



Fire Sprinkler System Specification Sheet

(Per §40-10-250)



Project Data				
Project name:				
Location in South Carolina:	Address (street # & street name):			State project: <input type="checkbox"/> Yes <input type="checkbox"/> No
	City:	County:		State project #:
Water Supply Information				
(flow test data must be less than 1 year old per §40-10-250(A)(1))				
Date test conducted: / /	Static pressure (psi):	Residual pressure (psi):	Flow (gpm):	
Distances of test gauges relative to the base of the riser:		Horizontal (ft):	Vertical (elevation difference in ft):	
Source of water supply:	<input type="checkbox"/> Municipal dead-end <input type="checkbox"/> Municipal circulation <input type="checkbox"/> Other:			Pipe Size (in.):
Test data by/from:	Name:		Title:	
	Organization:			Telephone #:
Fire pump:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pump Capacity (gpm):	Churn Pressure (psi):
	<input type="checkbox"/> New <input type="checkbox"/> Existing		Rated Pressure (psi):	Pressure @ 150% flow (psi):
On-site storage tank:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	Tank capacity (gallons):	
NFPA Hazard Classification				
(attach continuation page when necessary)				
Area #	Class or Code Reference	Description of Hazard Protected (commodity description, storage height, and arrangement as applicable.)		
Design Parameters				
(attach continuation page when necessary)				
Area #	System Type	Density (gpm/ft ²) / Area (ft ²) or Other (reference code section)	Inside Hose (gpm)	Outside Hose (gpm)
Seismic Design Data: S _S =				
Codes and Standards				
(attach continuation page when necessary)				
Applicable Codes, Standards & Editions (i.e. "2006 IBC", "2007 NFPA 13", etc.) for the Scope of Work on the Sprinkler System				
Scope of work (such as sprinkler system A.G. from 1'-0" A.F.F., U.G. from tap to 5'-0" outside, etc.) and notes (attach continuation page when necessary):				
Specifier's Information				
Name:		Certificate of Authorization	Professional Engineer's Seal	
Engineering services provided through a firm: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Firm name:				
Address:				
City:				
State:	Zip:			
Phone #:	Fax #:			
E-mail:				

Revision No.: _____

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Signature: _____

Date: _____