LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
Deluge System - Initial Test

Test Report Number
244016

TEST SITE INFORMATION

TEST SITE ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	TEST SITE PHONE
814 W 23RD ST, 1	LOS ANGELES	CA	90007	(213) 746-1388

OCCUPANCY TYPE	NUMBER OF STORIES	YEAR BUILT	CONSTRUCTION TYPE	SQUARE FOOTAGE
H - 2	1	1965	Type III	50000

RESPONSIBLE PARTY

NAME: (LAST, FIRST, MI)	TITLE	FIRM OR D.B.A.
Parker, Tim	RESPONSIBLE PERSON	ALLENCO ENERGY, INC

MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE
2109 Gundry Ave.	Los Angeles	CA	90755-3517	(562) 989-6100

TEST INFORMATION

INITIAL TEST DATE	TESTING AGENCY	PHONE
08/12/2016	Brennan Fire & Security, Inc.	(562) 320-7048

MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
6217 Washington ave.	Whittier	CA	90601

TEST RESULTS

☒ **PASS** ☐ **FAIL**

All sections below shall be found in the following pages of this report.

SECTIONS:

I. **BUILDING DESCRIPTION**

II. **SYSTEM DESCRIPTION**

III. **FINDINGS**

IV. **TESTING PROCEDURES/WORKSHEETS**

I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT LISTED ABOVE HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CHIEF'S REGULATION NO. 4 OF THE LOS ANGELES FIRE CODE AND THAT THE RESULTS ARE ACCURATELY LISTED ABOVE AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED.

TESTER'S NAME	CERTIFICATE #	EXPIRATION DATE	SIGNATURE
Brennan, Joseph	R4-263	7-31-2017	

REPAIR AND RETEST: IF DEFECTS ARE FOUND IN EQUIPMENT TESTED, CORRECTION OF SUCH DEFECTS SHALL COMMENCE FORTHWITH AND SHALL BE COMPLETED AS SOON AS POSSIBLE, BUT IN EVERY CASE WITHIN 30 DAYS OF INITIAL TEST. THE F-340RT SHALL BE USED TO DOCUMENT THE RETEST OF DEFECTS FOUND IN SCTION III. A COPY OF SECTION III OF THIS REPORT SHALL BE ATTACHED TO THE F-340RT PRIOR TO SUBMITTING TO THE FIRE DEPARTMENT.

REPORT SUBMITTAL INFORMATION:

ALL REPORTS ARE REQUIRED TO BE SUBMITTED TO THE LOS ANGELES CITY FIRE DEPARTMENT VIA THE COMPLIANCE ENGINE WITHIN 7 DAYS OF TEST COMPLETION.

ENTERED BY	ENTERED DATE	ENTERED TIME
Brennan, Joseph	08/23/2016	6:07 PM

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08/12/2016	814 W 23RD ST, 1

EQUIPMENT TESTED:

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Section I - Building Description:

CHARACTERISTICS

PRIMARY OCCUPANCY TYPE H - 2

SECONDARY OCCUPANCY TYPE

TYPE OF BUSINESS CONDUCTED

☐ Apartment/Condo	☐ Museum
☐ Bar/Restaurant	☐ Parking Structure
☐ Church	☒ Office Space
☐ College/University	☐ Repair Garage
☐ Day Care	☐ Retail
☐ Detention Facility	☐ Skilled Nursing
☐ Group Home	☐ Telecommunications
☐ Hospital	☐ Theatre
☐ Hotel/Motel	☐ Warehouse
☐ Medical Office/Clinic	☒ Other: Oil Well

UNIQUE PROPERTY FEATURES:

FIRE CONTROL ROOM: ☐YES ☒NO

ELEVATOR INFORMATION: CARS BANKS

PASSENGER

FREIGHT

PARKING

NUMBER OF STAIRWAYS: 1

FIRE PUMP(S): ☒YES ☐NO

LOCATION: North Side of Yard

EMERGENCY GENERATOR(S): ☐YES ☐NO

LOCATION:

PARKING STRUCTURE:

☐ UNDERGROUND ☐ DETACHED ☐ ATTACHED

NUMBER OF LEVELS BELOW GROUND: 1

TYPES OF OCCUPANCIES BELOW GROUND:

H-2 Oil Wells

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The owner/owner(s) representative shall ensure that the appropriate permits have been secured prior to any repairs being performed.
A copy of this section shall accompany the F-340RT in all cases.

Section III - Findings: ☐ SYSTEM DEFECTS FOUND ☒ NO SYSTEM DEFECTS FOUND

GRAY AREAS SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

DEFECT #	ITEM # (SECTION IV)	DESCRIPTION	LOCATION	RETEST ONLY

INITIAL TEST PERFORMED BY

TESTER'S NAME:	CERTIFICATE #	EXPIRATION DATE:	SIGNATURE:
Brennan, Joseph	R4-263	7-31-2017	

PHONE NUMBER OF TESTING AGENCY:	TESTING AGENCY:	STATE:	ZIP:
(562) 320-7048	Brennan Fire & Security, Inc.	CA	90601

RETEST DATE:

/ /

RETEST PERFORMED BY

RE-TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	RE-TESTER'S SIGNATURE:	PHONE NUMBER:

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All testing procedures below were performed in accordance with the Los Angeles Fire Department Chief's Regulation No. 4 requirements, applicable sections of the N.F.P.A. Standards and other approved publications.

ITEM #	DESCRIPTION

SECTION II - SYSTEM DESCRIPTION

Location of Deluge in Building : OIL WELL PIT SOUTH SIDE OF THE PROPERTY

Give a complete and thorough description of the system/equipment. The information in this section shall include the following information (as applicable): Date of system Installation. Name of Manufacturer, Model Number, Panel Location(s), Type of Devices/Components/Valves and their Locations.

Urban Oil Well and production facility with separate areas designated as equipment pit, gas dryer pit well head cellar and compressor building.
The Equipment pit has three (3) water monitors and one (1) fire eye flame detector. There is one (1) water monitor on the west side of the property located next to the compressor building.The Compressor Building has one (1) fire eye flame detector. The water monitors have Cla valves designed to operate automatically with a fire eye flame detector activation or manually from the switches on located on the water monitors. The Well head cellar has one (1) fire eye flame detector and a deluge Cla valve with open fire sprinkler heads.
There is a 300 GPM fire pump located on the north side of the yard by the entrance gate.
The Systems main panel / controls are located in the office area across the wall. There is a bypass key that will discharge the deluge system manually.

SECTION IV - TESTING PROCEDURES

		PASS	FAIL	N/A
	1.0 NOTIFICATION	PASS	FAIL	N/A
1.1	Fire Department dispatch, supervising station, & building occupants notified prior to the start of the test (if necessary to activate any notification appliances). Yes			☐
	2.0 TESTING PROCEDURES	PASS	FAIL	N/A
	Clearly indicate each testing process which shall include (1) What was checked prior to and during testing. (2) Equipment used during the test. (3) The requirement(s) for passing each segment of testing. (4) Method used to perform the test. Minimum/Maximum times, static & residual pressures, flow rates, sound levels, battery replacement dates, automatic and manual requirements, date system installed (as applicable)			
	NOTE: Information is limited to two lines per field. Use short and concise sentences.			
2.1	Control Valve- Identification Sign	☒	☐	☐
2.2	Control Valve- Inspection	☒	☐	☐
2.3	Water Flow Alarm Devices	☒	☐	☐
2.4	Supervisory Alarm Devices	☒	☐	☐
2.5	Gauges	☒	☐	☐
2.6	Water Supply Pressure	☒	☐	☐
2.7	Detection Line (Pilot line) Air Pressure	☒	☐	☐
2.8	Fire Department Connection	☒	☐	☐
2.9		☒	☐	☐
2.10	Pipe and Fittings	☒	☐	☐
2.11	Drainage	☒	☐	☐
2.12	Detection System	☒	☐	☐

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
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ITEM #	DESCRIPTION			
2.13	UHSNSS- Detectors	☒	☐	☐
2.14	Nozzles	☒	☐	☐
2.15	Hangers and Supports	☒	☐	☐
2.16	Waterflow Alarm Devices	☒	☐	☐
2.17	Priming Water Level test	☒	☐	☐
2.18	Valve Trip Test-Full Flow	☒	☐	☐
2.19	Valve Trip Time = 1 Sec.	☒	☐	☐
2.20	Water Discharge Pattern @ Nozzle or Sprinkler	☒	☐	☐
2.21	Automatic Pressure Maintenance device Test	☒	☐	☐
2.22	Control Valve- Position	☒	☐	☐
2.23	Control Valve Operation	☒	☐	☐
2.24	FDC - Backflush	☒	☐	☐
2.25	System Returned to Service	☐	☐	☐

AREAS/ DEVICES/ APPLIANCES NOT ACCESSIBLE FOR TESTING

A Minimum of 90% of testing is required. If less than 90% testing is conducted do not submit this report.

Description:

END OF REPORT

ALL FINDINGS INDICATING "FAIL" ARE LISTED IN SECTION III (YELLOW SECTION) AND HAVE BEEN POPULATED WITH THE ITEM DESCRIPTION, NUMBER AND LOCATION.

ALL TESTING PROCEDURES WERE PERFORMED IN ACCORDANCE WIH THE LOS ANGELS FIRE DEPARTMENT CHIEFS'S REGULATION NO. 4 REQUIRMENTS, APPLICABLE SECTIONS OF NFPA 80 AND/OR APPLICABLE MANUFACTURER RECOMMENDATIONS. THE RESULTS ARE ACCURATELY LISTED AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED. YOU ARE A CERTIFIED REGULATION NO. 4 TESTER WITH A VALID CERTIFICATION OR HAVE BEEN AUTHORIZED TO SUBMIT THE INFORMATION ON BEHALF OF A CERTIFIED CHIEFS REGULATION NO. 4 TESTER.

I ACCEPT

☒ Yes

TESTER'S NAME	CERTIFICATE #	EXPIRATION DATE	PHONE NUMBER OF TESTING AGENCY
Brennan, Joseph	R4-263	7-31-2017	(562) 320-7048