REPORT

Date: 5-21-24 Inspector: J Williams

Customer Name: Reception & Treatment Center

Address: 3218 W. Van Dorn Street, Lincoln, NE 68522

Type of Standpipe Systems

- ☐ **Automatic Dry Standpipe System** – A standpipe permanently attached to a water supply capable of supplying the system demand at all times, containing air or nitrogen under pressure, the release of which opens a dry pipe valve to allow water to flow into the piping system and out of the opened hose valve.
- ☒ **Automatic Wet Standpipe System** – A standpipe system containing water at all times that is attached to a water supply capable of supplying the system demand at all times and the requires no action other than opening a hose valve to provide water at hose connections.
- ☒ **Combined System** – A standpipe system that supplies both hose connections and automatic sprinklers.
- ☐ **Manual Dry Standpipe System** – A standpipe system with no permanently attached water supply that relies exclusively on the fire department connection to supply the system demand.
- ☐ **Manual Wet Standpipe System** – A standpipe system containing water at all times that relies exclusively on the fire department connection to supply the system demand.
- ☐ **Semiautomatic Dry Standpipe System** – A standpipe system permanently attached to a water supply that is capable of supplying the system demand at all times arranged through the use of a device such as a deluge valve and that requires activation of a remote control device to provide water at hose connections.

Standpipe Inspection Points

	YES	NO	N/A
1. All valves in the appropriate position	✓		
2. Fire hose valve caps present	✓		
3. Pumper connection caps present	✓		
4. Supervisory devices operate properly	✓		
5. Alarm devices operate properly	✓		
6. Gauges legible and satisfactory	✓		

Date of last 5-Year inspection: 2022

Notes: _____

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

FIRE PUMP TEST REPORT

Report To Reception & Treatment Center Building Location Same
Street 3218 W. Van Dorn Street Technician J Williams
City Lincoln State NE Date 5-24
Phone

Make Peerless Model/Type 92659067 / 5AEF8B Serial No. 50014739
Rated Capacity 750 GPM at Rated Head 100 PSI, Ft. at Rated Speed 3550 RPM
Shut Off Pressure ____ PSI Net Pressure at 150% Rated Capacity 78.0 PSI
Brake HP at Rated Conditions ____ Max. BHP at Rated Speed at Any Capacity 125.0
(X) Horizontal ( ) Vertical (1) Stages Impeller Dia. 8.26 Inches

Pump Operation ( ) Manual (X) Automatic Cut In 150 PSI Cut Out 175 PSI

Driver: (X) Electric Motor ( ) Steam Turbine ( ) Engine (Diesel/Gasoline)

Suction Supply from City Capacity Unlimited Gallons
City Supply ____ PSI Relief Valve Setting 175 PSI

Lift ____ Ft. ~~Vertical Turbine Discharge Head~~ to Water Level ____ Ft.
Head ____ Ft./PSI ~~Vertical Turbine Lowest Impeller~~ to Water Level ____ Ft.

Jockey Pump: Make Grundfos Type CRI-11A-B-A-E-H00E Centrifugal ____ Pos. Displacement
Rated Head ____ PSI/Ft. Cut In 160 PSI Cut Out 175 PSI
Rated Capacity 9.7 GPM Relief Valve Setting 175 PSI

All Suction Valves Open (X) Yes ( ) No Pump Alarms Working Properly (X) Yes ( ) No

Comments Test Header Drained

Date	Number and Size of Streams Ft. of Hose	Location	Pitot	GPM	Pump Pressures: Vertical Turbine Discharge Gage to Water level or Suction: Discharge PSI, Ft.	PSI, Ft.	Net PSI, Ft.	RPM	Steam at Inlet: Stroke	Jets: Slip at 100	Volts	AMPs	Tech.
5-24													JW
	Churn	Pump	—	—	175	50	125	3530			470	42	
	2@50, 1 3/4	Head	2 @ 17	750	137	35	102	3550			468	63	
	2@50, 1 3/4	Head	2 @ 38	1125	100	15	85	3530			467	71	

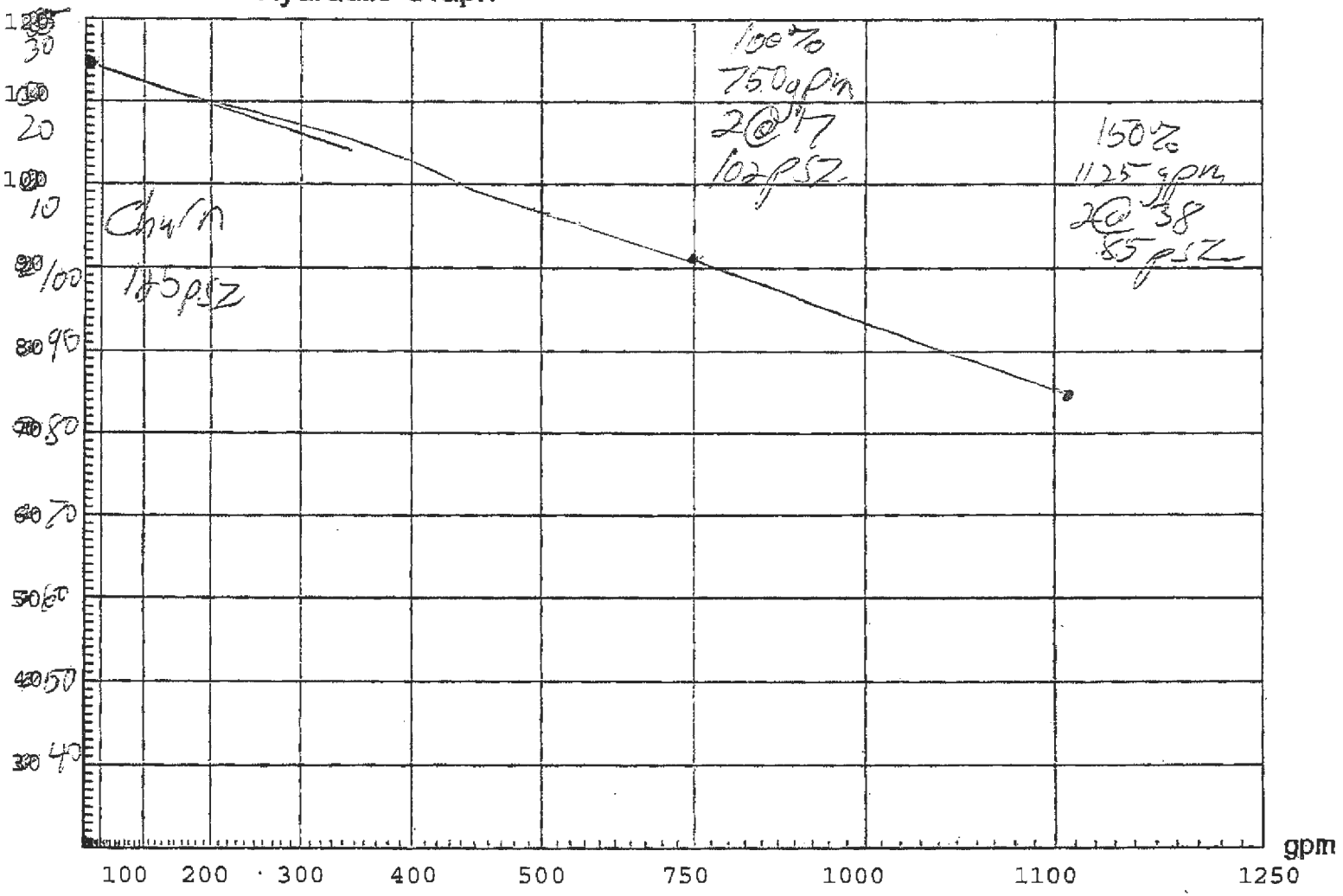
Check Engine Tachometer Against Tech. Speed Counter. Plot Test Points on Reverse Side.

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

Job Name: Reception & Treatment Center

Date: 5-21 -24

Hydraulic Graph



NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn St
Lincoln, NE 68522
RCTZ Upper Mach LCC Zone 3

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
41897	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCI

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James McDaniels
INSPECTOR SIGNATURE

NE LICENSE #: 18021

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

RTC 2 Upper Mech LCC Zone 3

REPORT TO Reception & Treatment Center DATE 5-22-24

ADDRESS 3218 W. Van Dorn St Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Yes	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Yes	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Yes		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	Yes		
b. Have antifreeze system solutions been tested?		Yes	
c. Were the antifreeze test results satisfactory?		Yes	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Yes	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?		Yes	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Yes	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		Yes	
b. Did the heat-responsive devices operate properly during testing?		Yes	
c. Did the supervisory devices operate during testing?		Yes	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Yes	
b. Did electric alarm test satisfactorily?	Yes		
c. Did supervisory alarm service test satisfactorily?	Yes		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c. Is stock of spare sprinklers available?	Yes		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

REPORT OF INSPECTION

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

RTC2 Upper Mech LCC Zone 3

REPORT TO Reception/Treatment Center DATE 5-22-24

Wet Systems	No: 0	Make and Model: 4" Wet W/FE
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? Yes (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
RISER	2	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system Installed. 2023
b. When was the Last 5 year done. 2023
c. When is the Next 5 year due. 2028
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Unit A "L"

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31937	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE
NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERY WHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit A "L" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 18)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit A "L" DATE 5-22-14

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 170 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: N/A

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit A "R" DATE 5-22-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	Y	Y			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: N/A

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Unit A "R"	5-22-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31936	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Wellons
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 841

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit A "R" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Unit B "L"

5-20-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31938	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit B "L" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit B "L" DATE 5-2-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gaugos, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: X

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NO

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Unit B "R"	5-22-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31939	1	

STATUS OF SYSTEM - CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit B "R" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN PWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?		✓	
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit B "R" DATE 5-22-24

Wet Systems	No: 1	Make and Model:	2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: N/A

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Unit C "L"	5-22-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31941	1	

STATUS OF SYSTEM - CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James L. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8471

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit C "L" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit C "L" DATE 5-22-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	1	1			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17. Explain any "No" answers and comments: N/A

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Unit C "R"

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31940	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James W. Collins
INSPECTOR SIGNATURE
NE LICENSE #: 99024
TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit C "R" DATE 5-22-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV					
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: N/A

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☐ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Unit D "L"	5-22-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31943	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K. Sellers
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit D "L" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit D "L" DATE 5-22-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S	
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: _____

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Unit D "R"	5-22-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31942	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit D "R" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit D "R" DATE 5-22-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Unit E "L"

10-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31945	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James A. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit E "L" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit E "L" DATE 5-22-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: N/A

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Unit E "R"

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31944	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K. Williams
INSPECTOR SIGNATURE
NE LICENSE #: 99024
TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit E "R" DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN T.Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)	✓		
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	✓		
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?			
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Unit E "R" DATE 5-22-24

Wet Systems	No:	1	Make and Model: 2" Wet W/F/S
Dry Systems	No:		Make and Model:
Special Systems	No:		Type:
Condition?			Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Units #8 & #9

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31922	1	
31923	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #8 & #9 DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Yes	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Yes	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Yes		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	Yes		
b. Have antifreeze system solutions been tested?		N/A	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Yes	
b. Did electric alarm test satisfactorily?	Yes		
c. Did supervisory alarm service test satisfactorily?	Yes		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c. Is stock of spare sprinklers available?	Yes		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #8 & #9 DATE 5-22-24

Wet Systems	No: 2	Make and Model:	(2) 2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
#8	1"	175	160	175					
#9	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Units #6 & #7

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31924	1	
31925	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #6 & #7 DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN T Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip pressure test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS (See Item 16)			
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?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #6 & #7 DATE 5-22-24

Wet Systems	No: 2	Make and Model:	(2) 2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	2	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? ____ City ____ PSI Tank ____ PSI Fire Pump ____ Jockey Pump ____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
#6	1"	175	160	175					
#7	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? ____ Type ____ Location ____ Test Result? ____

17. Explain any "No" answers and comments: ✓

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: ____

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

N

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Units #4 & #5

5-22-24
INSPECTION DATE

Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31926	1	
31927	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIE

COMPANY PERFORMING INSPECTION:

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Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

James K. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #4 & #5 DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		N	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		N	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	Y		
b. Have antifreeze system solutions been tested?		N	
c. Were the antifreeze test results satisfactory?		N	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		NA	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?		NA	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		NA	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		NA	
b. Did the heat-responsive devices operate properly during testing?		NA	
c. Did the supervisory devices operate during testing?		NA	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		NA	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #4 & #5 DATE 5-22-24

Wet Systems	No: 2	Make and Model:	(2) 2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	2	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
#4	1"	175	160	176					
#5	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: X

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Units #2 & #3

5-22-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31928	1	
31929	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIE

COMPANY PERFORMING INSPECTION:

MAHONEY
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K. Williams
INSPECTOR SIGNATURE
NE LICENSE #: 99024
TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #2 & #3 DATE 5-22-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. **CONTROL VALVES** (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. **WET SYSTEMS** (See Item 13)			
a. Are cold weather valves (D.S &Y.) in the appropriate open or closed position?	X		
b. Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?		X	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Units #2 & #3 DATE 5-22-24

Wet Systems	No: 2	Make and Model:	(2) 1 1/2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	2	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
#2	1"	175	160	175					
#3	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Lower Level Chillers	5-21-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
49025	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James McWilliams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 2411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Lower Level Chillers DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN J. Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		N/A	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	Yes	N/A	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	Yes		
b. Have antifreeze system solutions been tested?		No	
c. Were the antifreeze test results satisfactory?		N/A	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?			
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		N/A	
b. Did electric alarm test satisfactorily?	Yes		
c. Did supervisory alarm service test satisfactorily?	Yes		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c. Is stock of spare sprinklers available?	Yes		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Lower Level Chillers DATE 5-21-24

Wet Systems	No: 1	Make and Model:	1 1/2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open)		See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open)		See Trip Test Report
12. Date quick opening device tested		See Trip Test Report
13. Date deluge or preaction valve tested		See Trip Test Report

14. 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							
System Control Valves	1	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. Unknown

b. When was the Last 5 year done. 2022

c. When is the Next 5 year due. 2027

d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Housing #1

5-21-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31930	1	
31931	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: 8477

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Housing #1 DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN J.Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. **CONTROL VALVES** (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. **WET SYSTEMS** (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	X		
b. Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?		X	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. **SPECIAL SYSTEMS** (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?			
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Housing #1 DATE 5-24

Wet Systems	No: 2	Make and Model:	(2) 1 1/2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	2	BFV	X	X			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
#1	1"	175	160	175					
#2	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: X

18a. Is the fire sprinkler system monitored by 24 HR monitoring? [X] Yes [ ] No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:	Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Boiler Room
5-21-24	**INSPECTION DATE**
Corrections	**TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
41898	1	
41899	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James K. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Boiler Room DATE 5-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN J.W. Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection. _____

B. When was the last 5 year done? 2022

Inspector's Section (All responses *reference* current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y.) in the appropriate open or closed position?	X		
b. Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

*Explain "No" Answers on Page 2 ‡Not applicable

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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Boiler Room DATE 5-21-24

Wet Systems	No: 2	Make and Model:	4" Wet, 6" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		PIV	Y	Y			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	BFV	Y	Y			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
6"	2"	175	160	175					
4"	2"	175	160	176					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Central Station	5-21-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31946	1	

STATUS OF SYSTEM – CHECK ONE

☒ IN COMPLIANCE ☐ MINOR DEFICIENCIES ☐ MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

James W. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: X411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Central Station DATE 5- -24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	X		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	X		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	X		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	X		
b. Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	X		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?			

*Explain "No" Answers on Page 2 ‡Not applicable

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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Central Station DATE 5/21/24

Wet Systems	No: 1	Make and Model: 1 1/2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☒ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Tunnel - Middle	5-21-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
32620	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

James R Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Tunnel "Middle" DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Yes		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Yes		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Yes		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Yes	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Yes		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Yes		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Yes		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Yes	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Yes		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	Yes		
b. Have antifreeze system solutions been tested?		Yes	
c. Were the antifreeze test results satisfactory?		Yes	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Yes	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		Yes	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		Yes	
d. Were low points drained during this inspection?		Yes	
e. Did quick-opening devices operate satisfactorily?		Yes	
f. Did the dry valve trip properly during the trip pressure test?		Yes	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Yes	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		Yes	
b. Did the heat-responsive devices operate properly during testing?		Yes	
c. Did the supervisory devices operate during testing?		Yes	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Yes	
b. Did electric alarm test satisfactorily?	Yes		
c. Did supervisory alarm service test satisfactorily?	Yes		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Yes		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Yes		
c. Is stock of spare sprinklers available?	Yes		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Yes		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Yes		

*Explain "No" Answers on Page 2 ‡Not applicable

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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Tunnel "Middle" DATE 5-21-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments _____

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments: N/A

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Mental / Religion

5-21-14
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31947	1	

STATUS OF SYSTEM - CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James A. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8411

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL -- 246 SOUTH 14TH ST -- LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE
11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Mental/Religion DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN Williams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S &Y) in the appropriate open or closed position?	Y		
b. Have antifreeze system solutions been tested?		Y	
c. Were the antifreeze test results satisfactory?		Y	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?		Y	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Y	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c. Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

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Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Mental/Religion DATE 5- -24

Wet Systems	No: 1	Make and Model:	2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments
a. When was the system Installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☐ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center 3218 W. Van Dorn Street Lincoln, NE 68522 Security Office	5-21-24 **INSPECTION DATE** Corrections **TYPE OCCUPANCY**

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31935	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James W. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
Fire Sprinkler, Inc.
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11115 'O' Street • Omaha, NE 68137
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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Security Office DATE 5-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (D,S &Y) in the appropriate open or closed position?	Y		
b. Have antifreeze system solutions been tested?		N	
c. Were the antifreeze test results satisfactory?		N	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		Y	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		Y	
d. Were low points drained during this inspection?		Y	
e. Did quick-opening devices operate satisfactorily?		Y	
f. Did the dry valve trip properly during the trip pressure test?		Y	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		Y	
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c. Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Security Office DATE 5-21-24

Wet Systems	No: 1	Make and Model: 2" Wet W/F/S
Dry Systems	No:	Make and Model:
Special Systems	No:	Type:
Condition?		Make and Model:

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
11. Date dry pipe valve trip tested (control valve fully open) — See Trip Test Report
12. Date quick opening device tested — See Trip Test Report
13. Date deluge or preaction valve tested — See Trip Test Report

14. 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							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	63	175					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. Unknown
b. When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☐ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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

NEBRASKA STATE FIRE MARSHAL
FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: Reception & Treatment Center
3218 W. Van Dorn Street
Lincoln, NE 68522
Control Unit

5-21-24
INSPECTION DATE
Corrections
TYPE OCCUPANCY

	FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)		INITIAL ACCEPTANCE OF SYSTEM
	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)		REINSPECTION DUE TO REMODEL, REPAIR, ETC
X	REPORT OF INSPECTION	X	PERIODIC ANNUAL INSPECTION
	DRY PIPE VALVE TEST		BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

1 - WET RISER
2 - DRY RISER
3 - PREACTION RISER
4 - FIRE PUMP
5 - BACKFLOW PREVENTER
6 - STANDPIPE
7 - OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
31934	1	

STATUS OF SYSTEM – CHECK ONE

[X] IN COMPLIANCE [ ] MINOR DEFICIENCIES [ ] MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY Fire Sprinkler, Inc.
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(402) 553-1221 • (402) 553-4545 FAX

James K. Williams
INSPECTOR SIGNATURE

NE LICENSE #: 99024

TESTER BFP LICENSE #: 8911

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

MAHONEY
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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Control Unit DATE 5-21-24

ADDRESS 3218 W. Van Dorn Street, Lincoln, NE 68522 TECHNICIAN JWilliams

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2022

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	Y		
b. Are all systems in service?	Yes		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		Y	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		Y	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (D,S &Y) in the appropriate open or closed position?	Y		
b. Have antifreeze system solutions been tested?		Y	
c. Were the antifreeze test results satisfactory?		Y	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		Y	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		Y	
b. Did the heat-responsive devices operate properly during testing?		Y	
c. Did the supervisory devices operate during testing?		Y	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		Y	
b. Did electric alarm test satisfactorily?	Y		
c. Did supervisory alarm service test satisfactorily?	Y		
9. SPRINKLERS	Y		
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temparature. Are sprinklers of proper temperature ratings for their locations?	Y		

*Explain "No" Answers on Page 2 ‡Not applicable

MAHONEY
Fire Sprinkler, Inc.
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REPORT OF INSPECTION

REPORT TO Reception & Treatment Center - Control Unit DATE 5- -24

Wet Systems	No: 1	Make and Model:	2" Wet W/F/S
Dry Systems	No:	Make and Model:	
Special Systems	No:	Type:	
Condition?		Make and Model:	

10. Date dry pipe valve trip tested (control valve partially open) — See Trip Test Report
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14. Control Valve Maintenance Table

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Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	BFV	✓	✓			
Other Control Valves							

15. WATER FLOW TEST

Water Pressure? 175 City _____ PSI Tank _____ PSI Fire Pump _____ Jockey Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
Riser	1"	175	160	125					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments

a. When was the system installed. Unknown
b When was the Last 5 year done. 2022
c. When is the Next 5 year due. 2027
d. Comments

Auxiliary Equipment No.? _____ Type _____ Location _____ Test Result? _____

17. Explain any "No" answers and comments:

18a. Is the fire sprinkler system monitored by 24 HR monitoring? ☑ Yes ☐ No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: _____

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