BENSENVILLE

12 South Center Street
Bensenville, IL 60106

Office. 630.350.3404
Fax. 630.350.3438
www.bensenville.il.us

VILLAGE BOARD

President
Frank Soto

Board of Trustees
Rosa Carmona
Frank DeSimone
Susan Janowiak
Agnieszka "Annie" Jaworska
Martin P. O'Connell
Henry Wesselar

Village Clerk
Ilsa Rivera-Trujillo

Interim Village Manager
Frank Kosman

February 19, 2016

Ms. Tracy Ricker
Weaver Consultants Group
35 East Wacker Drive
Chicago, Illinois 60601

Re: February 16, 2016 FOIA Request

Dear Ms. Ricker:

I am pleased to help you with your February 16, 2016 Freedom of Information Act ("FOIA"). Your request was received by the Village of Bensenville on February 16, 2016. You requested copies of the items indicated below:

"1101-1171 Tower Lane; 1111 Tower Lane; 1131 Tower Lane; 1135 North Tower Road; 1137 Tower Lane; 1139 Tower Lane Bensenville, Illinois 60106."

After a search of Village files, the following documents are enclosed to fulfill your request:

1) All Records Pertaining to Building Permits and Inspection Reports for 1101-1171 Tower Lane; 1111 Tower Lane; 1131 Tower Lane; 1135 North Tower Road; 1137 Tower Lane; 1139 Tower Lane. (67 pgs.)

These are all of the documents that can be discovered responsive to your request.

Section 7(1)(b) of FOIA provided that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when complied without possibility of attribution to any person. " 5ILCS 140/2(c-5). Consequently, certain unique identifiers have been redacted from the records being provided.

Pursuant to Section 9 of the FOIA, 5 ILCS 140/9, I am required to advise you that I, the undersigned Freedom of Information Officer, reviewed and in consultation with an attorney for the Village, made the foregoing determination to deny a portion of your FOIA Request as indicated. Should you believe that this Response constitutes an improper denial of your request, you may appeal such by filing a request for review within sixty (60) days of the date of this letter with the Public Access Counselor of the Illinois Attorney General's Office, Public Access Bureau, 500 South Second Street, Springfield, Illinois 62706; telephone 1-887-299-FOIA; e-mail: publicaccess@atg.state.il.us. You may also have a right of judicial review of the denial under Section 11 of FOIA, 5 ILCS 140/11.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,

Corey Williamsen
Freedom of Information Officer
Village of Bensenville

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 01/12/00

Date Issued: 01/28/00

Site Location: 1101 TOWER LN

Permit: 000117

Status: Finaled

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (W)

Description Of Work: INTERIOR DEMOLITION

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $8,000.00

Value Last 30 Mos: $8,000.00

Expire Date: 07/28/00

Finaled Date: 02/07/02

Applicant: ROC/TOWER LANE L.L.C.

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: 55 W. 22ND STREET, #200

City State & Zip:

Owner's Name: ROC/TOWER LANE L.L.C.

Home Phone: [redacted]

Area Constructed:

Owner's Address: 55 W. 22ND STREET, #200

City State Zip:

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 01/25/00

Date Issued: 03/31/00

Site Location: 1101 TOWER LN

Permit: 000148

Status: Finaled

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration -

Description Of Work: ENTRANCE/SIGNAGE/SCREENING

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $50,000.00

Value Last 30 Mos: $200,950.00

Expire Date: 09/29/00

Finaled Date: 02/20/02

Applicant: MICHAEL SIUREK

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: MICHAEL SIUREK

Home Phone: [redacted]

Area Constructed:

Owner's Address: [redacted]

City State Zip: [redacted]

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify Bill | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 02/03/00

Date Issued:

Site Location: 1101 TOWER LN

Permit: 000168

Status: Closed

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (FP)

Description Of Work: 1101-1171 TOWER LANE--FIRE ALARM

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $15,000.00

Value Last 30 Mos: $1,954,013.00

Expire Date:

Approved Date:

Applicant: MICHAEL SIUREK

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip:

Owner's Name: ROC/TOWER LANE L.L.C.

Home Phone: [redacted]

Area Constructed:

Owner's Address: [redacted]

City State Zip: BENSENVILLE, IL 60106

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify Add | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 02/18/00

Date Issued: 02/29/00

Site Location: 1101 TOWER LN

Permit: 000198

Status: Finaled

Intended Use: MERCANTILE / RETAIL

Permit Type: Alteration - (W)

Description Of Work: 6" WATER SERVICE (2) (1101-1139 & 1141-1171)

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $60,000.00

Value Last 30 Mos: $68,000.00

Expire Date: 08/29/00

Finaled Date: 09/07/01

Applicant: DOUGLAS EWING

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: ROC/TOWER LANE L.L.C.

Home Phone: [redacted]

Area Constructed:

Owner's Address:

City State Zip:

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 03/07/00

Date Issued: 05/03/00

Site Location: 1101 TOWER LN

Permit: 000245

Status: Finaled

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (S)

Description Of Work: SIGN (1101-1171)

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $10,000.00

Value Last 30 Mos: $210,950.00

Expire Date: 11/01/00

Finaled Date: 02/07/02

Applicant: MICHAEL SIUREK

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: ROC/TOWER LANE L.L.C.

Home Phone: [redacted]

Area Constructed:

Owner's Address: [redacted]

City State Zip: [redacted]

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 07/21/00
Date Issued: 08/09/00

Site Location: 1101 TOWER LN
Permit: 000854
Status: Finaled

Intended Use: BUSINESS / OFFICE
Permit Type: Alteration - (E)

Description Of Work: ELECTRIC

Subdivision:
Zone: INDL
Parcel ID: 03-3-208-030
Lot: 030
Block: 208

Valuation:
Value Last 30 Mos: $210,950.00
Expire Date: 02/07/01
Finaled Date: 08/16/00

Applicant: MIRROR REFLECTOR SERVICE INC
Applicant's Phones:
Water Meter Size:

Applicant Address: 1525 CIRCLE AVENUE
City State & Zip: FOREST PARK IL 60130

Owner's Name: ROC/TOWER LANE L.L.C.
Home Phone:
Area Constructed:

Owner's Address: 55 W. 22ND STREET, #200
City State Zip: LOMBARD IL 60148
Square Feet.

Module Access

Contractors
Fee Schedule
Plan Reviews
Conditions
Inspections

Flood Plain

Cert of Occupancy
Full
Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 01/09/01

Date Issued: 04/04/01

Site Location: 1101 TOWER LN

Permit: 001554

Status: Finaled

Intended Use: MERCANTILE / RETAIL

Permit Type: Alteration - (IR)

Description Of Work: INTERIOR TENANT IMPROVEMENTS

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $1,300,000.00

Value Last 30 Mos: $1,510,950.00

Expire Date: 10/03/01

Finaled Date: 02/04/02

Applicant: MICHAEL SIUREK

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: MICHAEL SIUREK

Home Phone: [redacted]

Area Constructed:

Owner's Address: [redacted]

City State Zip: [redacted]

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 03/27/01

Date Issued: 07/05/01

Site Location: 1101 TOWER LN

Permit: 010225

Status: Closed

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (FP)

Description Of Work: FIRE ALARM SYSTEM

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $55,935.00

Value Last 30 Mos: $1,675,563.00

Expire Date: 01/03/02

Approved Date:

Applicant: LARRY COVENY

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: MICHAEL SIUREK

Home Phone: [redacted]

Area Constructed:

Owner's Address: [redacted]

City State Zip: [redacted]

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 04/28/01

Date Issued: 08/17/01

Site Location: 1101 TOWER LN

Permit: 010373

Status: Finaled

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (R)

Description Of Work: SPRINKLER ARM OVER FROM EXISTING PIPE FOR NEW CEILING & ADD

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $67,000.00

Value Last 30 Mos: $1,742,563.00

Expire Date: 02/15/02

Finaled Date: 02/01/02

Applicant: PATRICIA SMITH

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: UNITED STATES CELLULAR

Home Phone:

Area Constructed:

Owner's Address: 1101 TOWER LN

City State Zip: BENSENVILLE, IL 60106

Square Feet.

Module Access

Contractors

Fee Schedule

Plan Reviews

Conditions

Inspections

Flood Plain

Cert of Occupancy

Full

Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 05/31/01

Date Issued: 05/31/01

Site Location: 1101 TOWER LN

Permit: 010534

Status: Finaled

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (IR)

Description Of Work: ROOF (1101-1139 TOWER)

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $108,678.00

Value Last 30 Mos: $1,619,628.00

Expire Date: 11/29/01

Finaled Date: 09/21/01

Applicant: TOTAL ROOFING

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: 833 E 158TH STREET

City State & Zip: DOLTON IL 60419

Owner's Name: UNITED STATES CELLULAR

Home Phone: [redacted]

Area Constructed:

Owner's Address: 1101 TOWER LN

City State Zip: BENSENVILLE, IL 60106

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify Bill | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

[redacted]

Date Applied: 06/04/03

Date Issued: 12/15/03

Site Location: 1101 TOWER LN

Permit: 030489

Status: Closed

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (E)

Description Of Work: RELOCATION OF 19 THERMOSTATS

Subdivision	Zone	Parcel ID	Lot	Block
	INDL	03-3-208-030	030	208

Valuation	Value Last 30 Mos	Expire Date	Approved Date
$10,000.00	$1,925,563.00	06/14/04	06/30/03

Applicant: BRIAN SCHIFFER

Applicant's Phone: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: UNITED STATES CELLULAR

Home Phone: [redacted]

Area Constructed:

Owner's Address: 1101 TOWER LN

City State Zip: BENSENVILLE, IL 60106

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Mark Void | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 10/08/03

Date Issued: 11/18/03

Site Location: 1101 TOWER LN

Permit: 030976

Status: Closed

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (IR)

Description Of Work: OFFICE PARTITION RELOCATION

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $73,000.00

Value Last 30 Mos: $1,915,563.00

Expire Date: 05/18/04

Approved Date: 10/30/03

Applicant: LARRY M. QUIDILAN

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: UNITED STATES CELLULAR

Home Phone: [redacted]

Area Constructed:

Owner's Address: 1101 TOWER LN

City State Zip: BENSENVILLE, IL 60106

Square Feet.

Module Access

Contractors

Fee Schedule

Plan Reviews

Conditions

Inspections

Flood Plain

Cert of Occupancy

Full

Temporary

Delete | Verify All | Clients | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 11/10/03

Date Issued:

Site Location: 1101 TOWER LN

Permit: 031097

Status: Cancelled

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (IR)

Description Of Work: PARKING LOT LIGHTING

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $23,000.00

Value Last 30 Mos: $1,954,013.00

Expire Date:

Approved Date: 12/04/03

Applicant: LARRY M. QUIDILAN

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: UNITED STATES CELLULAR

Home Phone: [redacted]

Area Constructed:

Owner's Address: 1101 TOWER LN

City State Zip: BENSENVILLE, IL 60106

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

[redacted]

Date Applied: 01/29/04

Date Issued:

Site Location: 1101 TOWER LN

Permit: 040057

Status: Closed

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration

Description Of Work: OFFICE PARTITION RELOCATION

Subdivision:

Zone: INDL

Parcel ID: 03-3-208-030

Lot: 030

Block: 208

Valuation: $6,800.00

Value Last 30 Mos: $1,954,013.00

Expire Date:

Approved Date: 02/10/04

Applicant: JOHN A NUGENT

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: UNITED STATES CELLULAR

Home Phone: [redacted]

Area Constructed: [redacted]

Owner's Address: 1101 TOWER LN

City State Zip: BENSENVILLE, IL 60106

Square Feet.

Module Access

Contractors

Fee Schedule

Plan Reviews

Conditions

Inspections

Flood Plain

Cert of Occupancy

Full

Temporary

Delete | Verify Add | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 08/31/04

Date Issued:

Site Location: 1101 TOWER LN

Permit: 040905

Status: Closed

Intended Use: BUSINESS / OFFICE

Permit Type: Alteration - (R)

Description Of Work: FIBER OPTIC CONDUIT INSTALLATION

Subdivision:

Zone: INDL

Parcel ID: 03-03-208-030

Lot: 030

Block: 208

Valuation: $35,000.00

Value Last 30 Mos: $1,954,013.00

Expire Date:

Approved Date: 09/07/04

Applicant: JOHN MOORE

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: ROC/TOWER LANE L.L.C.

Home Phone: [redacted]

Area Constructed:

Owner's Address: [redacted]

City State Zip: [redacted]

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

Flood Plain

Cert of Occupancy

- Full
- Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

Date Applied: 06/20/06

Date Issued: 06/20/06

Site Location: 1101 TOWER LN

Permit: 060541

Status: Closed

Intended Use: BUSINESS / OFFICE

Permit Type: Accessory Structure - (E)

Description Of Work: TENT

Subdivision:

Zone:

Parcel ID:

Lot:

Block:

Valuation: $1,250.00

Value Last 30 Mos: $1,926,813.00

Expire Date: 12/19/06

Approved Date: 06/20/06

Applicant: CONNIE PAYNE-US CELLULAR

Applicant's Phones:

Water Meter Size:

Applicant Address: 1101 TOWER LANE

City State & Zip: BENSENVILLE, IL 60106

Owner's Name:

Home Phone:

Area Constructed:

Owner's Address:

City State Zip:

Square Feet.:

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Building Permits - Community Development

File Data Search Report Imaging Help

Permit Application

[redacted]

Date Applied	Date Issued
06/08/07	11/06/07

Site Location: 1101 TOWER LN

Permit: 070389

Status: Finaled

Intended Use: FACTORY / INDUSTRIAL

Permit Type: Sign

Description Of Work: FREE STANDING SIGN ("A", "B", "C")

Subdivision	Zone	Parcel ID	Lot	Block
	INDL	03-03-208-030	030	208

Valuation	Value Last 30 Mos	Expire Date	Approved Date
$2,200.00	$1,939,013.00	05/06/08	10/24/07

Applicant: DON CAMPBELL

Applicant's Phones: [redacted]

Water Meter Size:

Applicant Address: [redacted]

City State & Zip: [redacted]

Owner's Name: US CELLULAR

Home Phone: [redacted]

Area Constructed:

Owner's Address: 1101 TOWER LANE

City State Zip: BENSENVILLE, IL. 60106 03

Square Feet.

Module Access

- Contractors
- Fee Schedule
- Plan Reviews
- Conditions
- Inspections

☐ Flood Plain

Cert of Occupancy

☐ Full

☐ Temporary

Delete | Verify All | Create | Clear | Notes | Update | Exit

Application Reference	Project/Activity	Location	Municipality	Owner	App Status	User Status	Application Recv'd	Contractor	Estimated Cost
1198	ROOF, GUTTERS, SIDING C/F	1101 TOWER LANE		U. S. CELLULAR	ACTIVE	FINALED	08/27/2010	PINE ROOFING COMPANY INC.	25,000
1315	FIRE ALARM RADIO C/F	1138 TOWER LANE		DA TOWER LLC	ACTIVE	FINALED	10/06/2010	ADT SECURITY SERVICES	500
1375	NON-RESIDENTIAL ACCESSORY	1140 TOWER LANE		UNKNOWN	ACTIVE	FINALED	10/26/2010	MCNELLY SERVICES INC.	489,825
1740	FIRE SPRINKLER SYSTEM C/F	1152 NORTH TOWER LANE	BENSENVILLE	CHICAGO SPECIALTY BAKERS, INC.	ACTIVE	ACTIVE	05/23/2011	DND FIRE PROTECTION INC	8,500
1838	NON-RESIDENTIAL ALTERATION OCC	1152 NORTH TOWER LANE	BENSENVILLE	CHICAGO SPECIALTY BAKERS, INC.	ACTIVE	CLOSED BY INSPECTOR	07/01/2011	UNIVERSAL ONE BUILDING	75,500
3998	FIRE ALARM SYSTEM C/F	1101 NORTH TOWER LANE	BENSENVILLE	UNKNOWN	ACTIVE	ACTIVE	01/07/2014	AFFILIATED COSTUMER SERVICE INC	4,985
4035	SIGN	1164 NORTH TOWER LANE	BENSENVILLE	UNKNOWN	ACTIVE	STAFF REVIEW	02/19/2014	CNC GRAPHICS	340
4513	NON-RESIDENTIAL ACCESSORY	1140 NORTH TOWER LANE	BENSENVILLE	CABOT ACQUISITION, LLC	ACTIVE	FINALED	08/18/2014		4,400
4545	NON-RESIDENTIAL ACCESSORY	1140 NORTH TOWER LANE	BENSENVILLE	CABOT ACQUISITION, LLC	ACTIVE	FINALED	08/26/2014	WAREHOUSE MAINTENANCE INC.	3,000
4828	SIGN	1140 NORTH TOWER LANE	BENSENVILLE	UNKNOWN	ACTIVE	ACTIVE	01/14/2015	CNC GRAPHICS	320
5111	NON-RESIDENTIAL ACCESSORY	1132 NORTH TOWER LANE	BENSENVILLE	FIVE PAK TOWER LANE, LLC.	ACTIVE	ACTIVE	05/27/2015	ADT SECURITY SERVICES	400
5398	NON-RESIDENTIAL ACCESSORY	1100 NORTH TOWER LANE	BENSENVILLE	UNKNOWN	ACTIVE	FINALED	08/24/2015	ADT SECURITY SERVICES	1,409
5400	NON-RESIDENTIAL ALTERATION OCC	1100 NORTH TOWER LANE	BENSENVILLE	FIVE PAK TOWER LANE LLC	ACTIVE	FINALED	08/25/2015	MASTER PROPERTY SERVICES, INC.	23,085
5495	FIRE ALARM SYSTEM C/F	1100 NORTH TOWER LANE	BENSENVILLE	FIVE PAK TOWER LANE LLC	ACTIVE	ACTIVE	09/21/2015	AFFILIATED COSTUMER SERVICE INC	16,463
5561	NON-RESIDENTIAL ALTERATION OCC	1128 NORTH TOWER LANE	BENSENVILLE	UNKNOWN	ACTIVE	ACTIVE	10/09/2015		350,000
5803	FIRE ALARM SYSTEM C/F	1128 NORTH TOWER LANE	BENSENVILLE	UNKNOWN	ACTIVE	ACTIVE	02/04/2016	AFFILIATED COSTUMER SERVICE INC	11,621

Inspection Report

Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN, IL 60124
Phone # (847) 695-5990 Fax # (847) 695-3699

PERMIT # _____

Contact Kevin ☐ Original Test

Date 8-15-08 Time 7:57 am/pm District _____ ☐ Retest ☑ Pass ☐ Fail

Test Kit Conbraco 40-200 TK5 Calibration Date 4-2-08

Type of Test ☐ DOF ☒ Back Pressure

Device = ☑ RP ☐ DC ☐ DCDA Supply Pressure 50 PSIG

Mfr. Wilkins Size 2" Model # 975XL4 Serial # 020931

On Line To Domestic

Exact Location Sprinkler Room

	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	☑ Closed Tight	☑ Closed Tight	Opened @ 2.3
	☐ Leaked	☐ Leaked	_____ PSID/RP Zone
	7.5 PSID	7.1 PSID	☐ Did Not Open
	☐ Comments	☐ Comments	☐ Comments
Final Test	☐ Closed Tight	☐ Closed Tight	☐ Opened @ _____ PSID
	Control Valve #1	**Control Valve #2**	**Test Cocks**
	Type _____	Type _____	☑ Complete
	☑ RW	☑ RW	☐ Missing # _____
	☐ Closed Tight	☐ Closed Tight	☐ Damaged
	☐ Leaked	☐ Leaked	☐ Comments
	☐ Comments	☐ Comments	

Comments

US Cellular Building
1141-1171 Tower Ln.
Bensenville Ill 60106

Buffer 4.8 Retest 8-15-08

CCDI# XC 3230 Plumbing License # 058-121 500

CCDI Name (Print) Kenneth R Harrell Signature Kenneth R Harrell

Inspection Report

Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN, IL 60124
Phone # (847) 695-5990 Fax # (847) 695-3699

PERMIT # _____

Contact Kevin ☐ Original Test

Date 8-15-08 Time 8:22 am/pm District _____ ☐ Retest ☑ Pass ☐ Fail

Test Kit Cenbuco 40-200 TK5 Calibration Date 4-2-08

Type of Test ☐ DOF ☑ Back Pressure

Device = ☑ RP ☐ DC ☐ DCDA Supply Pressure 50 PSIG

Mfr. Ames Size 3/4 Model # 4000 B Serial # 01073

On Line To Fire Protection By Pass

Exact Location Sprinkler Room

	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	☑ Closed Tight	☑ Closed Tight	Opened @ 3.1
	☐ Leaked	☐ Leaked	_____ PSID/RP Zone
	8.2 PSID	7.9 PSID	☐ Did Not Open
	☐ Comments	☐ Comments	☐ Comments
Final Test	☐ Closed Tight	☐ Closed Tight	☐ Opened @ _____ PSID
	Control Valve #1	**Control Valve #2**	**Test Cocks**
	Type _____	Type _____	☑ Complete
	☑ RW	☑ RW	☐ Missing # _____
	☐ Closed Tight	☐ Closed Tight	☐ Damaged
	☐ Leaked	☐ Leaked	☐ Comments
	☐ Comments	☐ Comments	

Comments _____

US Cellular Building
1141-1171 Tower Ln
Bensenville IL 60106

Buffer 4.8 Retest 8-15-09

CCDI# XC 3230 Plumbing License # 058 121500

CCDI Name (Print) Kenneth R Harnaff Signature Kenneth R Harnaff

Inspection Report

Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN, IL 60124
Phone # (847) 695-5990 Fax # (847) 695-3699

PERMIT # _____

Contact Kevin ☐ Original Test

Date 8-15-08 Time 8:31 am/pm District _____ ☐ Retest ☐ Pass ☒ Fail

Test Kit _____ Calibration Date _____

Type of Test ☐ DOF ☒ Back Pressure

Device = ☒ RP (RPDA) ☐ DC ☐ DCDA Supply Pressure _____ PSIG

Mfr. WATTS Size 4" Model # 995 Serial # 100101

On Line To Fire Protection

Exact Location Sprinkler Room

	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	☐ Closed Tight ☐ Leaked _____ PSID ☐ Comments	☐ Closed Tight ☐ Leaked _____ PSID ☐ Comments	Opened @ _____ _____ PSID/RP Zone ☐ Did Not Open ☐ Comments
Final Test	☐ Closed Tight	☐ Closed Tight	☐ Opened @ _____ PSID
	Control Valve #1	**Control Valve #2**	**Test Cocks**
	Type _____ ☐ RW ☐ Closed Tight ☐ Leaked ☐ Comments	Type _____ ☐ RW ☐ Closed Tight ☐ Leaked ☐ Comments	☐ Complete ☐ Missing # _____ ☐ Damaged ☐ Comments

Comments

US Cellular Building
1147-1171 Town Ln
Bensonville Ill

Relief Leaking Needs Repair

OHM PHOTO

Buffer _____ Retest _____

CCDI# KC-3230 Plumbing License # 058 121 500

CCDI Name (Print) Kenneth R Hancroft Signature Kenneth R Hancroft

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 2/22/2011 /
Last Tested 4/26/2010
PASS / FAIL PASS MAP
Date Printed: 2/23/2011 3:16:31 PM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN** *Permit #*
Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**
Contact **STEVE** Phone [redacted]ntact **Phone #**

Assembly Information

Location of Assembl **SPRINKLER ROOM**
Type of Service **FIRE PROTECTION** Type of Assembly **RPDA**
Manufacturer **WATTS** Size **4"** Model # **995** Serial # **10007** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N MIDWEST 845	
☑ **Stephen B. Fritts**	**XC 4252**	**058-162983**	**10041211**	**Stephen B. Fritts**
Michael A. Popp	**XC 3845**	**058-165952**	**04051331**	**Michael A. Popp**

Calibration Date **4/1/2010** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason ☑ **DOF** ☑ **B-P**

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **9.0**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **8.8**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **2.4**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
Comments:
☐ Other

Final Test
Opened at reduced pressure (psid)

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

BENSENVILLE

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 2/22/2011 /
Last Tested 4/26/2010
PASS / FAIL PASS MAP
Date Printed: 2/23/2011 3:16:31 PM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN** *Permit #*
Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**
Contact **STEVE** Phone # [redacted] ontact **Phone #**

Assembly Information

Location of Assembl **SPRINKLER ROOM**
Type of Service **DOMESTIC LINE** Type of Assembly **RPZ**
Manufacturer **WATTS** Size **2"** Model # **909** Serial # **274723** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N	MIDWEST 845	
☑ **Stephen B. Fritts**	**XC 4252**	**058-162983**	**10041211**		**Stephen B. Fritts**
Michael A. Popp	**XC 3845**	**058-165952**	**04051331**		**Michael A. Popp**

Calibration Date **4/1/2010** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason ☑ **DOF** ☑ **B-P**

Check Valve # 1	Check Valve # 2	Differential Pressure Relief Valve
Initial Test ☐ Leaked Closed Tight **6.8**	**Initial Test** ☐ Leaked Closed Tight **6.6**	**Initial Test** Open at Reduced Pressure (psid): **2.8** ☐ Did Not Open
Repairs ☐ Cleaned: ☐ Replaced: ☐ Disc ☐ O-Rings ☐ Spring ☐ Seat ☐ Guide ☐ Other **Comments**	**Repairs** ☐ Cleaned: ☐ Replaced: ☐ Disc ☐ O-Rings ☐ Spring ☐ Seat ☐ Guide ☐ Other **Comments**	**Repairs** ☐ Cleaned: ☐ Replaced: ☐ Disc, upper ☐ Disc, lower ☐ Spring ☐ Spacer, lower ☐ Diaphragm, large ☐ Upper ☐ Lower ☐ Diaphragm, small ☐ Upper ☐ Lower **Comments:** ☐ Other
Final Test Closed Tight	**Final Test** Closed Tight	**Final Test** Opened at reduced pressure (psid)

Customer Signature: Date:

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

BENSENVILLE

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 2/22/2011 /
Last Tested 4/26/2010
PASS / FAIL PASS MAP
Date Printed: 2/23/2011 3:16:31 PM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN** *Permit #*
Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**
Contact **STEVE** Phone # [redacted] Contact **Phone #**

Assembly Information

Location of Assembl **SPRINKLER ROOM**
Type of Service **FIRE PROT. BY-PASS** Type of Assembly **RPZ**
Manufacturer **AMES** Size **3/4"** Model # **4000B** Serial # **01130** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N	MIDWEST 845	
☑ **Stephen B. Fritts**	**XC 4252**	**058-162983**	**10041211**	**Stephen B. Fritts**	
☑ **Michael A. Popp**	**XC 3845**	**058-165952**	**04051331**	**Michael A. Popp**	

Calibration Date **4/1/2010** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason ☑ DOF ☑ B-P

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **6.8**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **6.6**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **2.6**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
Comments:
☐ Other

Final Test
Opened at reduced pressure (psid)

Customer Signature: Date:

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 2/22/2011 /
Last Tested
PASS / FAIL PASS MAP
Date Printed: 4/1/2011 1:50:49 PM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN BLDG B** *Permit #*
Address **1141-1171 TOWER LN** City **BENSENVILLE** State **IL** Zip **60106**
Contact **STEVE** Phone # Alt. Contact **Phone #**

Assembly Information

Location of Assembl **SPRINKLER ROOM**
Type of Service **FIRE PROT. BY-PASS** Type of Assembly **RPZ**
Manufacturer **WATTS** Size **3/4"** Model # **009M3** Serial # **315838** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N	MIDWEST 845	
☑ **Stephen B. Fritts**	**XC 4252**	**058-162983**	**10041211**	Stephen B. Fritts	
Michael A. Popp	**XC 3845**	**058-165952**	**04051331**	Michael A. Popp	

Calibration Date **4/1/2010** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason ☑ DOF ☑ B-P

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight **7.8**

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight **7.6**

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid):
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
☐ Other
Comments:

Final Test
Opened at reduced pressure (psid) **3.8**

Customer Signature: Date:

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 2/22/2011 /
Last Tested
PASS / FAIL PASS MAP
Date Printed: 4/1/2011 1:50:49 PM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN BLDG B** *Permit #*
Address **1141-1171 TOWER LN** City **BENSENVILLE** State **IL** Zip **60106**
Contact **STEVE** Phone # Alt. Contact **Phone #**

Assembly Information

Location of Assembl **SPRINKLER ROOM**
Type of Service **FIRE PROTECTION** Type of Assembly **RPDA**
Manufacturer **WATTS** Size **4"** Model # **994** Serial # **100101** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N **MIDWEST 845**	
☑ **Stephen B. Fritts**	**XC 4252**	**058-162983**	**10041211**	**Stephen B. Fritts**
Michael A. Popp	**XC 3845**	**058-165952**	**04051331**	**Michael A. Popp**

Calibration Date **4/1/2011** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason ☑ **DOF** ☑ **B-P**

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **6.4**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **6.2**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **2.4**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
Comments:
☐ Other

Final Test
Opened at reduced pressure (psid)

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report

Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 2/22/2011 /
Last Tested
PASS / FAIL FAIL **MAP**
Date Printed: 4/1/2011 1:50:49 PM

Device Notes:
NEEDS REPAIR ON RELIEF

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN BLDG B** *Permit #*
Address **1141-1171 TOWER LN** City **BENSENVILLE** State **IL** Zip **60106**
Contact **STEVE** Phone # Alt. Contact **Phone #**

Assembly Information

Location of Assembl **SPRINKLER ROOM**
Type of Service **DOMESTIC LINE** Type of Assembly **RPZ**
Manufacturer **WILKINS** Size **2"** Model # **975XL** Serial # **020931** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N	MIDWEST 845
☑ Stephen B. Fritts	XC 4252	058-162983	10041211	Stephen B. Fritts
☑ Michael A. Popp	XC 3845	058-165952	04051331	Michael A. Popp

Calibration Date **4/1/2011** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason ☑ DOF ☑ B-P

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **7.6**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **7.4**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid):
☑ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
☐ Other
Comments:

Final Test
Opened at reduced pressure (psid)

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 4/26/2010 /
Last Tested
PASS / FAIL PASS **MAP**
Date Printed: 4/29/2010 11:49:19 AM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN** ***Permit #***

Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**

Contact **STEVE** Phone # [redacted] Alt. Contact **Phone #**

Assembly Information

Location of Assembly **SPRINKLER ROOM**

Type of Service **FIRE PROTECTION** Type of Assembly **RPDA**

Manufacturer **WATTS** Size **4"** Model # **995** Serial # **10007** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N MIDWEST 845	
☑ Stephen B. Fritts	XC 4252	058-162983	10041211	Stephen B. Fritts
Michael A. Popp	XC 3845	058-165952	04051331	Michael A. Popp

Calibration Date **4/1/2010** Date of Retest **4/26/2011**

Line Pressure at Time of Test (psi) **50** Fault/Reason ☑ DOF ☑ B-P

Check Valve # 1

Initial Test
☑ Leaked
Closed Tight

Repairs
☐ Cleaned:
☑ Replaced:
☑ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight **9.6**

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight **9.2**

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): ____
☑ Did Not Open

Repairs
☐ Cleaned:
☑ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
☐ Other
Comments:
RELIEF VALVE

Final Test
Opened at reduced pressure (psid) **3.0**

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 4/26/2010 /
Last Tested
PASS / FAIL PASS **MAP**
Date Printed: 4/29/2010 11:49:19 AM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN** ***Permit #***

Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**

Contact **STEVE** Phone # [redacted] Alt. Contact **Phone #**

Assembly Information

Location of Assembly **SPRINKLER ROOM**

Type of Service **DOMESTIC LINE** Type of Assembly **RPZ**

Manufacturer **WATTS** Size **2"** Model # **909** Serial # **274723** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N MIDWEST 845	
☑ Stephen B. Fritts	XC 4252	058-162983	10041211	Stephen B. Fritts
Michael A. Popp	XC 3845	058-165952	04051331	Michael A. Popp

Calibration Date **4/1/2010** Date of Retest **4/26/2011**

Line Pressure at Time of Test (psi) **50** Fault/Reason ☑ DOF ☑ B-P

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **7.8**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **7.4**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **2.6**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
Comments:
☐ Other

Final Test
Opened at reduced pressure (psid)

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN IL 60123
Phone # (847) 695-5990 Fax # (847) 695-3699

Date/Time of Test 4/26/2010 /
Last Tested
PASS / FAIL PASS **MAP**
Date Printed: 4/29/2010 11:49:20 AM

Device Notes:

Bill To Customer Information

Test Site Information Test Site **TRANSWESTERN** ***Permit #***

Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**

Contact **STEVE** Phone # [redacted] Alt. Contact **Phone #**

Assembly Information

Location of Assembly **SPRINKLER ROOM**

Type of Service **FIRE PROT. BY-PASS** Type of Assembly **RPZ**

Manufacturer **AMES** Size **3/4"** Model # **4000B** Serial # **01130** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N MIDWEST 845	
☑ Stephen B. Fritts	XC 4252	058-162983	10041211	Stephen B. Fritts
☑ Michael A. Popp	XC 3845	058-165952	04051331	Michael A. Popp

Calibration Date **4/1/2010** Date of Retest **4/26/2011**

Line Pressure at Time of Test (psi) **50** Fault/Reason ☑ DOF ☑ B-P

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **7.6**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **7.4**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **3.0**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
☐ Other
Comments:

Final Test
Opened at reduced pressure (psid)

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

Backflow Testing Services
Testing, Repair & Installations
2587 Millenium Drive, Unit K2
Elgin IL 60124
www.backflowtest.com
Phone # (847) 669-1664 Fax # (847) 515-2361

Date/Time of Test 2/22/2011 /

Last Tested 4/26/2010

PASS / FAIL PASS **MAP**

Date Printed: 2/28/2011 4:00:09 PM

Device Notes:

Bill To Customer Information Customer # **5** Bill To Customer **FOX VALLEY FIRE & SAFETY**

Test Site Information Test Site **TRANSWESTERN** *Permit #*

Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**

Contact **STEVE** Phone [redacted] Alt. Contact Phone #

Assembly Information

Location of Assembl **SPRINKLER ROOM**

Type of Service **FIRE PROTECTION** Type of Assembly **RPDA**

Manufacturer **WATTS** Size **4"** Model # **995** Serial # **10007** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124** Phone # **(847) 669-1664**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N MIDWEST 845	
☑ Stephen B. Fritts	XC 4252	058-162983	10041211	Stephen B. Fritts
☑ Michael A. Popp	XC 3845	058-165952	04051331	Michael A. Popp

Alarm Operator Number Calibration Date **4/1/2010** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **9.0**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight _____

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **8.8**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight _____

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **2.4**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
☐ Other
Comments:

Final Test
Opened at reduced pressure (psid) _____

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

BENSENVILLE

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

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Testing, Repair & Installations
2587 Millenium Drive, Unit K2
Elgin IL 60124
www.backflowtest.com
Phone # (847) 669-1664 Fax # (847) 515-2361

Date/Time of Test 2/22/2011 /

Last Tested 4/26/2010

PASS / FAIL PASS **MAP**

Date Printed: 2/28/2011 4:00:09 PM

Device Notes:

Bill To Customer Information Customer # **5** Bill To Customer **FOX VALLEY FIRE & SAFETY**

Test Site Information Test Site **TRANSWESTERN** *Permit #*

Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**

Contact **STEVE** Phone # [redacted] Contact Phone #

Assembly Information

Location of Assembl **SPRINKLER ROOM**

Type of Service **DOMESTIC LINE** Type of Assembly **RPZ**

Manufacturer **WATTS** Size **2"** Model # **909** Serial # **274723** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124** Phone # **(847) 669-1664**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N	MIDWEST 845	
☑ **Stephen B. Fritts**	**XC 4252**	**058-162983**	**10041211**	**Stephen B. Fritts**	
☑ **Michael A. Popp**	**XC 3845**	**058-165952**	**04051331**	**Michael A. Popp**	

Alarm Operator Number Calibration Date **4/1/2010** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **6.8**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **6.6**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **2.8**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
☐ Other
Comments:

Final Test
Opened at reduced pressure (psid)

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

Inspection Report
Cross-Connection and Backflow-Prevention Assembly

BENSENVILLE

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Testing, Repair & Installations
2587 Millenium Drive, Unit K2
Elgin IL 60124
www.backflowtest.com
Phone # (847) 669-1664 Fax # (847) 515-2361

Date/Time of Test 2/22/2011 /

Last Tested 4/26/2010

PASS / FAIL PASS **MAP**

Date Printed: 2/28/2011 4:00:09 PM

Device Notes:

Bill To Customer Information Customer # **5** Bill To Customer **FOX VALLEY FIRE & SAFETY**

Test Site Information Test Site **TRANSWESTERN** *Permit #*

Address **1101-1139 TOWER LN.** City **BENSENVILLE** State **IL** Zip **60106**

Contact **STEVE** Phone # [redacted] Contact Phone #

Assembly Information

Location of Assembl **SPRINKLER ROOM**

Type of Service **FIRE PROT. BY-PASS** Type of Assembly **RPZ**

Manufacturer **AMES** Size **3/4"** Model # **4000B** Serial # **01130** Install Date

Tested By

Backflow Testing Services **2587 Millenium Drive, Unit K2 Elgin, IL 60124** Phone # **(847) 669-1664**

Name of Tester	CCCDI #	Plumber License #	Test Kit-S/N **MIDWEST 845**	
☐ **Stephen B. Fritts**	**XC 4252**	**058-162983**	**10041211**	**Stephen B. Fritts**
☑ **Michael A. Popp**	**XC 3845**	**058-165952**	**04051331**	**Michael A. Popp**

Alarm Operator Number Calibration Date **4/1/2010** Date of Retest **2/22/2012**

Line Pressure at Time of Test (psi **45** Fault/Reason

Check Valve # 1

Initial Test
☐ Leaked
Closed Tight **6.8**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight _____

Check Valve # 2

Initial Test
☐ Leaked
Closed Tight **6.6**

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc ☐ O-Rings
☐ Spring ☐ Seat
☐ Guide ☐ Other
Comments

Final Test
Closed Tight _____

Differential Pressure Relief Valve

Initial Test
Open at Reduced Pressure (psid): **2.6**
☐ Did Not Open

Repairs
☐ Cleaned:
☐ Replaced:
☐ Disc, upper
☐ Disc, lower
☐ Spring
☐ Spacer, lower
☐ Diaphragm, large
☐ Upper
☐ Lower
☐ Diaphragm, small
☐ Upper
☐ Lower
☐ Other
Comments:

Final Test
Opened at reduced pressure (psid) _____

Customer Signature: **Date:**

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

UNITED STATES ALLIANCE FIRE PROTECTION

IL License FSC 0032

Fire Alarm Inspection Report
Cover Letter

Inspection Location	
Name:	1101 Tower
Address:	1101 Tower
Address:	
City / State / Zip:	Bensenville, IL
Site Contact:	Alicia Atilano (Kalinowski)
Phone:	[redacted]
Fax:	[redacted]
Email:	[redacted]

Billing / Contact Information	
Name:	CBRE | Asset Services
Address:	[redacted]
Address:	[redacted]
City / State / Zip:	[redacted]
Site Contact:	Alicia Atilano (Kalinowski)
Phone:	[redacted]
Fax:	[redacted]
Email:	[redacted]

Scope of this inspection:

ANNUAL FIRE ALARM INSPECTION

Fire alarm systems intended for life safety should be designed, installed, and maintained to provide indication and warning of abnormal fire conditions. The system should alert building occupants and summon appropriate aid in adequate time to allow for occupants to travel to a safe place and for rescue operations to occur. The fire alarm system should be part of a life safety plan that also includes a combination of prevention, protection, egress, and other features particular to that occupancy. The purpose of this NFPA 72 is to define the means of signal initiation, transmission, notification, and annunciation; the levels of performance; and the reliability of the various types of fire alarm systems, supervising station alarm systems, public emergency alarm reporting systems, fire warning equipment, emergency communications systems, and their components.

Inspection Personnel (3.3.193.1)-Individuals who conduct a visual examination of a system or portion thereof to verify that it appears to be in operating condition, in proper location, and is free of physical damage or conditions that impair operation.

Testing Personnel (3.3.193.4)-Individuals who perform procedures used to determine the status of a system as intended by conducting acceptance, reacceptance, or periodic physical checks on systems.

Impairment (3.3.130)-An abnormal condition where a system, component, or function is out of order, and the condition can result in the system or unit not functioning when required.

Emergency Impairment (3.3.130.3)-An abnormal condition where a system, component, or function is out of order due to an unexpected deficiency.

Deficiency (3.3.63)-A condition that interferes with the service or reliability for which the part, system, or equipment was intended.

	Name:	Certification:	Date the system inspection was performed:
Inspector:	ED MCINERNEY	N.I.C.E.T. Level II	Saturday, June 14, 2014
Inspector:	CORY CRARY	N.I.C.E.T. Level I	Job Number:
Fitter:		Local Union 281	003572

United States Alliance Fire Protection, Inc.
28427 North Ballard Drive, Unit H, Lake Forest, IL 60045
Phone: 847-816-0050 Fax: 847-816-0098

UNITED STATES ALLIANCE FIRE PROTECTION

IL License #SC 0032

Fire Inspection Report
Deficiencies / Impairments

	Comment / Deficiency / Impairment:	Budget:
1	PRE-ACTION CONTROL VALVE TAMPER DOES NOT WORK. REPLACEMENT REQUIRED	
2	MAIN ALARM PANEL BATTERIES FAILED LOAD TEST. REPLACEMENT REQUIRED	
3	REMOTE TESTING STATION FOR DUCT DETECTORS DOES NOT REPORT TO ALARM PANEL. RECOMMEND SERVICE	
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UNITED STATES ALLIANCE FIRE PROTECTION

IL License FSC 0032

Fire Alarm Report

Fire Alarm Report Page 1

Inspection Location

Name:	1101 Tower
Address:	1101 Tower
Address:	
City / State / Zip:	Bensenville, IL
Site Contact:	[redacted]
Phone:	[redacted]

Zone: Fire Alarm

Billing / Contact Information

Name:	CBRE | Asset Services
Address:	[redacted]
Address:	[redacted]
City / State / Zip:	[redacted]
Site Contact:	Alicia Atilano (Kalinowski)
Phone:	[redacted]

Date: Saturday, June 14, 2014

Fire Alarm Panel Information

Panel Make / Mo.:	GAMEWELL
Panel Location:	SPRINKLER ROOM
Monitoring Co.:	BENSENVILLE FD
Monitoring No.:	1-847-621-5476
Position Number:	224

Main Alarm Control Panel

Is there power supplied to the alarm panel?	Yes
Is the alarm panel clear of trouble lights?	Yes
Is alarm panel properly labeled?	Yes
Are notification devices bypassed?	Yes
Are auxillary functions bypassed?	Yes

Panel Measuerments / Power Supply Information

Power Supply	Manufacturer	Model No.	Charger	Battery	Battery	Bat. Install
Main Panel	GAMEWELL	IF610	27.8 VOLTS	[redacted]	[redacted]	12/23/2013
NAC Power Supply 1	ALTRONICS	AL400ULX	26.4 VOLTS	12V/7A/905	12V/7A/905	12/23/2013

Fire Pump

Fire Pump Component	Operated Properly?	Panel Desc. Accurate?	Comments
Fire Pump Run	NA		
Fire Pump Power Fail	NA		
Fire Pump Phase Reversal	NA		
Switch Off Normal	NA		
System Trouble	NA		

Notification Circuits

Notification Questions	Yes / No	Comments
Circuits operated properly?	Yes	
Signals received at monitoring station?	Yes	OPERATOR DAN
All signals cleared from alarm panel?	Yes	
Masterbox alarm received at panel?	NA	
Masterbox alarm cleared from panel?	NA	
Alarm panel returned to service?	Yes	OPERATOR DAN

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UNITED STATES ALLIANCE FIRE PROTECTION

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Fire Alarm Report

Fire Alarm Report Page 2

Comments / Adjustments

YOU MUST TAKE OUT NAC 1 & 2 AND L1-007 FOR ALL NAC TO BE OFF
INDICATING DEVICES ON CEILING ARE DUAL FUNCTION (SMOKE OR HEAT)

Legend

SD: Smoke Detector DD: Duct Detector HS: Horn / Strobe HR: Horn WF: Waterflow Switch PW: Pressure Switch

HD: Heat Detector DF: Duct / Fire Damper PS: Pull Station ST: Strobe TS: Tamper Switch Elevator Recall:

Fire Alarm Devices

Device Type / Quantity												Device Operated Properly?			Is There An Alarm Panel Description?	
SD	HD	DD	DF	HS	PS	HR	ST	WF	TS	PW	Device Location / Notes	Yes	No	N/A	Yes	No
									2		BACKFLOW CONTROL VALVES (L1-001)	X			X	
									1		RISER 1 CONTROL VALVE (L1-002)	X			X	
									1		RISER 2 CONTROL VALVE (L1-003)	X			X	
								1			RISER 1 (L1-004)	X			X	
								1			RISER 2 (L1-005)	X			X	
					1						ROOM 102 (L2-001)	X			X	
1	1										ROOM 102(L2-002)	X			X	
1	1										ROOM 102 (L2-003)	X			X	
1	1										ROOM 102 (L2-004)	X			X	
		1									ROOM 102 (L2-005)(RTU #2)	X			X	
1	1										ROOM 102 (L2-006)	X			X	
		1									ROOM 102 (L2-007) (RTU 7)	X			X	
		1									ROOM 102 (L2-008) (RTU 28)	X			X	
1	1										ROOM 102 (L2-009)	X			X	
1	1										ROOM 102 (L2-010)	X			X	
1	1										ROOM 102 (L2-011)	X			X	
1	1										CORRIDOR 171 (L2-012)	X			X	
		1									CORRIDOR 171 (L2-013) (RTU 5)	X			X	
1	1										CORRIDOR 171 (L2-014)	X			X	
1	1										OPEN OFFICE 186 (L2-015)	X			X	
		1									OPEN OFFICE 186 (L2-016) (RTU 8)	X			X	
		1									OPEN OFFICE 186 (L2-017) (RTU 6)	X			X	
1	1										ELECTRICAL ROOM 185 (L2-018)	X			X	
1	1										WIRE ROOM 162 (L2-019)	X			X	
1	1										WIRE ROOM 162 (L2-020)	X			X	
1	1										OPEN OFFICE 186 (L2-021)	X			X	
		1									OPEN OFFICE 186 (L2-022) (RTU 7)	X			X	

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UNITED STATES ALLIANCE FIRE PROTECTION

Fire Alarm Report

Fire Alarm Report Page 3

Legend

SD: Smoke Detector	DD: Duct Detector	HS: Horn / Strobe	HR: Horn	WF: Waterflow Switch	PW: Pressure Switch
HD: Heat Detector	DF: Duct / Fire Damper	PS: Pull Station	ST: Strobe	TS: Tamper Switch	Elevator Recall:

Fire Alarm Devices

Device Type / Quantity													Device Operated Properly?			Is There An Alarm Panel Description?	
SD	HD	DD	DF	HS	PS	HR	ST	WF	TS	PW	Device Location / Notes	Yes	No	N/A	Yes	No
1	1										OPEN OFFICE 186 (L2-023)	X			X	
1	1										CORRIDOR 161 (L2-024)	X			X	
		1									OPEN OFFICE 186 (L2-025) (RTU 9)	X			X	
		1									OPEN OFFICE 186 (L2-026) (RTU 10)	X			X	
1	1										OPEN OFFICE 186 (L2-027)	X			X	
1	1										OPEN OFFICE 186 (L2-028)	X			X	
		1									OPEN OFFICE 186 (L2-029) (RTU 11)	X			X	
1	1										OPEN OFFICE 186 (L2-30)	X			X	
	1										CENTER EAST ELECTRICAL CLOSET (L2-31)	X			X	
1	1										BY CENTER BATHROOM (L2-34)	X			X	
1	1										LUNCH ROOM 160 (L3-001)	X			X	
1	1										LUNCH ROOM 160 (L3-002)	X			X	
					1						LUNCH ROOM 160 (L3-003)	X			X	
1	1										LUNCH ROOM 160 (L3-004)	X			X	
1	1										WIRE CLOSET 159 (L3-005)	X			X	
1	1										RECEPTION 101 (L3-006)	X			X	
					1						RECEPTION 101 (L3-007)	X			X	
1	1										ENCLAVE ROOM 105 (L3-008) (RTU 12)	X			X	
1	1										TRAINING ROOM 157 (L3-009)	X			X	
1	1										CORRIDOR 156 (L3-010)	X			X	
		1									CONFERNCE ROOM 106 (L3-011) (RTU 13)	X			X	
1	1										HR AREA (L3-012)	X			X	
		1									CORRIDOR 150 (L3-013) (RTU 14)	X			X	
1	1										OPEN OFFICE 149 (L3-014)	X			X	
1	1										OPEN OFFICE 149 (L3-015)	X			X	
1	1										OPEN OFFICE 142 (L3-016)	X			X	
		1									OPEN OFFICE 149 (L3-017) (RTU 15)	X			X	
		1									OPEN OFFICE 142 (L3-018) (RTU 18)	X			X	
		1									OPEN OFFICE 142 (L3-019) (RTU 19)	X			X	
1	1										OPEN OFFICE 149 (L3-020)	X			X	
1	1										OPEN OFFICE 149 (L3-021)	X			X	
1	1										OPEN OFFICE 142 (L3-022)	X			X	
1	1										OPEN OFFICE 149 (L3-023) (RTU 16)	X			X	
1	1										OPEN OFFICE 149 (L3-024) (RTU 17)	X			X	
1	1										OPEN OFFICE 149 (L3-025)	X			X	

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UNITED STATES ALLIANCE FIRE PROTECTION

Fire Alarm Report

Fire Alarm Report Page 4

Legend

SD: Smoke Detector DD: Duct Detector HS: Horn / Strobe HR: Horn WF: Waterflow Switch PW: Pressure Switch

HD: Heat Detector DF: Duct / Fire Damper PS: Pull Station ST: Strobe TS: Tamper Switch Elevator Recall:

Fire Alarm Devices

Device Type / Quantity												Device Operated Properly?			Is There An Alarm Panel Description?	
SD	HD	DD	DF	HS	PS	HR	ST	WF	TS	PW	Device Location / Notes	Yes	No	N/A	Yes	No
1	1										OPEN OFFICE 149 (L3-026)	X			X	
1	1										OPEN OFFICE 149 (L3-027)	X			X	
				1	1						SHARED LIBRARY 137 (L3-028)	X			X	
1	1										OPEN OFFICE 131 (L4-001)	X			X	
		1									OPEN OFFICE 131(L4-002) (RTU 22)	X			X	
				1	1						CORRIDOR 113 (L4-003)	X			X	
1	1										OPEN OFFICE 131 (L4-004)	X			X	
1	1										SPRINKLER ROOM 116A (L4-005)	X			X	
				1	1						MAIL ROOM 116 (L4-006)	X			X	
1	1										OPEN OFFICE 131 (L4-007)	X			X	
1	1										ELECTRICAL ROOM 119 (L4-008)	X			X	
1	1										ELECTRICAL ROOM 119 (L4-009)	X			X	
1	1										CORRIDOR 118 (L4-010)	X			X	
				1	1						OPEN OFFICE 131 (L4-011)	X			X	
1	1										OPEN OFFICE 131 (L4-012)	X			X	
1	1										OPEN OFFICE 131 (L4-013)	X			X	
		1									OPEN OFFICE 131 (L4-014) (RTU 23)	X			X	
1	1										OPEN OFFICE 131 (L4-015)	X			X	
		1									OPEN OFFICE 131 (L4-016) (RTU 25)	X			X	
1	1										OPEN OFFICE 131 (L4-017)	X			X	
1	1										OPEN OFFICE 131 (L4-018)	X			X	
		1									OPEN OFFICE 131 (L4-019) (RTU 21)	X			X	
1	1										OPEN OFFICE 131 (L4-020)	X			X	
		1									OPEN OFFICE 131 (L4-021) (RTU 24)	X			X	
1	1										OPEN OFFICE 131 (L4-022)	X			X	
		1									OPEN OFFICE 131 (L4-023) (RTU 27)	X			X	
		1									OPEN OFFICE 131 (L4-024) (RTU 26)	X			X	
				4							OPEN OFFICE 131			X	X	
							1				OPEN OFFICE 131 MENS WASHROOM			X	X	
							1				OPEN OFFICE 131 WOMENS WASHROOM			X	X	
				2							OPEN OFFICE 149			X	X	
							1				CONFERENCE ROOM 106			X	X	
							1				COMPUTER LAB 115			X	X	

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UNITED STATES ALLIANCE FIRE PROTECTION

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Fire Alarm Report

Fire Alarm Report Page 5

Legend

SD: Smoke Detector DD: Duct Detector HS: Horn / Strobe HR: Horn WF: Waterflow Switch PW: Pressure Switch

HD: Heat Detector DF: Duct / Fire Damper PS: Pull Station ST: Strobe TS: Tamper Switch Elevator Recall:

Fire Alarm Devices

Device Type / Quantity												Device Operated Properly?			Is There An Alarm Panel Description?	
SD	HD	DD	DF	HS	PS	HR	ST	WF	TS	PW	Device Location / Notes	Yes	No	N/A	Yes	No
							1				MAIL ROOM 116			X	X	
							1				ASSISTANT MANAGERS STORAGE 121			X	X	
							1				TRAINING ROOM 157			X	X	
							1				UNISEX BATHROOM 103			X	X	
				1							RECEPTION			X	X	
							1				CONFERENCE ROOM 151			X	X	
							1				LUNCH ROOM 160			X	X	
							1				MENS WASHROOM BY LUNCHROOM			X	X	
							1				WOMENS WASHROOM BY LUNCHROOM			X	X	
							1				CONFERENCE ROOM 160			X	X	
				4							OPEN OFFICE 186			X	X	
									1		PRE-ACTION CONTROL VALVE (L4-25)	X				X

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Phone: 847-816-0050 Fax: 847-816-0098

United States Alliance Fire Protection, Inc.

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28427 N. Ballard Road, Unit H - Lake Forest, IL 60045-4542 P: (847) 816-0050 / F: (847) 816-0098
www.usafireprotectioninc.com
Fire Sprinklers • Design/Installation • Testing • Maintenance • Inspections • 24 Hr Emergency Service
IL License # FSC 0032

Date: June 14, 2014

CBRE | Asset Services
[redacted]
Alicia Atilano (Kalinowski)

Phone: [redacted]

Fax: [redacted]

Job # : 003572

FIRE SPRINKLER SYSTEM INSPECTION COMMENTS

United States Alliance Fire Protection has completed our inspection of the fire sprinkler system at this location:

Thorndale Corporate Center
1101 Tower Lane
Bensenville, IL

During our inspection on 06/14/14 , the following condition(s) were noted on our report:

1 SYSTEM(S) NOT TAGGED FOR ASSESSMENT OF INTERNAL CONDITION OF PIPING. (5) YEAR ASSESSMENT OF INTERNAL CONDITION OF PIPING REQUIRED PER NFPA 25.

2 CHECK VALVE(S) NOT TAGGED FOR INTERNAL INSPECTION. (5) YEAR CHECK VALVE INTERNAL INSPECTION REQUIRED PER NFPA 25.

3 (2) OUTDATED WATER GAUGES. SERVICE REQUIRED

4 PRE-ACTION CONTROL VALVE TAMPER DOES NOT WORK. REPLACEMENT REQUIRED

5

6

7

8

9

Please call me at your earliest convenience to verify that you have received this fax. I would like the opportunity to review any impairment(s) with you and provide you pricing to correct your system deficiencies.

Sincerely,

UNITED STATES ALLIANCE FIRE PROTECTION

Cory Crary

Cory Crary - Service Representative
(847) 878-9511
cory.crary@usafp.us

Owner / Occupant

Signature

Date

Purchase Order

UNITED STATES ALLIANCE FIRE PROTECTION - INSPECTION REPORT - Page 1

USAFP Job Number: 003572 **June 14, 2014**

Inspection Authorized By		*Location of Inspection*	
Company:	CBRE I Asset Services	Name:	Thorndale Corporate Center
Address:	[redacted]	Address:	1101 Tower Lane
Address:	[redacted]	Address:	
City:	[redacted]	City:	Bensenville, IL
Contact:	Alicia Atilano (Kalinowski)	Contact:	Alicia Atilano (Kalinowski)
Phone	[redacted] Fax # [redacted]	Phone:	[redacted] Fax # [redacted]

Owner's Section (To be answered by Owner or Occupant)

A. Explain any occupancy hazard changes since the previous inspection	NONE
B. Describe fire protection modifications made since last inspection	NONE
C. Describe any fires since last inspection	NONE
D. When was the system piping last checked for stoppage, corrosion or foreign material?	UNKNOWN
E. When was the dry-piping system last checked for proper pitch?	NOT APPLICABLE
F. Are dry valves adequately protected from freezing?	NOT APPLICABLE

Owner's Insurance Co: _____ Agent: _____ Policy # _____

Owner's Representative: Title: Date:

Inspector's Section -Inspection Criteria in Accordance with NFPA 25 N/A = Not Applicable

1. General			
a. Is the building occupied?	☑ YES	☐ NO	
b. Are all systems in service?	☑ YES	☐ NO	
c. Is there a minimum of 18" clearance between the top of the storage and the sprinkler deflectors?	☑ YES	☐ NO	
d. Does all electrical heat tape appear to be satisfactory?	☐ YES	☐ NO	☑ N/A
e. Does the hand hose on the sprinkler system(s) appear to be satisfactory?	☐ YES	☐ NO	☑ N/A
2. Control Valves (Refer to Item 9.)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	☑ YES	☐ NO	
b. Are all control valves in the open position locked, sealed or equipped with a tamper switch?	☑ YES	☐ NO	
3. Water Supplies (Refer to Item 10.)			
a. Was a water flow test of main drain made at the sprinkler riser(s)? Date of the pressure gauge(s): 2008	☑ YES	☐ NO	
4. Tanks, Pumps, Fire Department Connections			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	☐ YES	☐ NO	☑ N/A
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?	☑ YES	☐ NO	☐ N/A
c. Are the fire department connections accessible and visible?	☑ YES	☐ NO	☐ N/A
5. Wet Systems			
a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position?	☐ YES	☐ NO	☑ N/A
b. Have antifreeze system solutions been tested? Type of Anti-Freeze: ☐ Glycerin ☐ Propylene Glycol	☐ YES	☐ NO	☑ N/A
c. Were the antifreeze test results satisfactory? (Refer to item *Table A.5.b* for testing results - Page 4)	☐ YES	☐ NO	☑ N/A
d. Does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible?	☑ YES	☐ NO	☐ N/A
e. Do all exterior openings appear to be protected against freezing?	☑ YES	☐ NO	☐ N/A
6. Alarms			
a. Did water motor(s) and gong(s) test satisfactorily?	☐ YES	☐ NO	☑ N/A
b. Did electric alarm(s) test satisfactorily?	☑ YES	☐ NO	☐ N/A
c. Did supervisory alarm service test satisfactorily?	☐ YES	☑ NO	☐ N/A
7. Sprinklers			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	☑ YES	☐ NO	
b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) Date:	☑ YES	☐ NO	
c. Are quick response & residential sprinklers less than 20 years old? (Older sprinklers require sample testing)	☑ YES	☐ NO	☐ N/A
d. Is stock of spare sprinklers available? ☐ 6 Head Box ☐ 12 Head Box ☐ 24 Head Box ☐ 36 Head Box	☑ YES	☐ NO	
e. Are sprinklers of proper temperature ratings for their locations?	☑ YES	☐ NO	

8. Explain any "No" answers and comments:

6C PRE-ACTION CONTROL VALVE TAMPER DOES NOT WORK. REPLACEMENT REQUIRED

Inspector: CRARY/MCINERNEY Date of Inspection: June 14, 2014 003572

UNITED STATES ALLIANCE FIRE PROTECTION - INSPECTION REPORT - Page 2

9. Control Valve Maintenance - Refer to Table

Control Valve Maintenance Table

No.	Control Valves	Qty	Size	Type	Make	Secured	Open	Notes
1	City Side of Backflow	1	4	OS&Y	KENNEDY	TAMPERED	YES	
2	System Side of Backflow	1	4	OS&Y	KENNEDY	TAMPERED	YES	
3	System Control(s)	2	4	OS&Y	KENNEDY	TAMPERED	YES	
4	Pre-Action Control(s)	1	3	OS&Y	KENNEDY	TAMPERED	YES	SPRINKLER ROOM 116A
5	Pre-Action Control(s)							
6	Fire Pump Suction							
7	Fire Pump Discharge							
8	Jockey Pump							
9	Fire Pump Test							
10	Fire Pump By-Pass							
11	Standpipe Control(s)							
12	Elevator Sectional Valve							
13								
14								
15								
16								
17								
18								
19								
20								
21								

Check Valve Maintenance Table

No.	Check Valves	Qty	Size	Type	Make	Model	Year	Notes
1	FDC Check Valve(s)	1	4	GROOVED	GLOBE	CV-1		IN SPRINKLER ROOM
2	Fire Pump Discharge							
3	Fire Pump By-Pass							
4	Jockey Pump Check Valve(s)							
5	Dry System Check Valve(s)							

9. Explain any control valve deficiencies or abnormal conditions:

UNITED STATES ALLIANCE FIRE PROTECTION - INSPECTION REPORT - Page 3

10. Water Flow Test at Sprinkler Riser (Main Drain).

- Water Supply Source: ☑ City ☐ Pump ☐ Tank ☐ Pond ☐ Other
- Size of the Test Pipe Drain ☐ 1" ☐ 1¼" ☐ 1½" ☑ 2" ☐ Other _____
- Location of the Test Pipe Drain ☑ Base of System Riser ☐ Other _____
- Date of Last Water Flow Test (A) January 0, 1900
- Date of This Water Flow Test (B) June 14, 2014

Main Drain Flow Test Table - 10.1

MAIN DRAIN TEST DATE TABLE		System 1 NORTH			SOUTH System 2			PRE-ACTION		
		Static	Residual	Static	Static	Residual	Static	Static	Residual	Static
Date of Last Water Flow Test	January 0, 1900	-	-	-	-	-	-	-	-	-
Date of This Water Flow Test	June 14, 2014	40	35	40	40	35	40	N	I	C

11. Water Flow Test at Inspector's Test Connection

	Inspector's Test Location	Notes	Response Time	
			Minutes	Seconds
1	NORTH (SYSTEM 1)	NORTH EXIT BY ELECTRICAL ROOM 119	-	39
2	SOUTH (SYSTEM 2)	SOUTH WEST EXIT BY LUNCH ROOM	-	44
3	PRE-ACTION	NORTH EXIT BY ELECTRICAL ROOM 119	NIC	NIC
4				
5				
6				
7				
8				
9				
10				
11				

12. Adjustments or corrections made during this inspection:

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

A SYSTEM(S) NOT TAGGED FOR ASSESSMENT OF INTERNAL CONDITION OF PIPING. (5) YEAR ASSESSMENT OF INTERNAL CONDI

B CHECK VALVE(S) NOT TAGGED FOR INTERNAL INSPECTION. (5) YEAR CHECK VALVE INTERNAL INSPECTION REQUIRED PER NF

C (2) OUTDATED WATER GAUGES. SERVICE REQUIRED

Inspection Report

Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN, IL 60124
Phone # (847) 695-5990 Fax # (847) 695-3699

PERMIT # _____

Contact Kevin ☐ Original Test

Date 8-15-08 Time 8:53 am/pm District _____ ☐ Retest ☒ Pass ☐ Fail

Test Kit Conbuco 40-200-TK5 Calibration Date 4-2-08

Type of Test ☐ DOF ☒ Back Pressure

Device = ☒ RP ☐ DC ☐ DCDA Supply Pressure 50 PSIG

Mfr. WATTS Size 3/4 Model # 4000B Serial # 0 1130

On Line To Fire Protection By PASS

Exact Location Sprinkler Room

	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	☒ Closed Tight	☒ Closed Tight	Opened @ 2.8
	☐ Leaked	☐ Leaked	_____ PSID/RP Zone
	4.8 PSID	7.5 PSID	☐ Did Not Open
	☐ Comments	☐ Comments	☐ Comments
Final Test	☐ Closed Tight	☐ Closed Tight	☐ Opened @ _____ PSID
	Control Valve #1	**Control Valve #2**	**Test Cocks**
	Type _____	Type _____	☒ Complete
	☒ RW	☒ RW	☐ Missing # _____
	☐ Closed Tight	☐ Closed Tight	☐ Damaged
	☐ Leaked	☐ Leaked	☐ Comments
	☐ Comments	☐ Comments	

Comments

U S Cellular Building
1101-1139 Tower LN
Bensenville IL 60106

Buffer 4.7 Retest 8-15-09

CCDI# XC 3230 Plumbing License # 058 121 500

CCDI Name (Print) Kenneth R Hanewacht Signature Kenneth R Hanewacht

Inspection Report

Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN, IL 60124
Phone # (847) 695-5990 Fax # (847) 695-3699

PERMIT # _____

Contact Kevin ☐ Original Test

Date 8-15-08 Time 9:01 am/pm District _____ ☐ Retest ☒ Pass ☐ Fail

Test Kit Conbraco 70 200 TK5 Calibration Date 4-2-08

Type of Test ☐ DOF ☒ Back Pressure

Device = ☐ RP ☐ DC ☒ DCDA Supply Pressure 50 PSIG

Mfr. WATTS Size 4" Model # 995 RPDA Serial # 10007

On Line To Fire Protection

Exact Location Sprinkler Room

	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	☒ Closed Tight	☐ Closed Tight	Opened @ 2.3
	☐ Leaked	☐ Leaked	_____ PSID/RP Zone
	8.6 PSID	8.1 PSID	☐ Did Not Open
	☐ Comments	☐ Comments	☐ Comments
Final Test	☐ Closed Tight	☐ Closed Tight	☐ Opened @ _____ PSID
	Control Valve #1	**Control Valve #2**	**Test Cocks**
	Type _____	Type _____	☒ Complete
	☒ RW	☒ RW	☐ Missing # _____
	☐ Closed Tight	☐ Closed Tight	☐ Damaged
	☐ Leaked	☐ Leaked	☐ Comments
	☐ Comments	☐ Comments	

Comments _____

US Cellular Building
1101-1139 Tower Ln.
Bensenville IL 60106

Buffer 5.8 Retest 8-15-09

CCDI# XC3230 Plumbing License # 058 121 500

CCDI Name (Print) Kenneth R Harnett Signature Kenneth R Harnett

Inspection Report

Cross-Connection and Backflow-Prevention Assembly

FOX VALLEY FIRE & SAFETY
2730 PINNACLE DRIVE
ELGIN, IL 60124
Phone # (847) 695-5990 Fax # (847) 695-3699

PERMIT # _____

Contact Kevin ☐ Original Test

Date 8-15-08 Time 8:47 am/pm District _____ ☐ Retest ☒ Pass ☐ Fail

Test Kit Cardinal 40 200 TK5 Calibration Date 4-2-08

Type of Test ☐ DOF ☒ Back Pressure

Device = ☒ RP ☐ DC ☐ DCDA Supply Pressure 50 PSIG

Mfr. Watts Size 2" Model # 909 Serial # 274723

On Line To Domestic

Exact Location Sprinkler Room

	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	☒ Closed Tight	☒ Closed Tight	Opened @ 2.9
	☐ Leaked	☐ Leaked	_____ PSID/RP Zone
	8.3 PSID	7.8 PSID	☐ Did Not Open
	☐ Comments	☐ Comments	☐ Comments
Final Test	☐ Closed Tight	☐ Closed Tight	☐ Opened @ _____ PSID
	Control Valve #1	**Control Valve #2**	**Test Cocks**
	Type _____	Type _____	☒ Complete
	☒ RW	☐ RW	☐ Missing # _____
	☐ Closed Tight	☐ Closed Tight	☐ Damaged
	☐ Leaked	☐ Leaked	☐ Comments
	☐ Comments	☐ Comments	

Comments _____

U S Cellular Building
1101-1137 Town Ln
Bensenville ILL 60106

Buffer 4.9 Retest 8-15-08

CCDI# XC 3230 Plumbing License # 058121500

CCDI Name (Print) Kenneth R Hanraff Signature [signature]

FIRE & SAFETY
2730 Pinnacle Drive
Elgin, IL 60124
Phone 847-695-5990
Fax 847-695-3699

FIRE DEPT. COPY

FIRE ALARM TEST REPORT & CERTIFICATION

FD: 014
SERVICE 62
SO # 470023
DATE 7/10/2008
PO #

BILL TO 40120-46
COLLIERS BENNETT & KAHNWEILER
[redacted]
[redacted]
Phone [redacted]

SHIP TO MIKE
US CELLULAR BUILDING
1101-1139 TOWR LN
BENSENVILLE, IL 60106
Phone [redacted]

Panel Manufacturer and Model # GAMEWELL IF610
Location of F.A.C.P. SPRINKLER/FACP ROOM WEST SIDE
Number of Used Zones n/a Spare n/a Indicating Circuits 2 Spare 0
Number of Signaling Line Circuits (SLC)
Remote Alarm Panels Location FCPS -can't locate

AC Power Dedicated Circuit Yes ☑ No ☐ Breaker Size 15A ☑ 20A ☐ Other EM in UPS rm. Brk.#7
With AC Power off, does Fire Alarm Control Panel Operate Properly? Yes ☑ No ☐

Number of Batteries 2 Voltage 12 Amp/Hr 18 Proper Size of Batteries N/A ☐ Yes ☑ No ☐
Panel UL Listed for Commercial Yes ☑ No ☐
Battery Load Test Good? NA ☐ Yes ☑ No ☐ Does Panel Meet NFPA 72 Yes ☑ No ☐

Full Alarm Test OK Yes ☑ No ☐ Supervisory Signal Test OK NA ☑ Yes ☐ No ☐
Trouble Test OK Yes ☑ No ☐ Fire Fighter Phone Test OK NA ☑ Yes ☐ No ☐
Alarm Override Test OK Yes ☑ No ☐ Voice System Test OK NA ☑ Yes ☐ No ☐

Door Lock Sys Rel on Alarm NA ☑ Yes ☐ No ☐ Elevator Recall Operate Properly NA ☑ Yes ☐ No ☐
Fan Shut Dn Operate Properly NA ☐ Yes ☐ No ☑ Elev Shunt Pwr Test OK Nt ☐ NA ☑ Yes ☐ No ☐
Smoke Evac Operate Properly NA ☑ Yes ☐ No ☐ Remote Lamps Test OK NA ☐ Yes ☑ No ☐
Door Holder Release on Alarm NA ☑ Yes ☐ No ☐ Annunciator Test OK NA ☑ Yes ☐ No ☐
Model & Voltage Model Quantity

Damper Control ETL ☐ Thermo Link ☐ Motor Control ☐ Test OK NA ☑ Yes ☐ No ☐

Fire Alarm Devices	Manufacturer	Model	Volts	Qty	Qty Tested	Tested OK
Manual Stations	GAMEWELL	M46-28	24	9	9	9
Ion Detector						
Photo Detector	GAMEWELL	XP-95	24	52	52	52
Duct Detector	AIR PROD.& CONTR.	RW-AR-P	24	12	12	12
Heat Detector				1	1	1
Water Flow	SYSTEM SENSOR	WFP40 4"	24	1	1	1
Tamper Switches	SYSTEM SENSOR	OSY2	4	4	4	4
Pressure Switches						
Low Air						
Bells	HC	6" 10"	120V AC	2	2	2
Horns						
Chimes						
Strobes	SYSTEM SENSOR	S-2515	24	14	14	14
Speakers						
Speaker / Strobes						
Horn / Strobes	SYSTEM SENSOR	P-241575	24	21	21	21
Remote Test Stat.	GAMEWELL	DWG A-M714-2	24	12	12	12
Other						

ONE COMPANY DOES IT ALL

Fire Alarm Test Report & Certification

SO# 470023

Supervision of I. D. C. Yes ☑ No ☐ Supervision of N. A. C. Yes ☑ No ☐

Monitoring: Remote Station ☑ Central Station ☐ Phone # 630 350-3455 Pos#/Acct # 3044

Fire Alarm Circuit Number _____ Signals Test O.K. Yes ☑ No ☐ Local ☐

If Central Station, List Mfg & Model of Digital Dialer or Transmitter RADIO

List NFPA Deviations _____

* List Discrepancies Some labels on the panel and RTU`s don`t match. Fans on RTU:2,3,6,19,24,26 does not shutdown on alarm. All duct detectors are not reporting to FACP.

Recommendations _____

General Comments Annual inspection is complete.

Repairs Made _____

ORDERED	SHIPPED	B/O	DESCRIPTION	UNIT PRICE	NET AMOUNT

For Office Use Only

100 % FA PM Mo ☐ Qrtly ☐ Semi ☐ Annual ☑ Special Instr: JV - 07/17/08

_____ % Dampers Mo ☐ Qrtly ☐ Semi ☐ Annual ☐

_____ % Sensitivity Bi-annual ☐ Annual ☐ 5 Year ☐

Status of System Secure Back Ordered Parts Approved ☐ Yes ☐ No Date 07/10/08

Out w/ Opt # w/cust. In W/Opt # w/cust. Start 5:00 Arrived 6:00 Left 6:00 AM ☐ PM ☑

Administrator/Contact E-mail _____ Fax # _____

Copy Left on Site: ☐ Yes ☑ No Techs Name & No. M.Kaszowski #MK & T.G.

* **IF DISCREPANCIES WERE NOTED, PLEASE CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IMMEDIATELY TO SCHEDULE REPAIRS.**

CC: COPY MAILED TO FIRE DEPARTMENT IN 30 DAYS

Customer Signature

14

FIRE & SAFETY.

ONE COMPANY DOES IT ALL

ANNUAL FIRE SPRINKLER SYSTEM INSPECTION

COMPLETED BY:

LARRY HANSEN
Fox Valley Fire & Safety Co., Inc.
2730 Pinnacle Drive
Elgin, IL 60124
847-695-5990

INSPECTION COMPLETED AT:

US CELLULAR BUILDING
1101-1139 TOWER LANE
BENSENVILLE, IL 60106

DATE OF INSPECTION:

June 30, 2008

FIRE & SAFETY.
ONE COMPANY DOES IT ALL

2730 Pinnacle Drive Elgin, IL 60124
847-695-5990 • Fax 847-289-6545
www.foxvalleyfire.com

CERTIFICATION OF INSPECTION

US CELLULAR BUILDING
1101-1139 TOWER LANE
BENSENVILLE, IL 60106

The ANNUAL inspection, per NFPA 25 requirements, was performed on the sprinkler system on June 30, 2008.

The following equipment was tested:

DESCRIPTION	MODEL/SIZE	QTY	TESTED
Risers	4"	2	2
Water Flows	4"	2	2
Tamper Switches	OSY-2	4	4
Low Air Supervisory			
Pressure Switches			
Bells	120 VAC	2	2

* The following was noted during our inspection:

* If discrepancies were noted above, please contact your customer service representative at 847-695-5990 ext. 206 immediately to schedule repairs.

AUTOMATIC FIRE SPRINKLER SYSTEM

Date: June 30, 2008

Inspector: LARRY HANSEN

GENERAL INFORMATION

Location of sprinkler valve: **SPRINKLER ROOM**

Type of sprinkler system: ☑ Wet ☐ Dry ☐ Anti-Freeze Loop

Make and model of sprinkler valve: _____

Is building fully sprinklered?	☑ Yes	☐ No
Is entire sprinkler system in service?	☑ Yes	☐ No
Has sprinkler system been modified since last inspection?	☐ Yes	☑ No
Does building have 18" clearance on all heads from ceiling level?	☑ Yes	☐ No
Is building adequately heated?	☑ Yes	☐ No

VALVES

How are valves supervised? ☐ None ☐ Sealed ☐ Locked ☑ Tamper Switch

Are valves identified with signs? ☑ Yes ☐ No

WATER SUPPLY

When was last water supply made? **NO INFORMATION AVAILABLE**

Are reservoirs, tanks or pressure tanks in good condition? ☑ N/A ☐ Yes ☐ No

PUMPS

Is fire pump? ☐ Diesel ☑ Electric ☐ Gasoline ☐ None

When was the pump last inspected? Date _____ GPM _____ GPM _____

Is pump in good condition? ☐ Yes ☐ No

Test performed with fire pump activated? ☐ Yes ☐ No

FIRE DEPARTMENT CONNECTION

Location: EAST EXTERIOR

Is identification sign provided? ☑ Yes ☐ No

COMMENTS:

US CELLULAR BUILDING

FIRE SPRINKLER SYSTEM INSPECTION AND TESTS

Date: June 30, 2008				
Inspector: LARRY HANSEN				
MAIN DRAIN TEST				
Conduct a main drain test as follows:				
1. Open the main drain and allow water to flow to stabilize.	OK			
2. Slowly close the main drain.	OK			
WET PIPE SYSTEMS				
Test water flow alarms by opening the inspector's test valve	OK			
DRY PIPE SYSTEMS				
1. Check dry valve priming water level by opening the test valve and checking for a small amount of water to discharge. If no water flows out of the test line, add priming water.	NA			
2. Close the water supply valve, carefully open the inspector's test valve to reduce air pressure slowly. Do not reduce air pressure sufficiently to trip the dry pipe valve. Confirm operation of low-pressure alarm, record air pressure at which low pressure alarm activates, close inspector's test valve, allow air pressure to rise to normal, then open water supply valve.	NA			
3. Open the alarm bypass valve.	NA			
4. Quick opening devices and accelerators, if provided, should be tested semi-annually.	NA			
5. Low point drains should be drained thoroughly before cold weather and after any system trip.	NA			
6. Trip test the dry pipe valve, Record the time from opening the inspector's test valve until the dry pipe valve trips.	NA			
7. Internally inspect dry pipe valve.	NA			
8. Test air pressure maintenance device.	NA			
HYDRAULIC NAME PLATE				
If system was hydraulically calculated, assure nameplate is legible and securely attached to riser.	OK			
GENERAL CONDITION				
Inspect sprinklers, sprinkler piping, pipe hangers, and seismic braces to make sure they are in good condition.	OK			
FREEZING				
Before freezing weather, inspect building to assure exterior wall openings will not expose sprinkler piping to freezing temperatures.	OK			
MAINTAIN VALVES				
Valves should be maintained, including exercising each valve and lubricating each valve stem.	OK			
TEST ANTI-FREEZE				
Wet pipe system with anti-freeze solution should have the solution checked for proper freeze level. Record freezing point.	NA			

Calibrate pressure gauges - must calibrate or replace every (5) five years - year last replaced or calibrated?	OK
Test sample of high temperature sprinklers - taken every (5) five years - year last taken?	NA
Test sample of fast response sprinklers - taken every (20) twenty years - year last taken?	NA
Test sample of standard response sprinklers - taken every (50) fifty years - year last taken?	OK
Test sample of dry pendent heads - taken every 10) ten years - year last taken?	NA
Test stand pipe - taken every (5) five years - year last taken?	NA

US CELLULAR BUILDING

FIRE SPRINKLER SYSTEM INSPECTION AND TESTS				
Date: June 30, 2008				
Inspector: LARRY HANSEN				

Record the static/residual water pressure:

Dry System				
Dry System				
Wet System				
Riser 1	**50/45**			
Riser 2	**50/45**			
Riser 3				
Riser 4				
Riser 5				
ADD'L 6				
ADD'L 7				
ADD'L 8				
ADD'L 9				
ADD'L 10				
ADD'L 11				
ADD'L 12				
ADD'L 13				
ADD'L 14				
ADD'L 15				
ADD'L 16				
ADD'L 17				
ADD'L 18				
ADD'L 19				
ADD'L 20				
ADD'L 21				
ADD'L 22				
ADD'L 23				
ADD'L 24				
ADD'L 25				

US CELLULAR BUILDING

FIRE & SAFETY.

ONE COMPANY DOES IT ALL

ANNUAL FIRE SPRINKLER SYSTEM INSPECTION

COMPLETED BY:

LARRY HANSEN
Fox Valley Fire & Safety Co., Inc.
2730 Pinnacle Drive
Elgin, IL 60124
847-695-5990

INSPECTION COMPLETED AT:

US CELLULAR BUILDING
1141-1171 TOWER LANE
BENSENVILLE, IL 60106

DATE OF INSPECTION:

June 30, 2008

FIRE & SAFETY.

ONE COMPANY DOES IT ALL

2730 Pinnacle Drive Elgin, IL 60124
847-695-5990 • Fax 847-289-6545
www.foxvalleyfire.com

CERTIFICATION OF INSPECTION

US CELLULAR BUILDING
1141-1171 TOWER LANE
BENSENVILLE, IL 60106

The ANNUAL inspection, per NFPA 25 requirements, was performed on the sprinkler system on June 30, 2008.

The following equipment was tested:

DESCRIPTION	MODEL/SIZE	QTY	TESTED
Risers	4"	1	1
Water Flows	4"	1	1
Tamper Switches	OSY-2	2	2
Low Air Supervisory			
Pressure Switches			
Bells	120 VAC	2	2

* The following was noted during our inspection:
*FOUND INSPECTORS TEST VALVE LEAKING NORTHEAST OFFICE - RECOMMEND REPLACING 630-670-1618
TALKED TO BILL PFLAUMER ON 7/18/08 WILL SEE IF WORK WAS DONE. TONY B.

* If discrepancies were noted above, please contact your customer service representative at 847-695-5990 ext. 206 immediately to schedule repairs.

AUTOMATIC FIRE SPRINKLER SYSTEM

Date: June 30, 2008

Inspector: LARRY HANSEN

GENERAL INFORMATION

Location of sprinkler valve: **SPRINKLER ROOM**

Type of sprinkler system: ☑ Wet ☐ Dry ☐ Anti-Freeze Loop

Make and model of sprinkler valve: _____

Is building fully sprinklered?	☑ Yes	☐ No
Is entire sprinkler system in service?	☑ Yes	☐ No
Has sprinkler system been modified since last inspection?	☐ Yes	☑ No
Does building have 18" clearance on all heads from ceiling level?	☑ Yes	☐ No
Is building adequately heated?	☑ Yes	☐ No

VALVES

How are valves supervised? ☐ None ☐ Sealed ☐ Locked ☑ Tamper Switch

Are valves identified with signs? ☑ Yes ☐ No

WATER SUPPLY

When was last water supply made? **NO INFORMATION AVAILABLE**

Are reservoirs, tanks or pressure tanks in good condition? ☑ N/A ☐ Yes ☐ No

PUMPS

Is fire pump? ☐ Diesel ☐ Electric ☐ Gasoline ☑ None

When was the pump last inspected? Date _____ GPM _____ GPM _____

Is pump in good condition? ☐ Yes ☐ No

Test performed with fire pump activated? ☐ Yes ☐ No

FIRE DEPARTMENT CONNECTION

Location: WEST EXTERIOR

Is identification sign provided? ☑ Yes ☐ No

COMMENTS:

US CELLULAR BUILDING

FIRE SPRINKLER SYSTEM INSPECTION AND TESTS

Date: June 30, 2008				
Inspector: LARRY HANSEN				
MAIN DRAIN TEST				
Conduct a main drain test as follows:				
1. Open the main drain and allow water to flow to stabilize.	OK			
2. Slowly close the main drain.	OK			
WET PIPE SYSTEMS				
Test water flow alarms by opening the inspector's test valve	OK			
DRY PIPE SYSTEMS				
1. Check dry valve priming water level by opening the test valve and checking for a small amount of water to discharge. If no water flows out of the test line, add priming water.	NA			
2. Close the water supply valve, carefully open the inspector's test valve to reduce air pressure slowly. Do not reduce air pressure sufficiently to trip the dry pipe valve. Confirm operation of low-pressure alarm, record air pressure at which low pressure alarm activates, close inspector's test valve, allow air pressure to rise to normal, then open water supply valve.	NA			
3. Open the alarm bypass valve.	NA			
4. Quick opening devices and accelerators, if provided, should be tested semi-annually.	NA			
5. Low point drains should be drained thoroughly before cold weather and after any system trip.	NA			
6. Trip test the dry pipe valve, Record the time from opening the inspector's test valve until the dry pipe valve trips.	NA			
7. Internally inspect dry pipe valve.	NA			
8. Test air pressure maintenance device.	NA			
HYDRAULIC NAME PLATE				
If system was hydraulically calculated, assure nameplate is legible and securely attached to riser.	OK			
GENERAL CONDITION				
Inspect sprinklers, sprinkler piping, pipe hangers, and seismic braces to make sure they are in good condition.	OK			
FREEZING				
Before freezing weather, inspect building to assure exterior wall openings will not expose sprinkler piping to freezing temperatures.	OK			
MAINTAIN VALVES				
Valves should be maintained, including exercising each valve and lubricating each valve stem.	OK			
TEST ANTI-FREEZE				
Wet pipe system with anti-freeze solution should have the solution checked for proper freeze level. Record freezing point.	NA			

Calibrate pressure gauges - must calibrate or replace every (5) five years - year last replaced or calibrated?	OK
Test sample of high temperature sprinklers - taken every (5) five years - year last taken?	NA
Test sample of fast response sprinklers - taken every (20) twenty years - year last taken?	NA
Test sample of standard response sprinklers - taken every (50) fifty years - year last taken?	OK
Test sample of dry pendent heads - taken every 10) ten years - year last taken?	NA
Test stand pipe - taken every (5) five years - year last taken?	NA

US CELLULAR BUILDING

FIRE SPRINKLER SYSTEM INSPECTION AND TESTS				
Date: June 30, 2008				
Inspector: LARRY HANSEN				

Record the static/residual water pressure:

Dry System				
Dry System				
Wet System				
Riser 1	**50/45**			
Riser 2				
Riser 3				
Riser 4				
Riser 5				
ADD'L 6				
ADD'L 7				
ADD'L 8				
ADD'L 9				
ADD'L 10				
ADD'L 11				
ADD'L 12				
ADD'L 13				
ADD'L 14				
ADD'L 15				
ADD'L 16				
ADD'L 17				
ADD'L 18				
ADD'L 19				
ADD'L 20				
ADD'L 21				
ADD'L 22				
ADD'L 23				
ADD'L 24				
ADD'L 25				

US CELLULAR BUILDING

FIRE & SAFETY
2730 Pinnacle Drive
Elgin, IL 60124
Phone 847-695-5990
Fax 847-695-3699

FIRE DEPT. COPY

FIRE ALARM TEST REPORT & CERTIFICATION

FD: 14

SERVICE 62

SO # 470026

DATE 7/10/2008

PO #

BILL TO 40120-59
[redacted]
[redacted]
Phone [redacted]

SHIP TO MIKE
US CELLULAR BUILDING
1141-1171 TOWER LN

BENSENVILLE, IL 60106
Phone [redacted]

Panel Manufacturer and Model # SIMENS PXL (CERBERUS PYROTRONICS)
Location of F.A.C.P. SPRINKLER/FACP RM WEST
Number of Used Zones 32 Spare 0 Indicating Circuits 4 Spare 2
Number of Signaling Line Circuits (SLC) N/A
Remote Alarm Panels Location FCPS (PAD3) ABOVE FACP

AC Power Dedicated Circuit Yes ☑ No ☐ Breaker Size 15A ☐ 20A ☑ Other Panel ELP-1 Brk.# 8
With AC Power off, does Fire Alarm Control Panel Operate Properly? Yes ☑ No ☐

Number of Batteries 2/2 Voltage 12/12 Amp/Hr 44/7 Proper Size of Batteries N/A ☐ Yes ☑ No ☐
Panel UL Listed for Commercial Yes ☑ No ☐
Battery Load Test Good? NA ☐ Yes ☑ No ☐ Does Panel Meet NFPA 72 Yes ☑ No ☐

Full Alarm Test OK Yes ☑ No ☐ Supervisory Signal Test OK NA ☐ Yes ☑ No ☐
Trouble Test OK Yes ☑ No ☐ Fire Fighter Phone Test OK NA ☑ Yes ☐ No ☐
Alarm Override Test OK Yes ☑ No ☐ Voice System Test OK NA ☑ Yes ☐ No ☐

Door Lock Sys Rel on Alarm NA ☑ Yes ☐ No ☐ Elevator Recall Operate Properly NA ☑ Yes ☐ No ☐
Fan Shut Dn Operate Properly NA ☐ Yes ☑ No ☐ Elev Shunt Pwr Test OK Nt ☐ NA ☑ Yes ☐ No ☐
Smoke Evac Operate Properly NA ☑ Yes ☐ No ☐ Remote Lamps Test OK NA ☐ Yes ☑ No ☐
Door Holder Release on Alarm NA ☑ Yes ☐ No ☐ Annunciator Test OK NA ☐ Yes ☑ No ☐
Model & Voltage _____ Model _____ Quantity _____

Damper Control ETL ☐ Thermo Link ☐ Motor Control ☐ Test OK NA ☑ Yes ☐ No ☐

Fire Alarm Devices	Manufacturer	Model	Volts	Qty	Qty Tested	Tested OK
Manual Stations			24	8	8	8
Ion Detector						
Photo Detector	SIMENS	PE-11T	24	44	44	43
Duct Detector	SYSTEM SENSOR	DH100ACDCLP	24	13	13	13
Heat Detector						
Water Flow	SYSTEM SENSOR	WFD40 4"	24	1	1	1
Tamper Switches	SYSTEM SENSOR	OSY2	24	2	2	2
Pressure Switches						
Low Air						
Bells	SYSTEM SENSOR	10"	120V AC	1	1	1
Horns						
Chimes						
Strobes	SIMENS	U-MCS	24	10	10	10
Speakers						
Speaker / Strobes						
Horn / Strobes	SIMENS	U-MHU-MCS	24	16	16	16
Remote Test Stat.	SYSTEM SENSOR	RTS451	24	13	13	13
Other						

ONE COMPANY DOES IT ALL

Fire Alarm Test Report & Certification

SO# 470026

Supervision of I. D. C. Yes ☑ No ☐ Supervision of N. A. C. Yes ☑ No ☐

Monitoring: Remote Station ☑ Central Station ☐ Phone # 630 350-3465 Pos#/Acct # 3465

Fire Alarm Circuit Number _____ Signals Test O.K. Yes ☑ No ☐ Local ☐

If Central Station, List Mfg & Model of Digital Dialer or Transmitter RADIO

List NFPA Deviations _____

* List Discrepancies RTU4 is label as RTU5 on the ceiling. Smoke detector in south hallway is not working.

Recommendations Replace smoke detectors due to age. Correct all discrepancies.

General Comments Annual inspection is complete.
I was unable to locate duct detector (EF-2) on zone 17.

Repairs Made _____

ORDERED	SHIPPED	B/O	DESCRIPTION	UNIT PRICE	NET AMOUNT

For Office Use Only

100 % FA PM Mo ☐ Qrtly ☐ Semi ☐ Annual ☑ Special Instr: **JV - 07/17/08**

____ % Dampers Mo ☐ Qrtly ☐ Semi ☐ Annual ☐

____ % Sensitivity Bi-annual ☐ Annual ☐ 5 Year ☐

Status of System Secure Back Ordered Parts Approved ☐ Yes ☐ No Date 07/14/08

Out w/ Opt # w/cust. In W/Opt # 42 Start 5:00 Arrived 5:45 Left 2:15 AM ☐ PM ☑

Administrator/Contact E-mail _____ Fax # _____

Copy Left on Site: ☐ Yes ☑ No Techs Name & No. M.Kaszowski #MK & T.G.

* **IF DISCREPANCIES WERE NOTED, PLEASE CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IMMEDIATELY TO SCHEDULE REPAIRS.**

CC: COPY MAILED TO FIRE DEPARTMENT IN 30 DAYS

Customer Signature

FIRE & SAFETY

ONE COMPANY DOES IT ALL

ANNUAL FIRE SPRINKLER SYSTEM INSPECTION

COMPLETED BY:

LARRY HANSEN
Fox Valley Fire & Safety Co., Inc.
2730 Pinnacle Drive
Elgin, IL 60124
847-695-5990

INSPECTION COMPLETED AT:

US CELLULAR BUILDING
1141-1171 TOWER LANE
BENSENVILLE, IL 60106

DATE OF INSPECTION:

June 30, 2008

FIRE & SAFETY,
ONE COMPANY DOES IT ALL

2730 Pinnacle Drive Elgin, IL 60124
847-695-5990 • Fax 847-289-6545
www.foxvalleyfire.com

CERTIFICATION OF INSPECTION

US CELLULAR BUILDING
1141-1171 TOWER LANE
BENSENVILLE, IL 60106

The ANNUAL inspection, per NFPA 25 requirements, was performed on the sprinkler system on June 30, 2008.

The following equipment was tested:

DESCRIPTION	MODEL/SIZE	QTY	TESTED
Risers	4"	1	1
Water Flows	4"	1	1
Tamper Switches	OSY-2	2	2
Low Air Supervisory			
Pressure Switches			
Bells	120 VAC	2	2

* The following was noted during our inspection:
*FOUND INSPECTORS TEST VALVE LEAKING NORTHEAST OFFICE - RECOMMEND REPLACING 630-670-1618
TALKED TO BILL PFLAUMER ON 7/18/08 WILL SEE IF WORK WAS DONE. TONY B.

* If discrepancies were noted above, please contact your customer service representative at 847-695-5990 ext. 206 immediately to schedule repairs.

AUTOMATIC FIRE SPRINKLER SYSTEM

Date: June 30, 2008

Inspector: LARRY HANSEN

GENERAL INFORMATION

Location of sprinkler valve: **SPRINKLER ROOM**

Type of sprinkler system: ☑ Wet ☐ Dry ☐ Anti-Freeze Loop

Make and model of sprinkler valve: _____

Is building fully sprinklered?	☑ Yes	☐ No
Is entire sprinkler system in service?	☑ Yes	☐ No
Has sprinkler system been modified since last inspection?	☐ Yes	☑ No
Does building have 18" clearance on all heads from ceiling level?	☑ Yes	☐ No
Is building adequately heated?	☑ Yes	☐ No

VALVES

How are valves supervised? ☐ None ☐ Sealed ☐ Locked ☑ Tamper Switch

Are valves identified with signs? ☑ Yes ☐ No

WATER SUPPLY

When was last water supply made? **NO INFORMATION AVAILABLE**

Are reservoirs, tanks or pressure tanks in good condition? ☑ N/A ☐ Yes ☐ No

PUMPS

Is fire pump? ☐ Diesel ☐ Electric ☐ Gasoline ☑ None

When was the pump last inspected? Date _____ GPM _____ GPM _____

Is pump in good condition? ☐ Yes ☐ No

Test performed with fire pump activated? ☐ Yes ☐ No

FIRE DEPARTMENT CONNECTION

Location: WEST EXTERIOR

Is identification sign provided? ☑ Yes ☐ No

COMMENTS:

US CELLULAR BUILDING

FIRE SPRINKLER SYSTEM INSPECTION AND TESTS

Date: June 30, 2008				
Inspector: LARRY HANSEN				
MAIN DRAIN TEST				
Conduct a main drain test as follows:				
1. Open the main drain and allow water to flow to stabilize.	OK			
2. Slowly close the main drain.	OK			
WET PIPE SYSTEMS				
Test water flow alarms by opening the inspector's test valve	OK			
DRY PIPE SYSTEMS				
1. Check dry valve priming water level by opening the test valve and checking for a small amount of water to discharge. If no water flows out of the test line, add priming water.	NA			
2. Close the water supply valve, carefully open the inspector's test valve to reduce air pressure slowly. Do not reduce air pressure sufficiently to trip the dry pipe valve. Confirm operation of low-pressure alarm, record air pressure at which low pressure alarm activates, close inspector's test valve, allow air pressure to rise to normal, then open water supply valve.	NA			
3. Open the alarm bypass valve.	NA			
4. Quick opening devices and accelerators, if provided, should be tested semi-annually.	NA			
5. Low point drains should be drained thoroughly before cold weather and after any system trip.	NA			
6. Trip test the dry pipe valve, Record the time from opening the inspector's test valve until the dry pipe valve trips.	NA			
7. Internally inspect dry pipe valve.	NA			
8. Test air pressure maintenance device.	NA			
HYDRAULIC NAME PLATE				
If system was hydraulically calculated, assure nameplate is legible and securely attached to riser.	OK			
GENERAL CONDITION				
Inspect sprinklers, sprinkler piping, pipe hangers, and seismic braces to make sure they are in good condition.	OK			
FREEZING				
Before freezing weather, inspect building to assure exterior wall openings will not expose sprinkler piping to freezing temperatures.	OK			
MAINTAIN VALVES				
Valves should be maintained, including exercising each valve and lubricating each valve stem.	OK			
TEST ANTI-FREEZE				
Wet pipe system with anti-freeze solution should have the solution checked for proper freeze level. Record freezing point.	NA			

Calibrate pressure gauges - must calibrate or replace every (5) five years - year last replaced or calibrated?	OK
Test sample of high temperature sprinklers - taken every (5) five years - year last taken?	NA
Test sample of fast response sprinklers - taken every (20) twenty years - year last taken?	NA
Test sample of standard response sprinklers - taken every (50) fifty years - year last taken?	OK
Test sample of dry pendent heads - taken every 10) ten years - year last taken?	NA
Test stand pipe - taken every (5) five years - year last taken?	NA

US CELLULAR BUILDING

FIRE SPRINKLER SYSTEM INSPECTION AND TESTS				
Date: June 30, 2008				
Inspector: LARRY HANSEN				

Record the static/residual water pressure:

Dry System				
Dry System				
Wet System				
Riser 1	**50/45**			
Riser 2				
Riser 3				
Riser 4				
Riser 5				
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ADD'L 24				
ADD'L 25				

US CELLULAR BUILDING

Village of Bensenville
Department of Community and Economic Development
12 S. Center Street, Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

CERTIFICATE OF COMPLIANCE

ANNUAL BUILDING INSPECTION

Inspection Number: 12496

DATE: 03/21/2013

This certifies that the Annual Building Inspection completed by the Village of Bensenville for

US CELLULAR

1101 TOWER LANE,

Bensenville, IL 60106

has been performed satisfactorily and is approved with the exception of the following conditions:

1. Provide current fire sprinkler inspection results.

TOM KNIGHT

Village of Bensenville Inspector

Village of Bensenville Inspector's Signature

KEEP THIS CERTIFICATE WITH YOUR DEED AND OTHER VALUABLE DOCUMENTS