



Commercial Insurance Division

P. O. Box 3687
Wilmington, North Carolina 28406
799-1717

March 8, 1984

Worsham Sprinkler Company, Inc.
2233 Interstate North Drive
Charlotte, NC 28206

Gentlemen:

Please be advised that we have received the subrogation claim on behalf of J. W. Bateson from GAB Business Services, Incorporated, for damages paid related to the Naval Regional Medical Center loss at Camp LeJeune, North Carolina. The date of the loss was December 4, 1983.

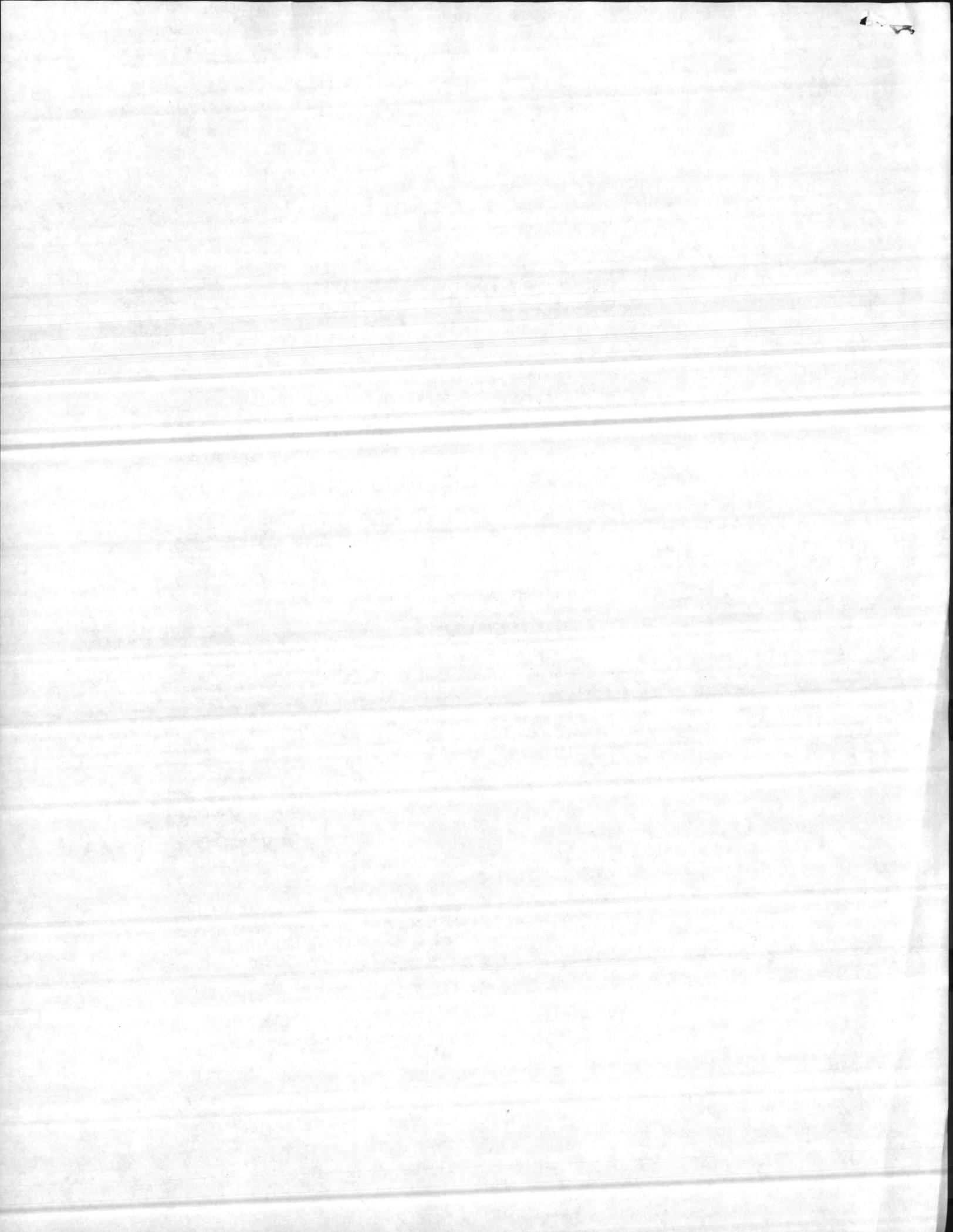
We have responded to their claim with a denial of liability on the part of Worsham Sprinkler Company, Incorporated. We may or may not hear from GAB again. In any event, we will keep you informed.

Sincerely,

Nancy L. Caldwell
Claim Representative

NLC/dcj

REC. MAR 12 1984		
To	Int.	Date
TSA	(TSC)	3/12
cc COW	(BYM)	3/12
WH	(BYM)	3/12
FILE	CONTR	10006



WORSHAM SPRINKLER CO., INC.

2233 INTERSTATE NORTH DRIVE • SUITE A • CHARLOTTE, NORTH CAROLINA 28206 • PHONE (704) 596-4241

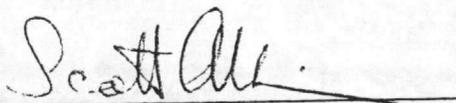
March 12, 1984

MEMO TO: George Wagner
Wayne Harris

FROM: Scott Allison

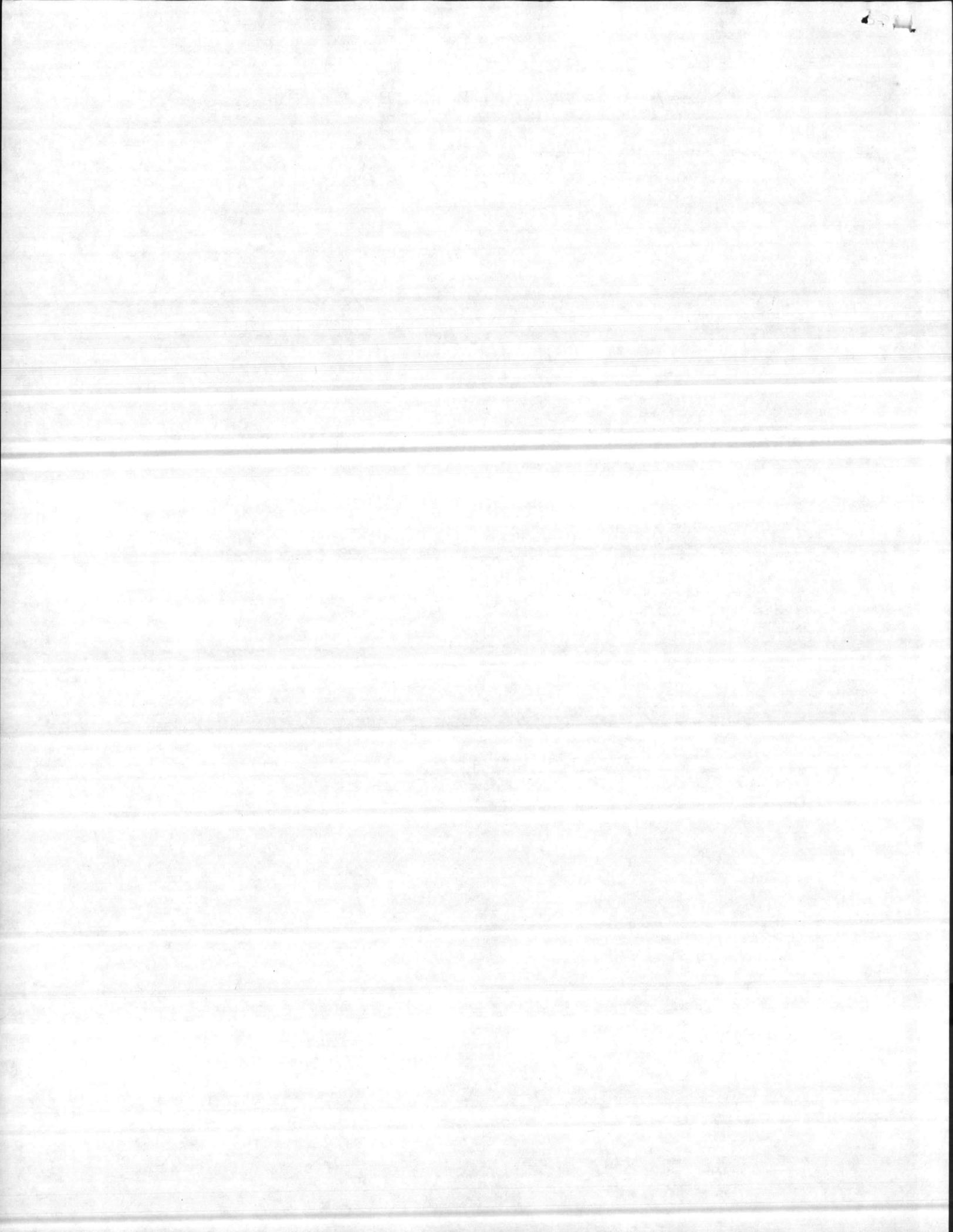
Re: Camp Lejeune Project

Enclosed is copy of AEtna's response to the subrogation claim by J.W. Bateson for damages.


Scott Allison

SA/bvm

Enc:



WORSHAM SPRINKLER CO., INC.

2233 INTERSTATE NORTH DRIVE • CHARLOTTE, NORTH CAROLINA 28206 • PHONE (704) 596-4241

Date **February 29, 1984**

Job Name **Camp LeJeune**

Our Job No. **10006** Your P. O. No.
or File No.

To **Johnson & Higgins**
3 Girard Plaza
Philadelphia, Penn. 19102

Att.:

Gentlemen:

We are sending you

- Herewith
 Separately

- Shop Dwgs.
 Revised Dwgs.
 Additional Dwgs.
 Literature
 Hydraulic Calculations

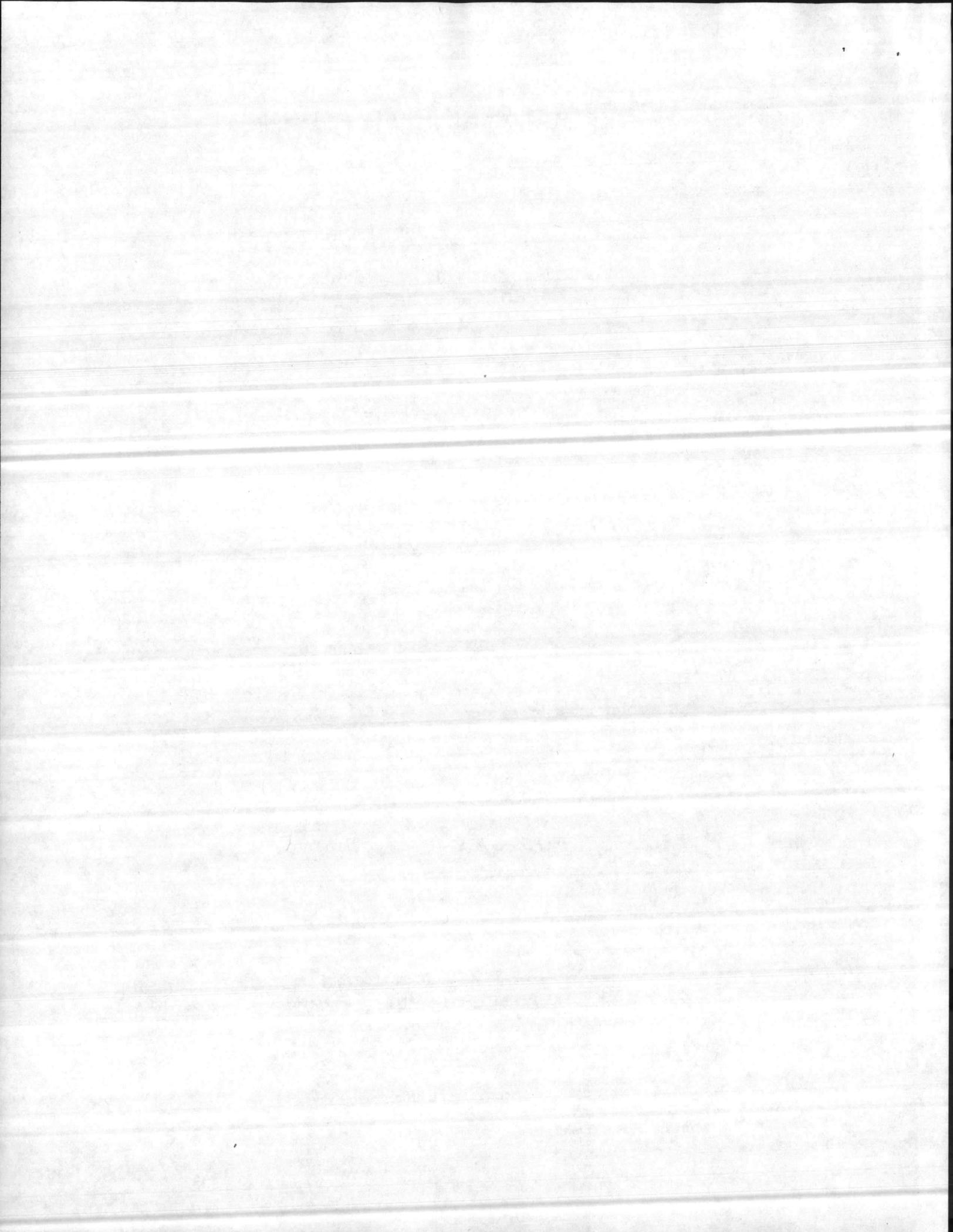
- For Approval
 Per Request
 For Construction
 For Your File

NO. OF COPIES	DWG. NO.	DESCRIPTION
1		Notice of Subrogation

Remarks _____

Please return copies to this office bearing your stamp
of approval or comments.

Very truly yours, *Scott Allen*



WORSHAM SPRINKLER CO., INC.

2233 INTERSTATE NORTH DRIVE • CHARLOTTE, NORTH CAROLINA 28206 • PHONE (704) 596-4241

Date February 29, 1984

Job Name Camp LeJuene

Our Job No. 10006

Your P. O. No.
or File No.

To Aetna Life & Casualty
2424 South 17th Street
Wilmington, N.C. 28401

Att.: Nancy Caldwell

Gentlemen:

We are sending you

Herewith
 Separately

Shop Dwgs.
 Revised Dwgs.
 Additional Dwgs.
 Literature
 Hydraulic Calculations

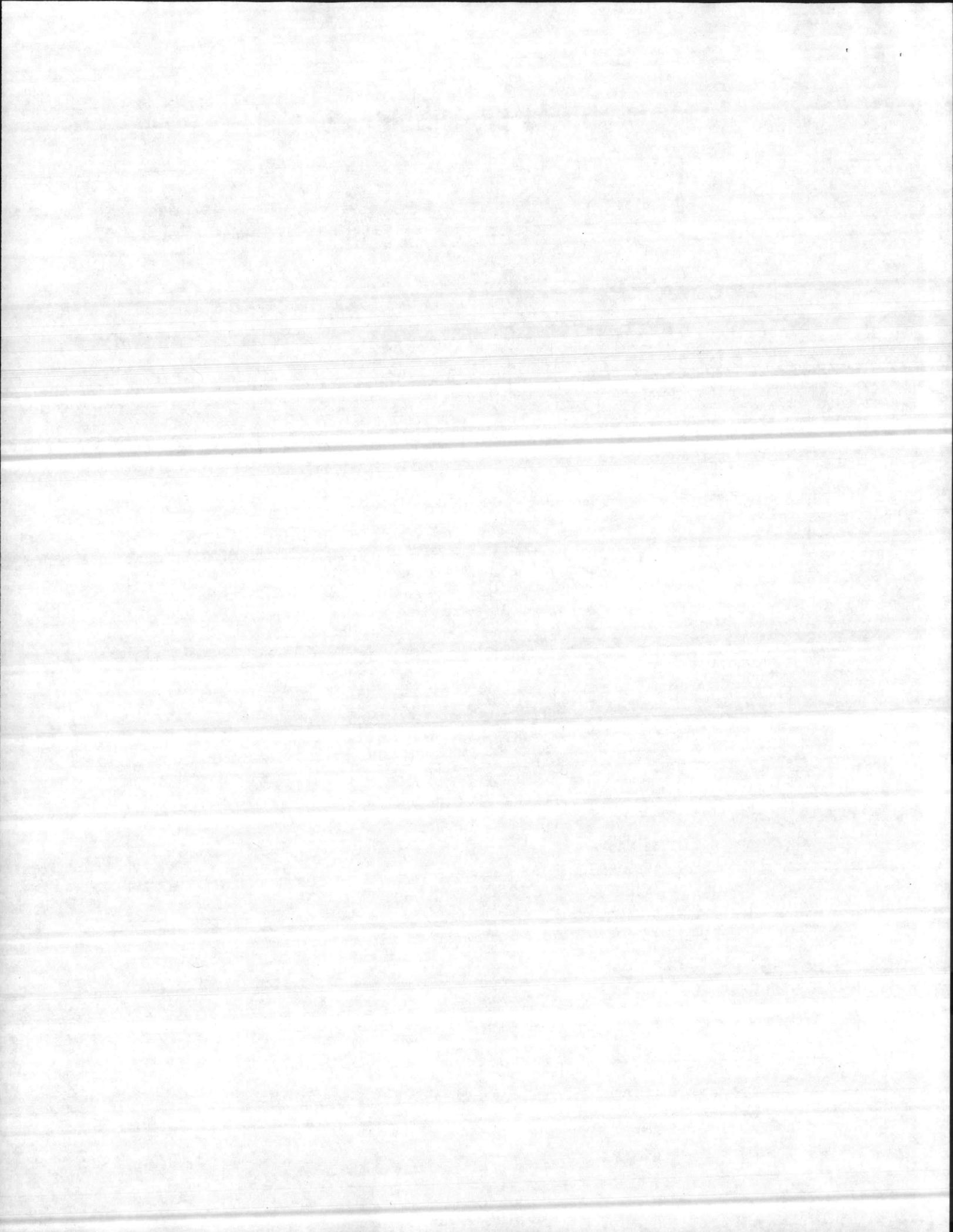
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 For Your File

NO. OF COPIES	DWG. NO.	DESCRIPTION
1		Notice of Subrogation

Remarks _____

Please return _____ copies to this office bearing your stamp
of approval or comments.

Very truly yours, *Scott All*



WORSHAM SPRINKLER CO., INC.

2233 INTERSTATE NORTH DRIVE • CHARLOTTE, NORTH CAROLINA 28206 • PHONE (704) 596-4241

Date **February 29, 1984**

Job Name **Camp LeJuene**

Our Job No. **10006**

Your P. O. No.
or File No.

To **WSC**
Ashland, Va.

Att.: **George Wagner**

Gentlemen:

We are sending you

Herewith
 Separately

Shop Dwgs.
 Revised Dwgs.
 Additional Dwgs.
 Literature
 Hydraulic Calculations

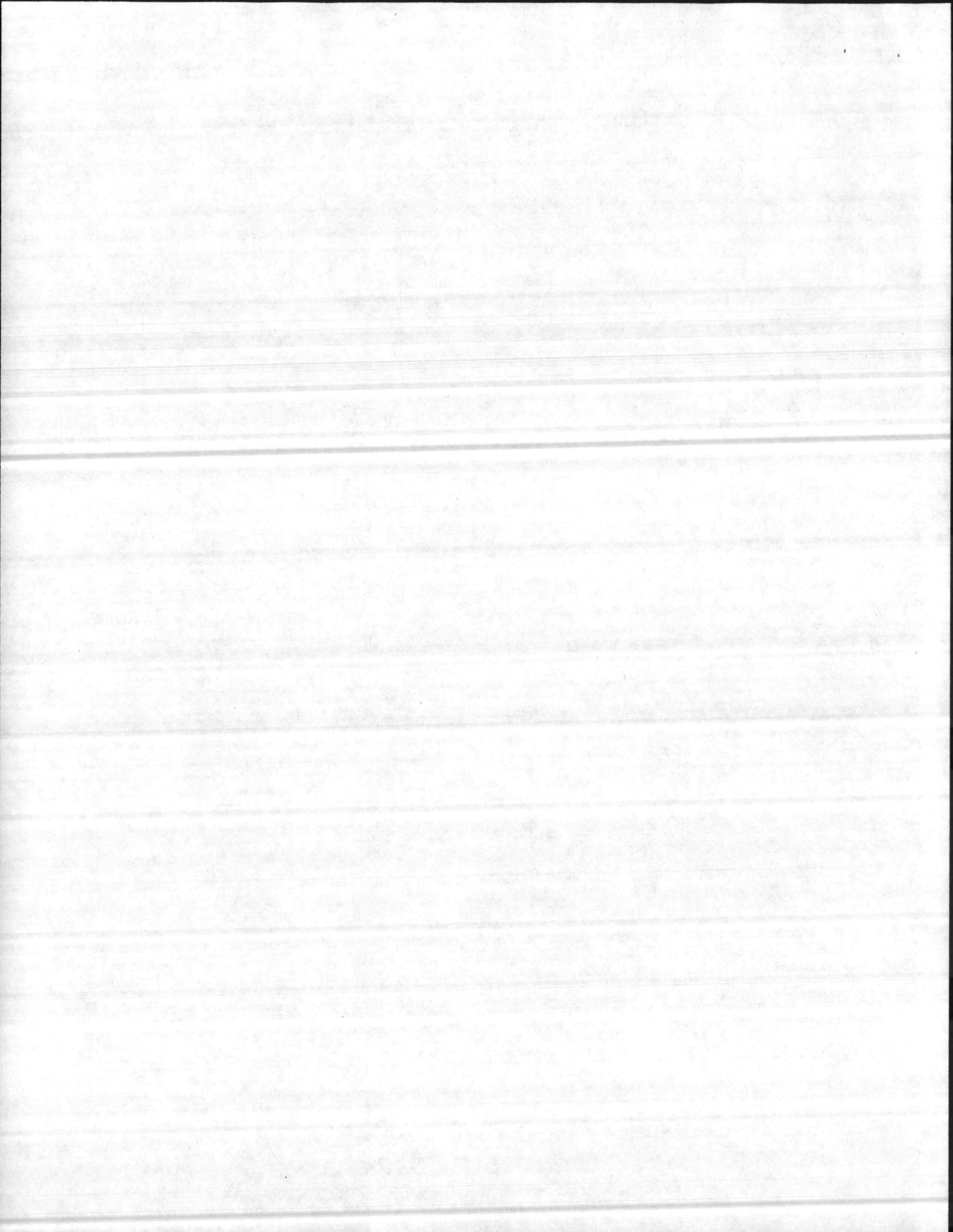
For Approval
 Per Request
 For Construction
 For Your File

NO. OF COPIES	DWG. NO.	DESCRIPTION
1		Notice of Subrogation

Remarks _____

Please return _____ copies to this office bearing your stamp
of approval or comments.

Very truly yours, *Scott Allis*



WORSHAM SPRINKLER CO., INC.

2233 INTERSTATE NORTH DRIVE • CHARLOTTE, NORTH CAROLINA 28206 • PHONE (704) 596-4241

Date February 29, 1984

Job Name Camp LeJuene

Our Job No. 10006

Your P. O. No.
or File No.

To WSC
Ashland, Va.

Att.: Wayne Harris

Gentlemen:

We are sending you

- Herewith
 Separately

- Shop Dwgs.
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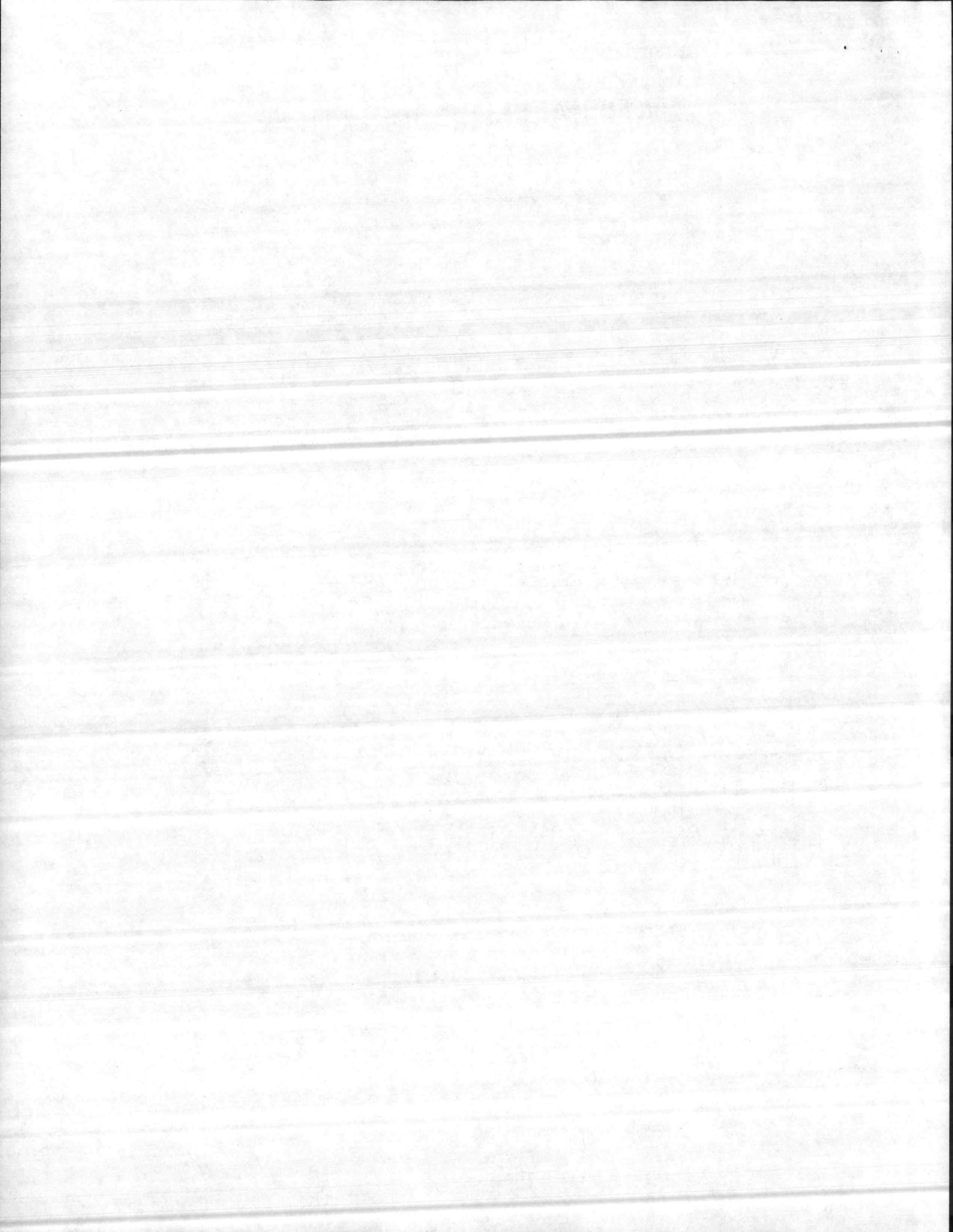
- For Approval
 Per Request
 For Construction
 For Your File

NO. OF COPIES	DWG. NO.	DESCRIPTION
1		Notice of Subrogation

Remarks _____

Please return _____ copies to this office bearing your stamp
of approval or comments.

Very truly yours, 



Branch Address Box 190222, Dallas, Texas 75219-0222 Date 02 14 84

Worsham Sprinkler System
1355 S. Park
P.O. BOX 525
Kernersville, NC 27284

Attn: W.D. McRorie



Our File No.: 34405-13069
Company Claim No.:
Insured: J.W. Bateson
Date of Loss: 12-4-83

NOTICE OF SUBROGATION INTEREST AND LIEN

You are hereby notified that National Union Fire Insurance Company
Insurance Company is the subrogee of J.W. Bateson
for loss and damage sustained by him to his property as a result of the casualty which occurred on
the 4 day of 12 19 83.

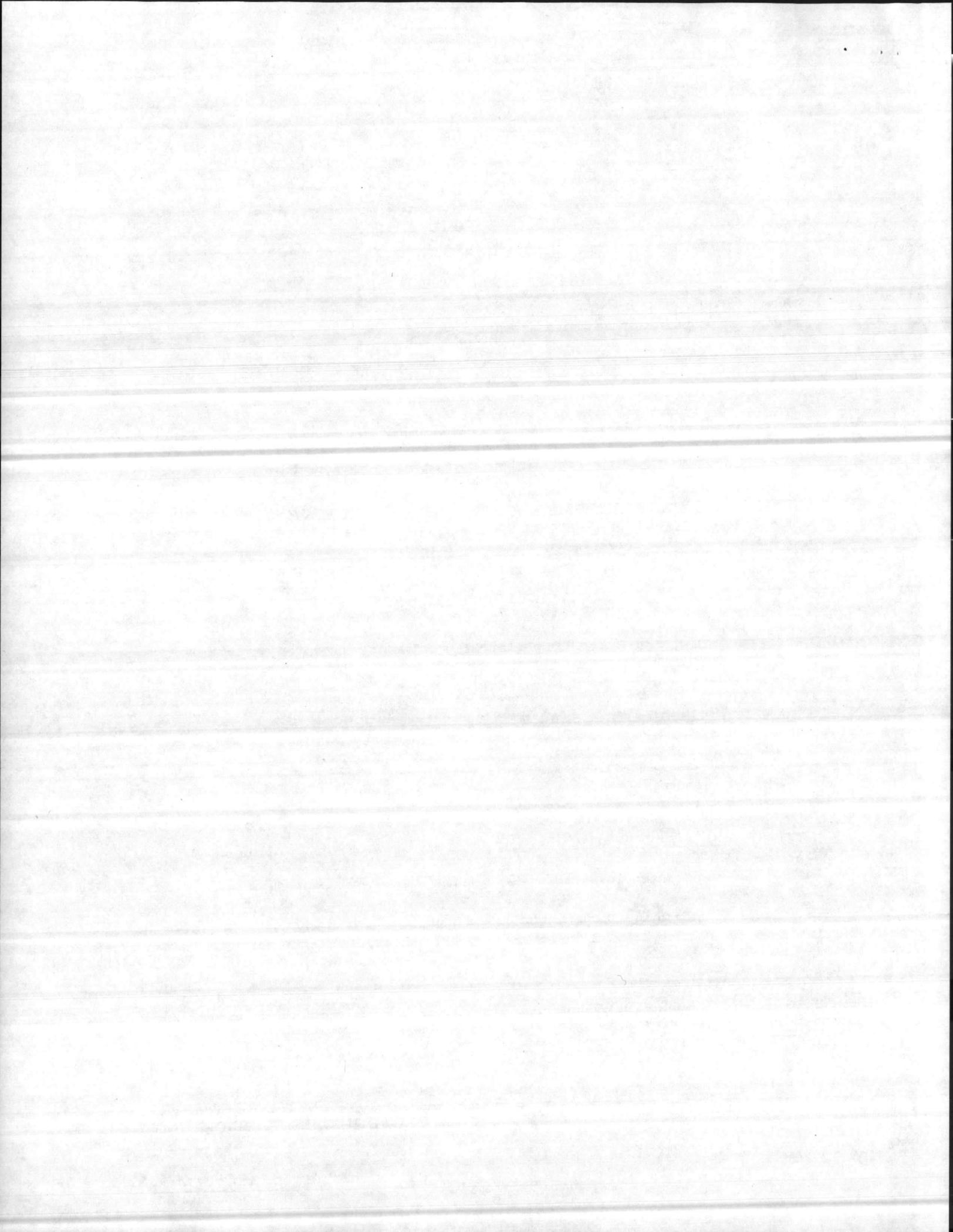
Attached hereto is a copy of the subrogation agreement and assignment of claim executed by
J.K. Duncan, Jr. Executive Vice President

subrogating the National Union Fire Insurance Company
to the above mentioned claim. In accordance with said subrogation agreement, the undersigned
does hereby claim a lien on any proceeds that may be paid on said claim whether by way of settle-
ment or judgment.

In the event that you are insured, it is important that this letter be forwarded to your insurance
company for their protection.

GAB BUSINESS SERVICES, INC INSURANCE COMPANY
By GAB BUSINESS SERVICES, INC.

R.E. SHARUM, GENERAL ADJUSTER
Adjuster



POLICY NO.

G. A. B. FILE NO.

BP 4538244

34405-13069

AMOUNT OF POLICY AT TIME OF LOSS

COMPANY CLAIM NO.

\$32,713,000.00

SWORN STATEMENT IN PROOF OF LOSS

DATE ISSUED

AGENT

10-1-74

Collier Cobb

DATE EXPIRES

AGENCY AT

UC

Dallas, Texas

To the National Union Fire Insurance Company

of Pennsylvania

At time of loss, by the above indicated policy of insurance, you insured—

J.W. Bateson, 205-Bed Hospital, Naval Regional Medical Center

Camp LeJeune, North Carolina

against loss by Builders Risk

to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN

A water loss occurred about the hour of _____ o'clock _____ M. on the 4 day of December 1982 the cause and origin of the said loss were: sprinkler system Leakage

OCCUPANCY

The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: under construction

TITLE AND INTEREST

At the time of the loss, the interest of your insured in the property described therein was owner. No other person or persons had any interest therein or incumbrance thereon, except: none

CHANGES

Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except none

TOTAL INSURANCE

THE TOTAL AMOUNT OF INSURANCE upon the property described by this policy was, at the time of the loss, \$ 32,713,000.00, as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

VALUE

THE ACTUAL CASH VALUE of said property at the time of the loss was \$ 32,713,000.00

LOSS

THE WHOLE LOSS AND DAMAGE was \$ 18,823.88

AMOUNT CLAIMED

THE AMOUNT CLAIMED under the above numbered policy is \$ 17,823.88

STATEMENTS OF INSURED

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Texas

J. W. BATESON COMPANY, INC.

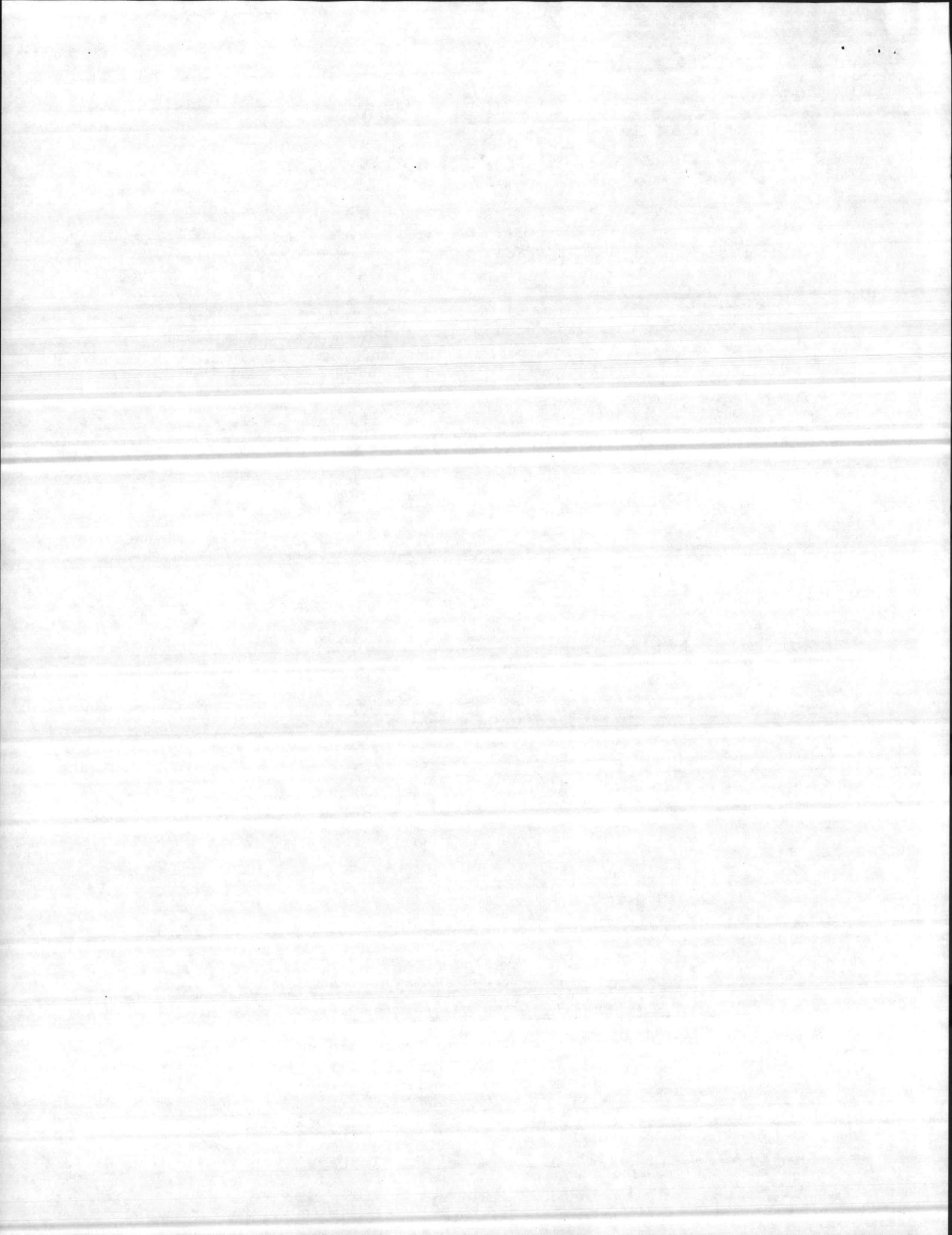
W. K. Duncan, Jr. Executive Vice President

County of Dallas

X

Subscribed and sworn to before me this 30th day of January 1984

Debra Hunt
Notary Public



SUBROGATION RECEIPT

RECEIVED OF THE National Union Fire INSURANCE CO.,

& 88/100

the sum of Seventeen thousand eight hundred twenty three Dollars (\$ 17,823.88)

in full settlement of all claims and demands of the undersigned for loss and damage by Water

occurring on the 4th day of December A.D. 1982, to the property described in

Policy No. BR 4538244 issued through the Collier-Cobb Agency of said Company.

In consideration of and to the extent of said payment the undersigned hereby subrogates said Insurance Company, to all of the rights, claims and interest which the undersigned may have against any person or corporation liable for the loss mentioned above, and authorizes the said Insurance Company to sue, compromise or settle in the undersigned's name or otherwise all such claims and to execute and sign releases and acquittances and endorse checks or drafts given in settlement of such claims in the name of the undersigned, with the same force and effect as if the undersigned executed or endorsed them.

Warranted no settlement has been made by the undersigned with any person or corporation against whom a claim may lie, and no release has been given to anyone responsible for the loss, and that no such settlement will be made nor release given by the undersigned without the written consent of the said Insurance Company and the undersigned covenants and agrees to cooperate fully with said Insurance Company in the prosecution of such claims, and to procure and furnish all papers and documents necessary in such proceedings and to attend court and testify if the Insurance Company deems such to be necessary but it is understood the undersigned is to be saved harmless from costs in such proceedings.

In Witness Whereof I have hereto set my hand and seal this 30th day of January 19 84

WITNESS:

Sheila Smith
Crika Neuman

J. W. BATESON COMPANY, INC. (L.S.)

W. K. Duncan, Jr., Exec. Vice Presiden

BYX [Signature] OFFICER

(Notarization to be completed on losses where local law requires it.)

FOR INDIVIDUALS

FOR CORPORATIONS

STATE OF

SS:

COUNTY OF

STATE OF Texas

SS:

COUNTY OF Dallas

ON THE DAY OF 19

BEFORE ME CAME

TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN, AND WHO EXECUTED, THE FOREGOING INSTRUMENT, AND

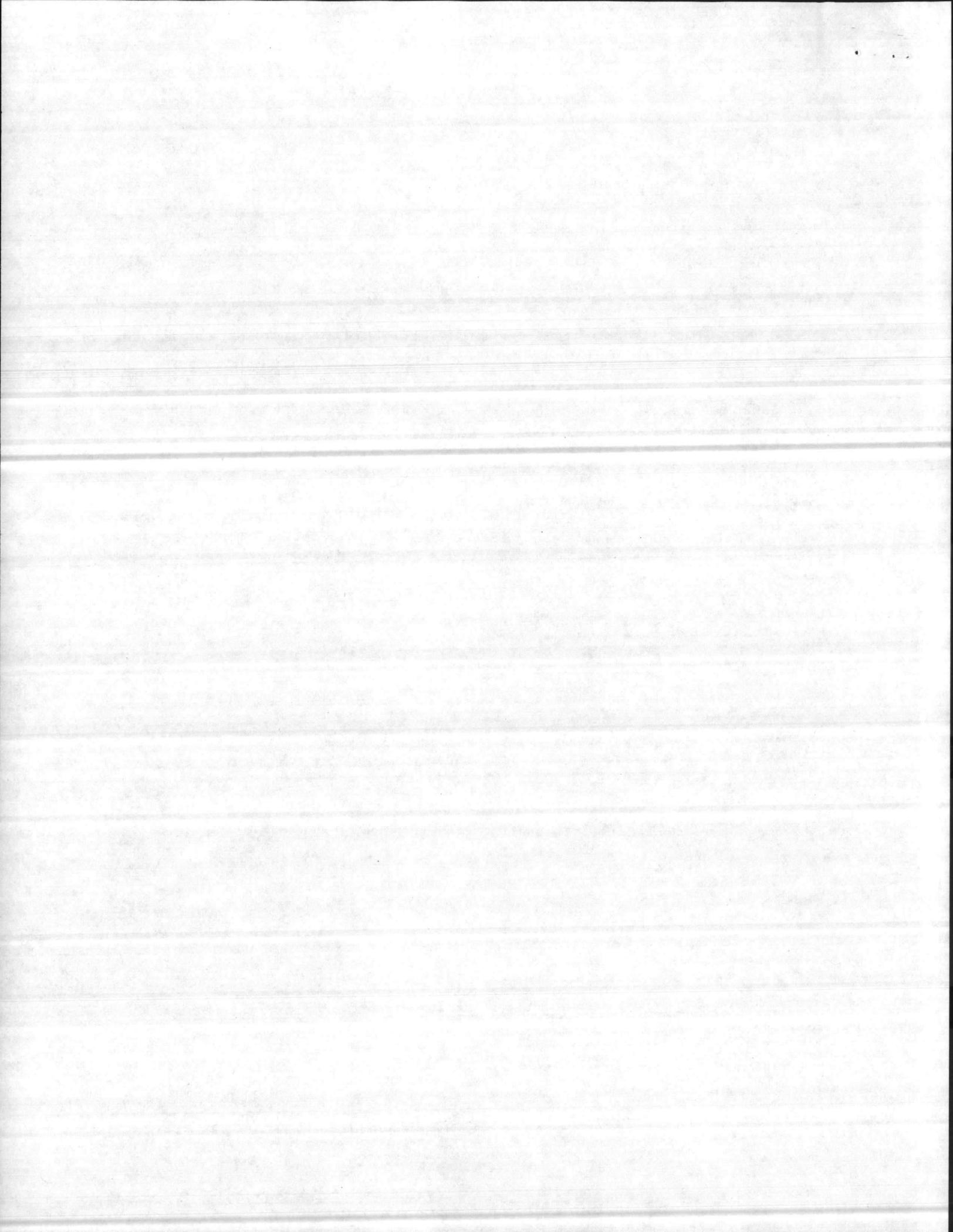
ACKNOWLEDGED THAT EXECUTED THE SAME.

ON THE 30th DAY OF January, 1984

BEFORE ME CAME TO ME KNOWN, WHO, BEING BY ME DULY SWORN, DID DEPOSE AND SAY THAT HE RESIDES IN Dallas, TX THAT HE IS THE Exec. Vice Pres. OF J. W. Bateson Co., Inc. THE CORPORATION DESCRIBED IN, AND WHICH EXECUTED, THE FOREGOING INSTRUMENT; THAT HE KNOWS THE SEAL OF SAID CORPORATION; THAT THE SEAL AFFIXED TO SAID INSTRUMENT IS SUCH CORPORATE SEAL; THAT IT WAS SO AFFIXED BY ORDER OF THE BOARD OF DIRECTORS OF SAID CORPORATION; AND THAT HE SIGNED HIS NAME THERETO BY LIKE ORDER.

[Signature] Debra Hunt NOTARY

NOTARY



WORSHAM SPRINKLER CO., INC.

~~PO BOX 506~~ • ~~KERNERSVILLE, NORTH CAROLINA 27284~~ • PHONE ~~(919) 896-4191~~ (704) 596-4241

Date **September 20, 1983**

Job Name **Naval Regional Medical Center**

Our Job No. **10006** Your P. O. No.
or File No.

To **WSC**
Ashland, Va.

Att.: **George Wagner**

Gentlemen:

We are sending you

- Herewith
 Separately

- Shop Dwgs.
 Revised Dwgs.
 Additional Dwgs.
 Literature
 Hydraulic Calculations

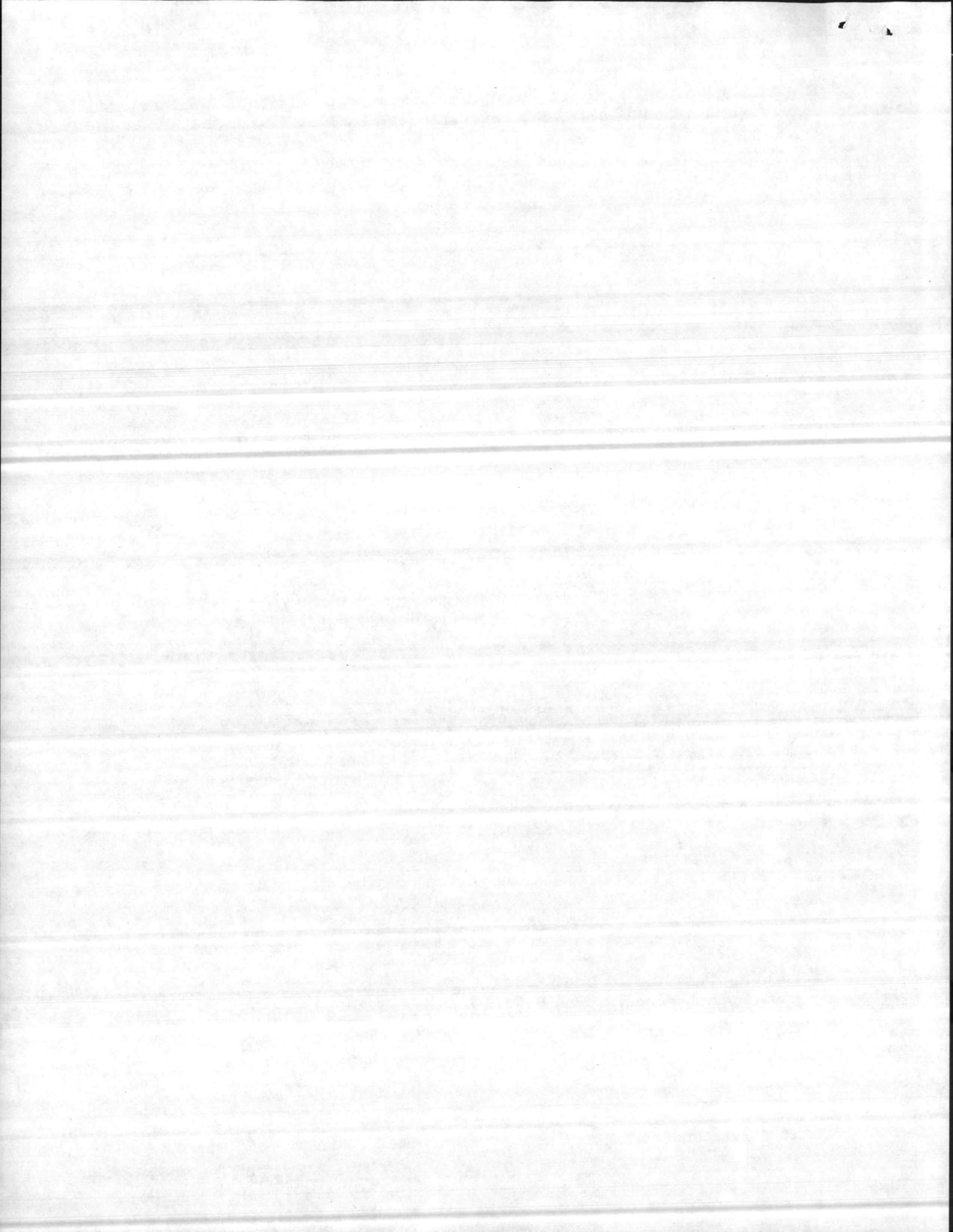
- For Approval
 Per Request
 For Construction
 For Your File

NO. OF COPIES	DWG. NO.	DESCRIPTION
2		Contract Completion Report - REVISED

Remarks _____

Please return copies to this office bearing your stamp
of approval or comments.

Very truly yours,
Brenda V. Moore



WORSHAM SPRINKLER CO., INC.

CONTRACT COMPLETION REPORT

REVISED

Contract Name - *NAVAL REGIONAL MEDICAL CENTER*

Date of Report - *9-19-83*

Contract Number - *10006*

Original Contract Face - *\$717,413.00*

Contract Completion Date - *1-16-83*

Name of Foreman - *JIM TUCKER /
CECIL LANGLEY*

*Authorized Extras or Credits (list separately)

Possible Extras or Credits (list separately)

<u>Number</u>	<u>Amount</u>	<u>Reference</u>	<u>Amount</u>
<i>1</i>	<i>2057.00</i>	_____	_____
<i>2</i>	<i>296.00</i>	_____	_____
<i>3</i>	<i>492.00</i>	_____	_____
<i>4</i>	<i>7200.00</i>	_____	_____
<i>5</i>	<i>2842.00</i>	_____	_____
<i>6</i>	<i>-0-</i>	_____	_____
<i>7</i>	<i>475.00</i>	_____	_____
<i>8</i>	<i>2072.94</i>	_____	_____
_____	_____	_____	_____

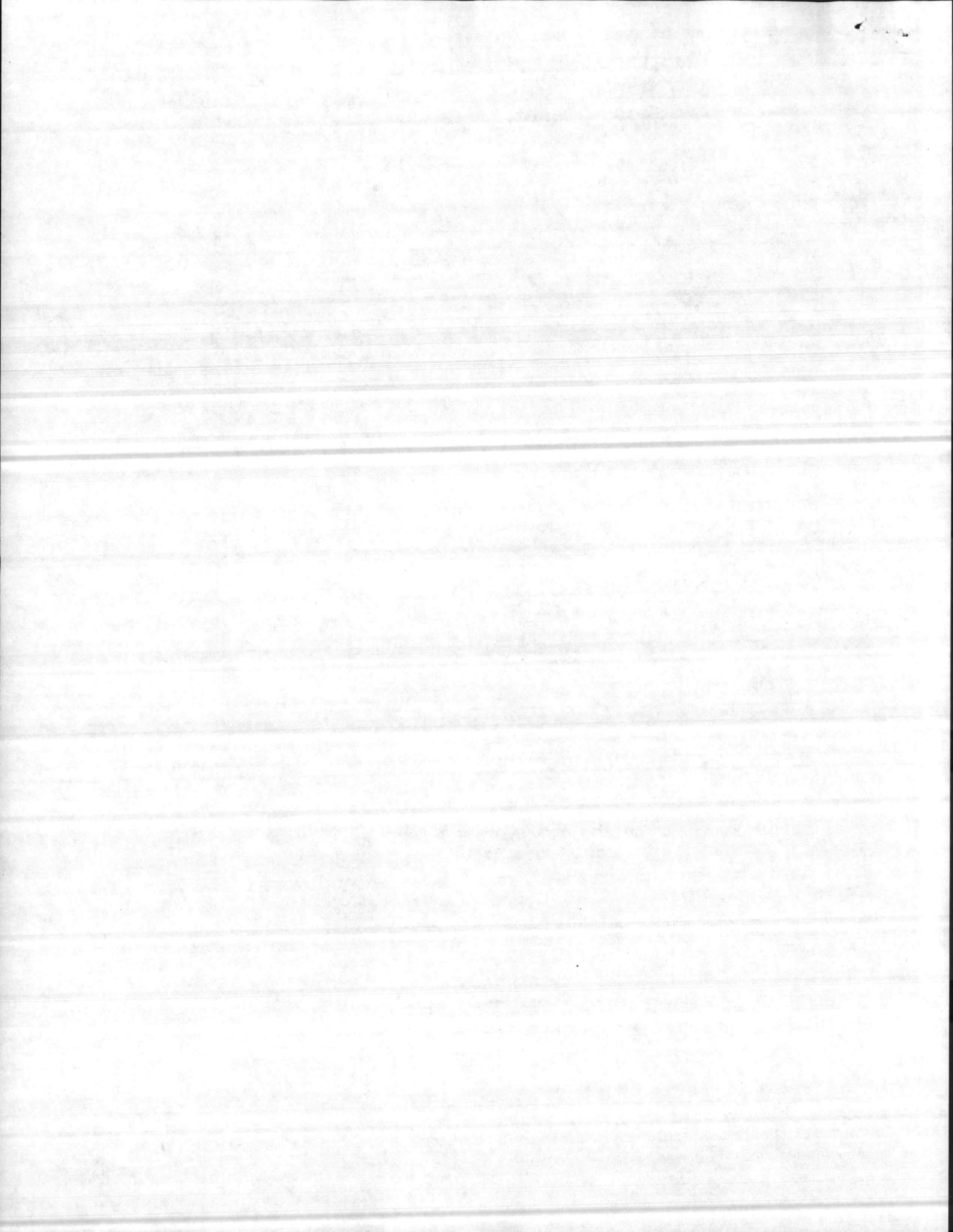
Revised Contract Amount (incl. authorized extras and credits only) - *\$732,847.94*

Contractor's Material and Test Certificate Attached - Yes _____ No *X*
(if "no", indicate the reason)

SENT w/ ORIGINAL COMPLETION REPORT

Signed - *Wayne L. ...*

* Authorized extra or credit means that we have received a written and priced authorization from the customer for the item.



WORSHAM SPRINKLER CO., INC.

~~PO BOX 100~~ • ~~KERNERSVILLE, NORTH CAROLINA 27284~~ • PHONE ~~(919) 896-4181~~ (704) 596-4241

Date **September 20, 1983**

Job Name **Naval Regional Medical Center**

Our Job No. **10006**

Your P. O. No.
or File No.

To **WSC**
Ashland, Va.

Att.: **George Wagner**

Gentlemen:

We are sending you

Herewith
 Separately

Shop Dwgs.
 Revised Dwgs.
 Additional Dwgs.
 Literature
 Hydraulic Calculations

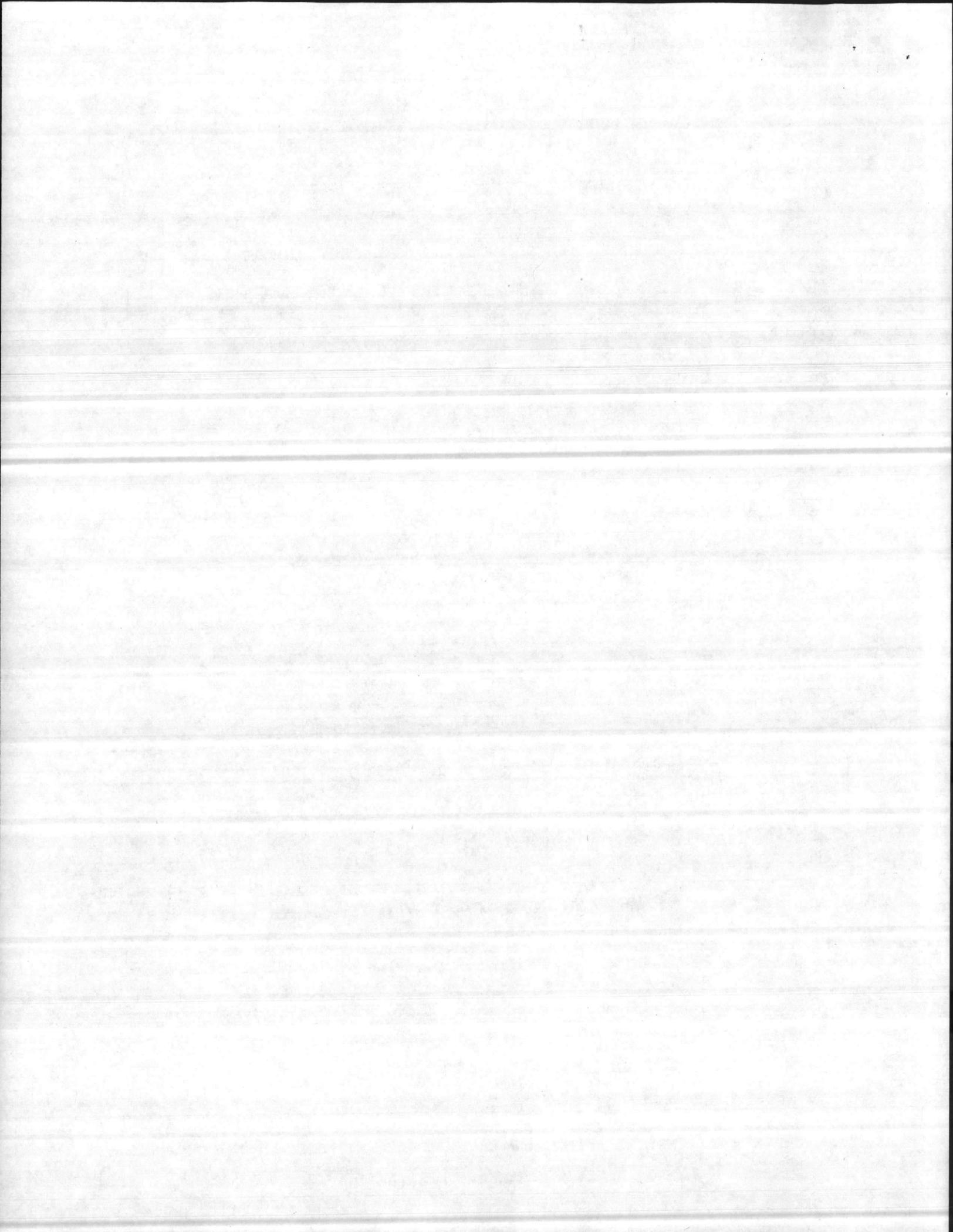
For Approval
 Per Request
 For Construction
 For Your File

NO. OF COPIES	DWG. NO.	DESCRIPTION
2		Change order #8 in the amount of \$2,072.94
2		Cardinal Contracting Co. letter dated August 25, 1983
2		Cardinal Contracting Co. check #2689 in amount of \$3,799.57
2		WSC letter to Cardinal Contracting Co. dated 1/27/83
2		LECO, Inc. invoice No. 1161 in amount of \$1,561.49 dated 12/17/82
2		WSC letter to Cardinal Contracting Co. dated 10/19/82
2		Remarks _____

Please return _____ copies to this office bearing your stamp
of approval or comments.

Very truly yours,

Brenda V. Moore



WORSAM SPRINKLER CO., INC.

CONTRACT COST CARD INFORMATION

Contract Name: NAVAL REGIONAL MEDICAL CENTER Contract With: CARDINAL CONTRACTORS CO.
 Contract Address: CAMP LE JEUNE, NC P.O. BOX 20445
DALLAS, TEXAS 75220
 Contract No. 10006 Contract Date: 9-19-83 Contract Amount: 2072.94
CHG. ORDER CHG. ORDER

CHG. ORDER # 8

BILLING INFORMATION

Billing Date: _____
 Retainage required: _____
 Certified Payrolls Req.: _____
 Billing Address: _____

Owner's-Contract Job No. _____
 Credit Check information: _____

Original Contract Amount \$ 719,413.00

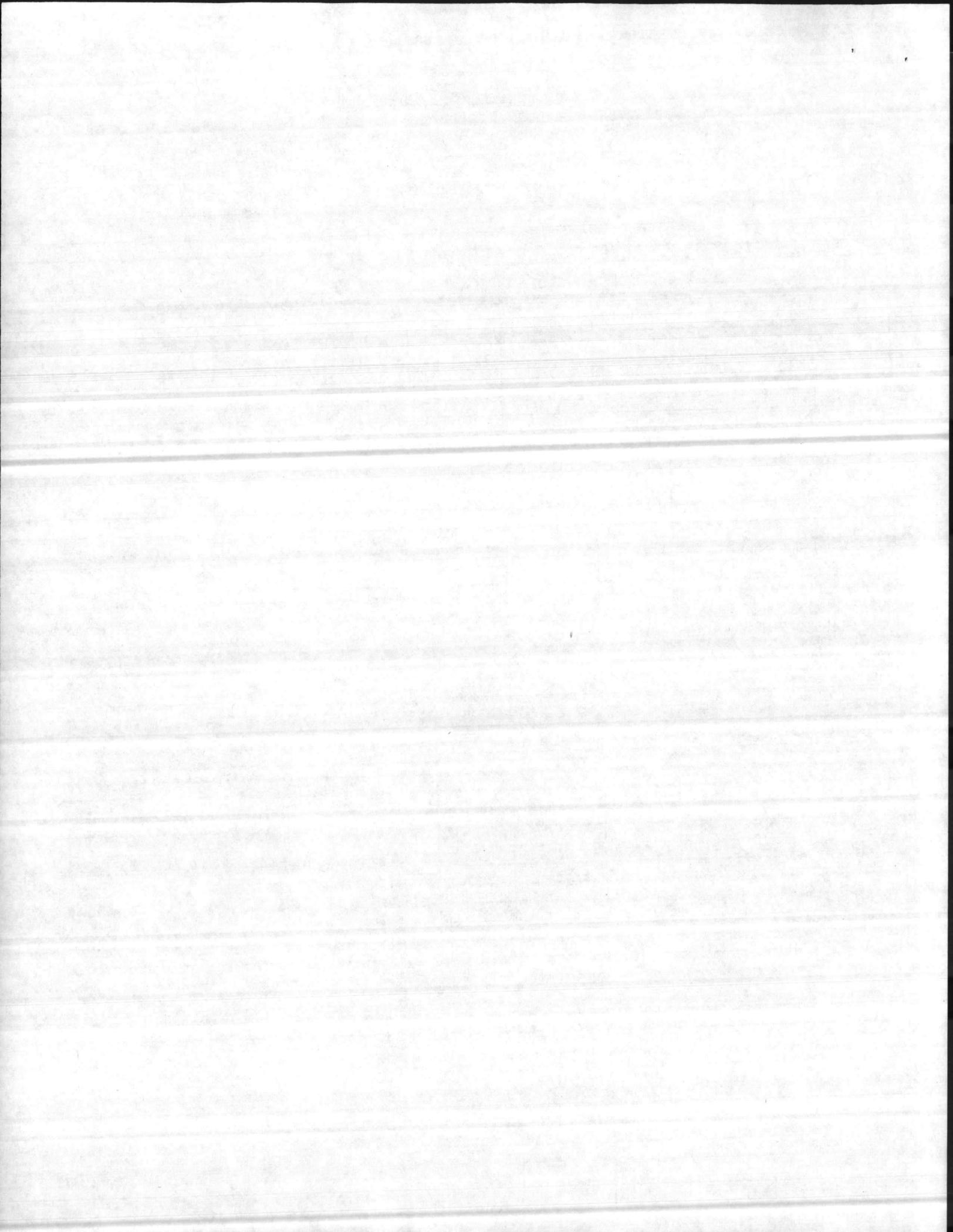
Change Order No.	Amount
1	2057.00
2	296.00
3	492.00
4	7200.00
5	2842.00
6	-
7	475.00
8	2072.94

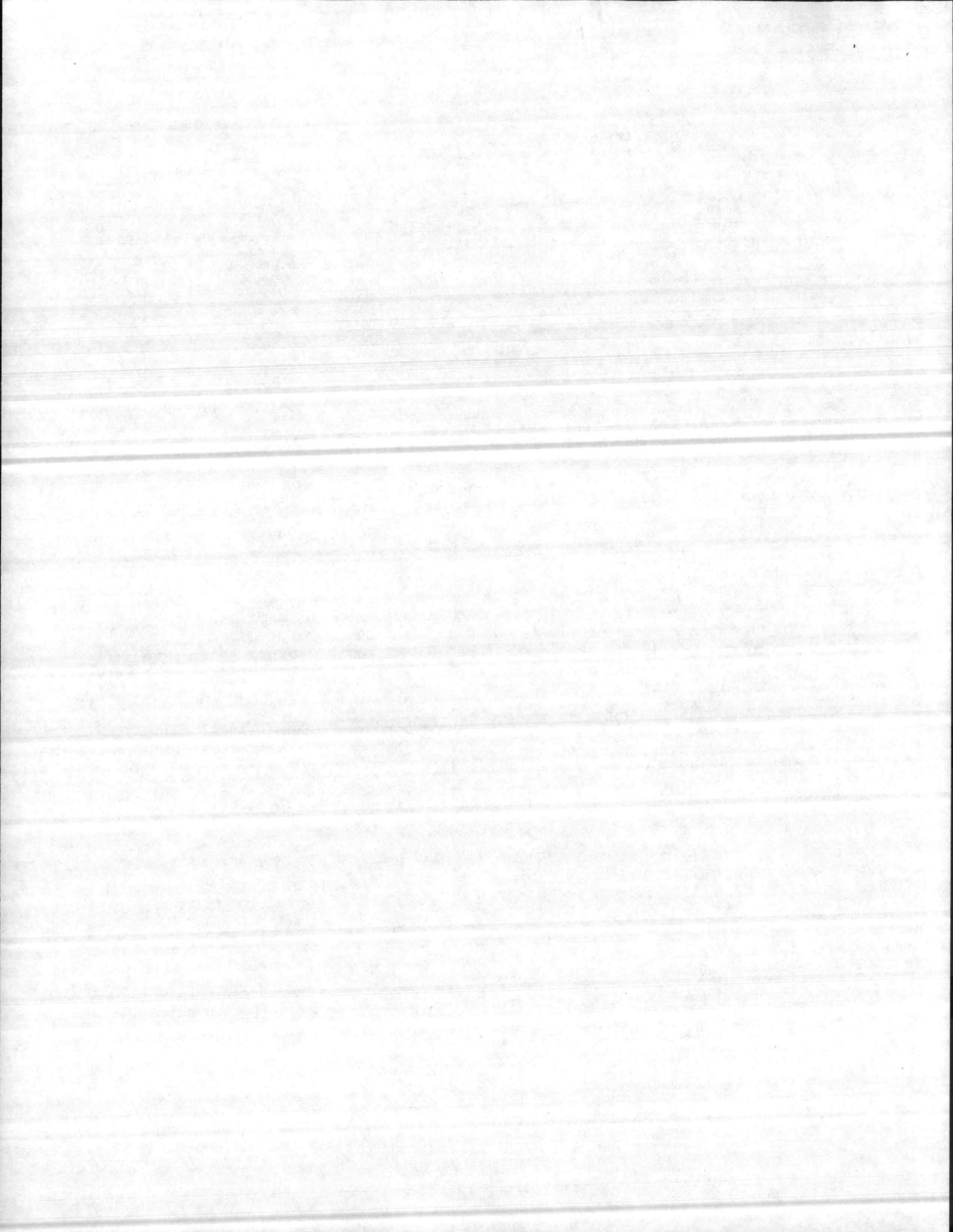
TOTAL CONTRACT AMOUNT \$ 732,847.94

Special Notes:

ITEM	ACCOUNT NUMBER	ESTIMATED COST	HOURS
Material Sprinklers			
Material Standpipe			
Material Fire Pump			
Material Racks			
Material Underground			
Material Halon			
Material CO2			
Material Foam			
Material Deluge			
Total Mat. Cost	14		
Labor Upright			
Labor concealed			
Labor cutting drops			
Labor receiving & dist.			
Labor Standpipe			
Labor Fire Pump			
Labor Racks			
Labor Underground			
Labor Halon			
Labor CO2			
Labor Foam			
Labor Deluge			
Labor Detection			
Labor Painting			
Labor Supervision			
Labor hrs. ST			
Labor hrs. OT			
Total Labor hrs.			
Total Labor	15		
Eng. hrs. ST			
Eng. hrs. OT			
Total Eng. hrs.			
Total Eng.	16		
Const. Expenses	15		
Eng. expenses	16		
Fabrication	17		
Freight	19		
Subcontract	18		
Taxes	14		
Misc. Oper. overhead	15, 16, 17		
Misc.	19		
ADD FOR PUMP PROBLEM	18	3299.57	
BACKCHARGES	18	(1726.63)	
TOTAL DIRECT COST		2072.94	
OVERHEAD & PROFIT			
TOTAL CONTRACT		2072.94	

Manager L. J. [Signature]





9593000 DATE 6 09 83 CARDINAL CONTRACTING CO., INC., P.O. Box 20445, Walnut Hill Station • Dallas, Texas 75220 2689

VENDOR INVOICE	INVOICE DATE			DESCRIPTION	AMOUNT INVOICED	TAX	DISCOUNT	AMOUNT PAID
	MO	DAY	YR					
0000126	1	27	83	23835025700	3,799.57			3,799.57
TOTAL → \$								3,799.57

RETAIN THIS STUB FOR YOUR RECORDS



CARDINAL
Contracting Co., Inc.
 GENERAL CONTRACTORS
 P. O. BOX 20445 □ DALLAS, TEXAS 75220 □ PHONE A/C 214-351-4062

REPUBLIC BANK BROWNWOOD
 BROWNWOOD, TEXAS

NO. 2689

MO	DAY	YR
6	09	83

***3,799.57**

PAY TO
 THE
 ORDER
 OF

WORSHAM SPRINKLER COMPANY
 P. O. BOX 516
 KERNERSVILLE, N.C. 27284

CARDINAL CONTRACTING CO., INC.

H. K. ...

⑈003095⑈ ⑆111901551⑆ 491⑈009⑈5⑈

WORSHAM SPRINKLER CO., INC.

. 1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

January 27, 1983

Cardinal Contracting Company
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: John Eckhart

Re: Naval Regional Medical Center
Camp Lejeune, NC

Gentlemen:

Regarding our letter of October 19, 1982, (copy attached) concerning the problems we encountered while performing our fire pump test, we have now received the pump vendor's cost and are able to compile all the additional costs to us as a result of the improper flushing and testing of the underground fire lines.

WSC field labor to dismantle the pump underground lead-in piping, clean out piping, re-assemble, dismantle and re-assemble the fire pump several times to rid the equipment of foreign objects,

80 hours @ 20.48	\$ 1,638.40
Per diem expenses	<u>250.00</u>
WSC FIELD TOTAL	\$ 1,888.40

Leco, Inc., the fire pump vendor, had a workman at the jobsite for four days rather than the normal one-day test trip because of the problem with the underground lines. They personally carried the pump from Camp Lejeune to the pump manufacturer in Toccoa, GA, on Saturday to have the damaged impeller replaced.

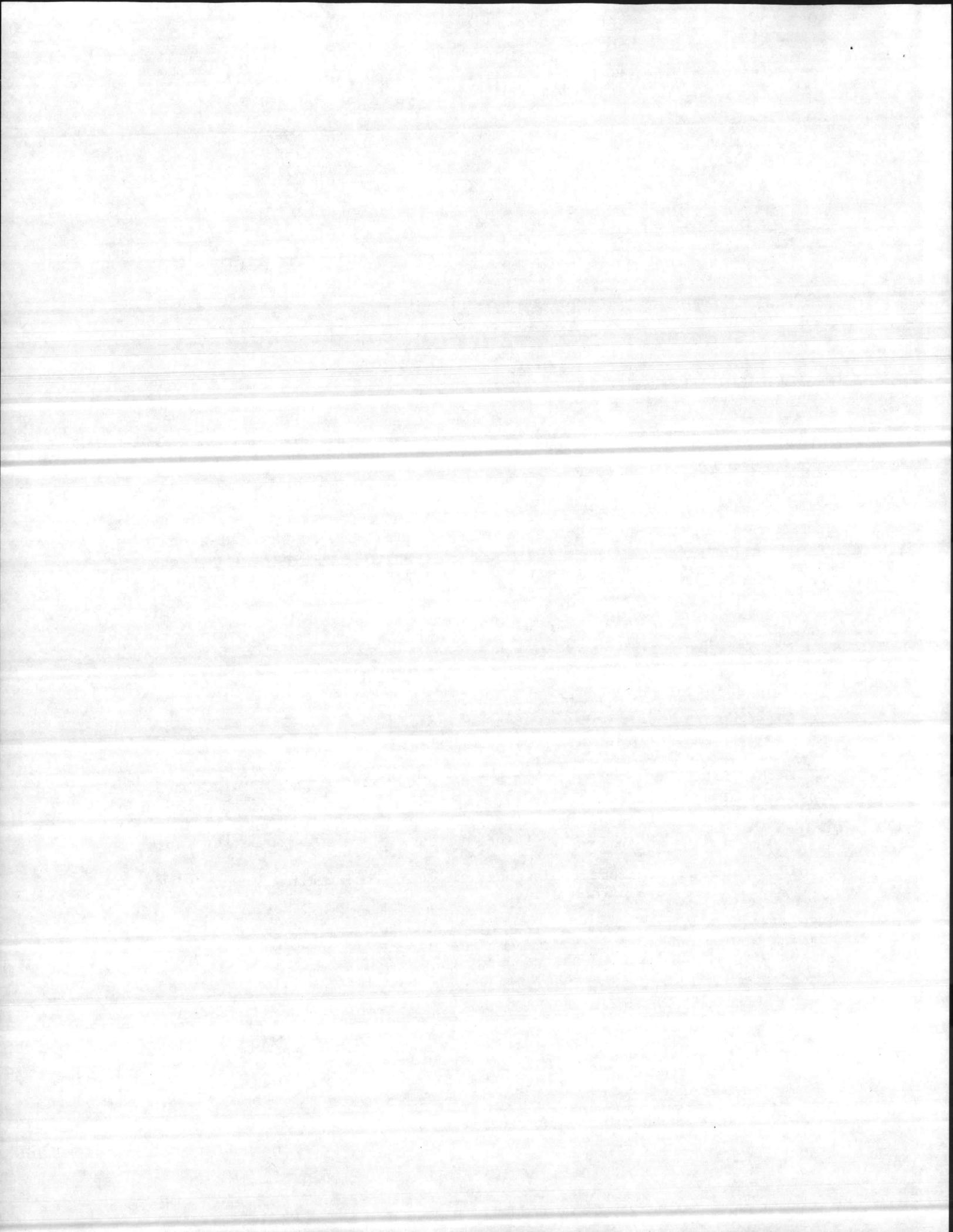
Leco, Inc. field labor assistance, impeller replacement, trip to pump manufacturer (See attached invoice),

\$ 1,561.49

We have elected not to charge Cardinal the \$303.25 for Leco's travel to Georgia. WSC will pay this cost because we scheduled the fire pump test without allowing adequate time for possible problems.

\$ (303.25)

Total Material & Labor	\$ 3,146.64
15% Overhead	\$ 472.00
5% Profit	<u>180.93</u>
TOTAL CHARGE TO CARDINAL	\$ 3,799.57



Cardinal Contracting Company

January 27, 1983

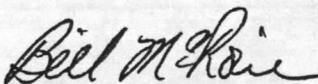
Page 2

Our labor costs include social security, fringes and taxes.

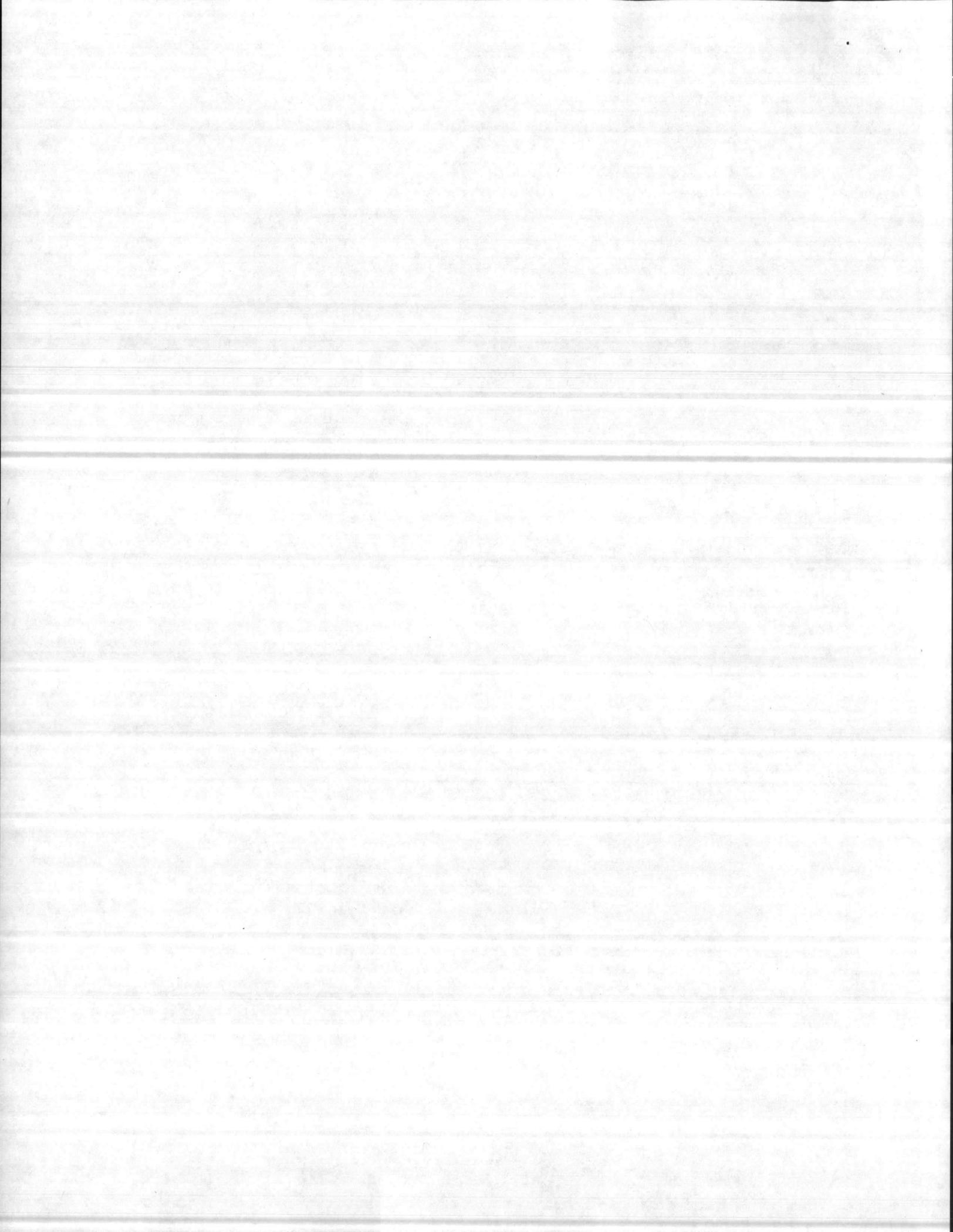
Please forward your change order at your earliest convenience for this additional work. If you have any questions, please do not hesitate to contact us.

Sincerely,

WORSHAM SPRINKLER COMPANY, INC.


W. D. McRorie

WDM/ld
attachments



LECO INC.
P. O. Box 2908
HICKORY, NC 28601

INVOICE

No 1161

(704) 322-9456

TO Worsham Sprinkler Company

PO Box 525

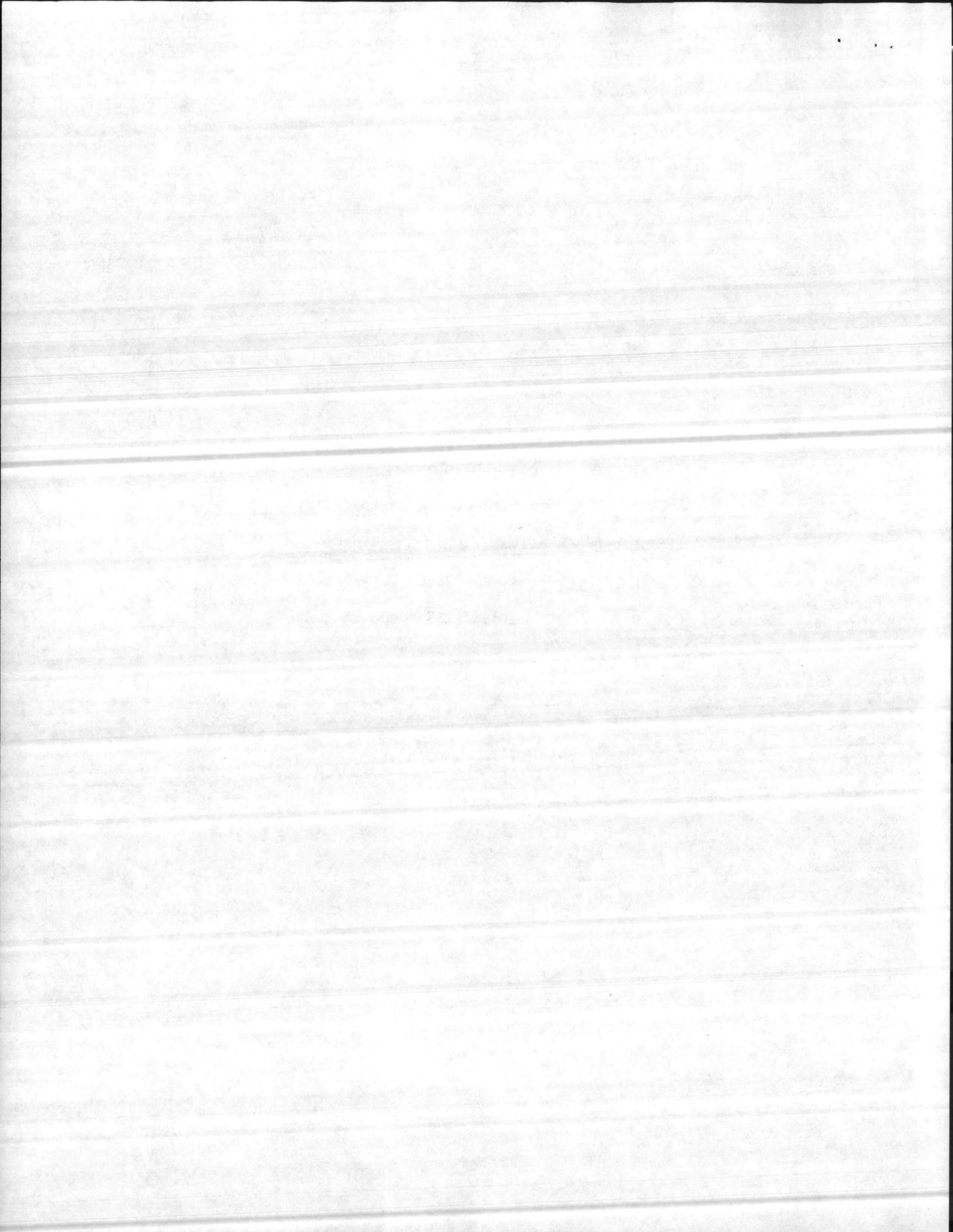
Kernersville, NC 27284

INVOICE DATE December 17, 1982	SALESMAN L. Clark
SHIP TO Field Test	
Electric Fire Pump	
Camp Lejeune, NC	

YOUR ORDER NO.	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS	
		L. Clark			
QUANTITY	DESCRIPTION			UNIT PRICE	TOTAL
1	Fire Pump Impeller for electric pump			956 00	956 00
	4% sales tax				38 24
	Field Labor assisting Worsham Sprinkler Company				
	Dismantle and assemble pump five times due to debris				
	in unit	October 6th & 7th	16 hours	16 50	264 00
	Trip to Patterson Pump Toccoa, GA for factory impeller				
	replacement on Oct 9th 395 miles @ .35 = 138.25				
	10 hrs @16.50 = 165.00 Trip Total				303 25
	TOTAL				\$ 1,561 49

DUPLICATE

Thank You



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

October 19, 1982

cmf

Cardinal Contracting Company
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: Ben Wyatt

Re: Fire Protection
Naval Regional Medical Center
Camp Lejeune, NC

Dear Mr. Wyatt:

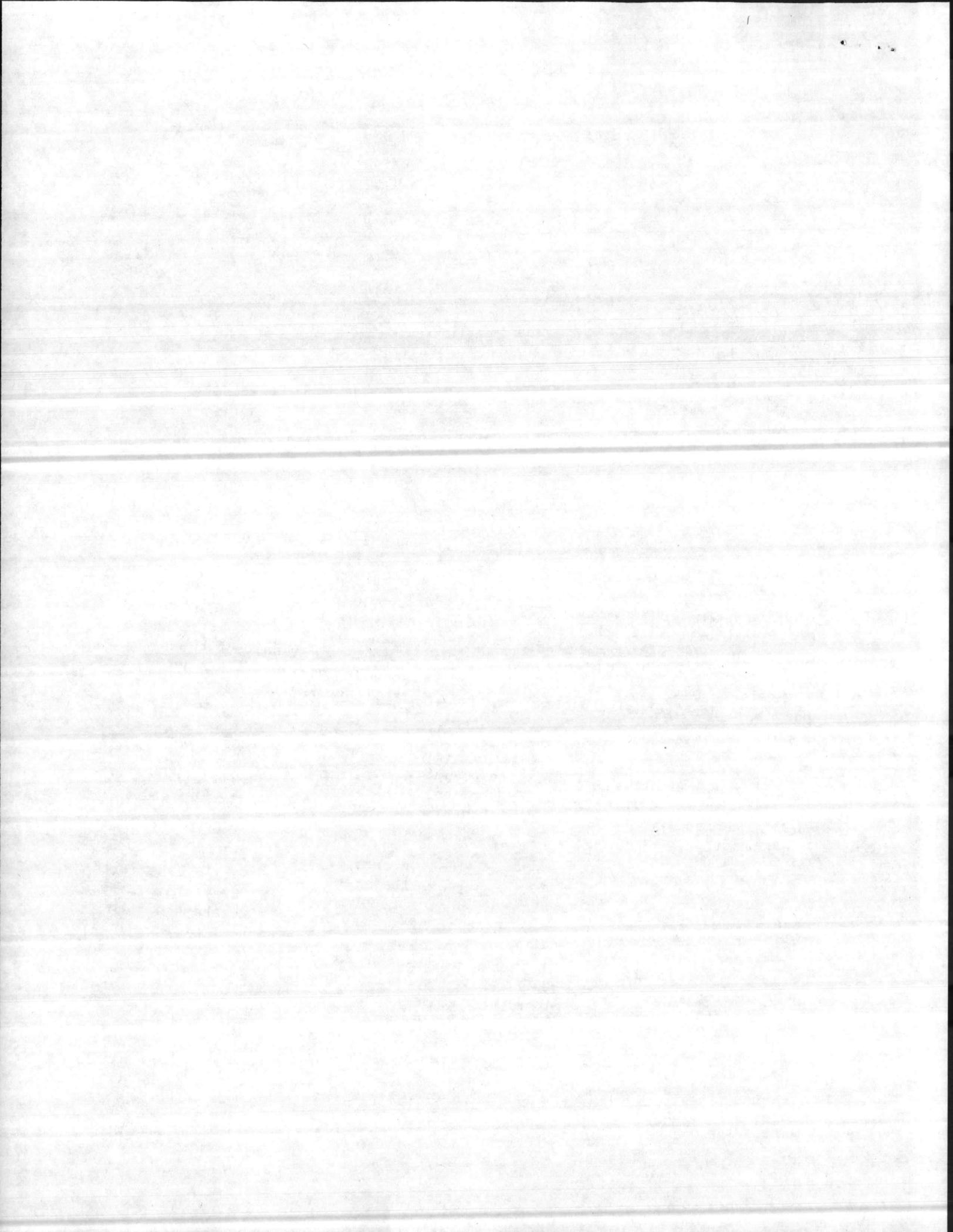
With reference to the problems encountered when we tested the fire pumps at this project, we have the following comments.

We attempted to perform the preliminary pump test on October 6, 1982. Soon after we started the electric pump, foreign objects began entering the pump. The pump was dismantled, cleaned out, and run again on several occasions, but the foreign objects continued to enter. As a result of the attempt to test the pump, the pump impeller was damaged by the rocks, chicken bones, and other foreign objects that were left in the incoming underground fire line.

Obviously the underground lines had not been flushed per the specifications' requirements. The pump manufacturer has determined that the damage to the pump was caused by the foreign objects left in the line. As soon as costs are received from the manufacturer, Worsham will bill for the added cost this has created.

With reference to your letter dated October 11, 1982, and attached Dept. of the Navy letter dated October 8, 1982, the items in the Navy's list (with the exception of Item 1) did not prevent our concluding the preliminary test. Further, it is not standard practice to place in-line filters ahead of the pump, nor was it specified on this job. The only cases we know of where filters are needed are those where the pumps take direct suction from an open-top reservoir. Also, the Navy allowed and witnessed the preliminary test without concern or objection to the minor incomplete items.

As a matter of information, the pump test did go smoothly on October 18, 1982, and the pumps were left where they could be put in service at any time. All items mentioned in the October 8 list that were our responsibility are complete except for the coupling guards and caulking which will be done after the formal test as required.



Cardinal Contracting Company

October 19, 1982

Page 2

We request that the formal test be scheduled through the Contracting Officer, per specifications 15516-7, for November 1, 1982, at 10:00 a.m.

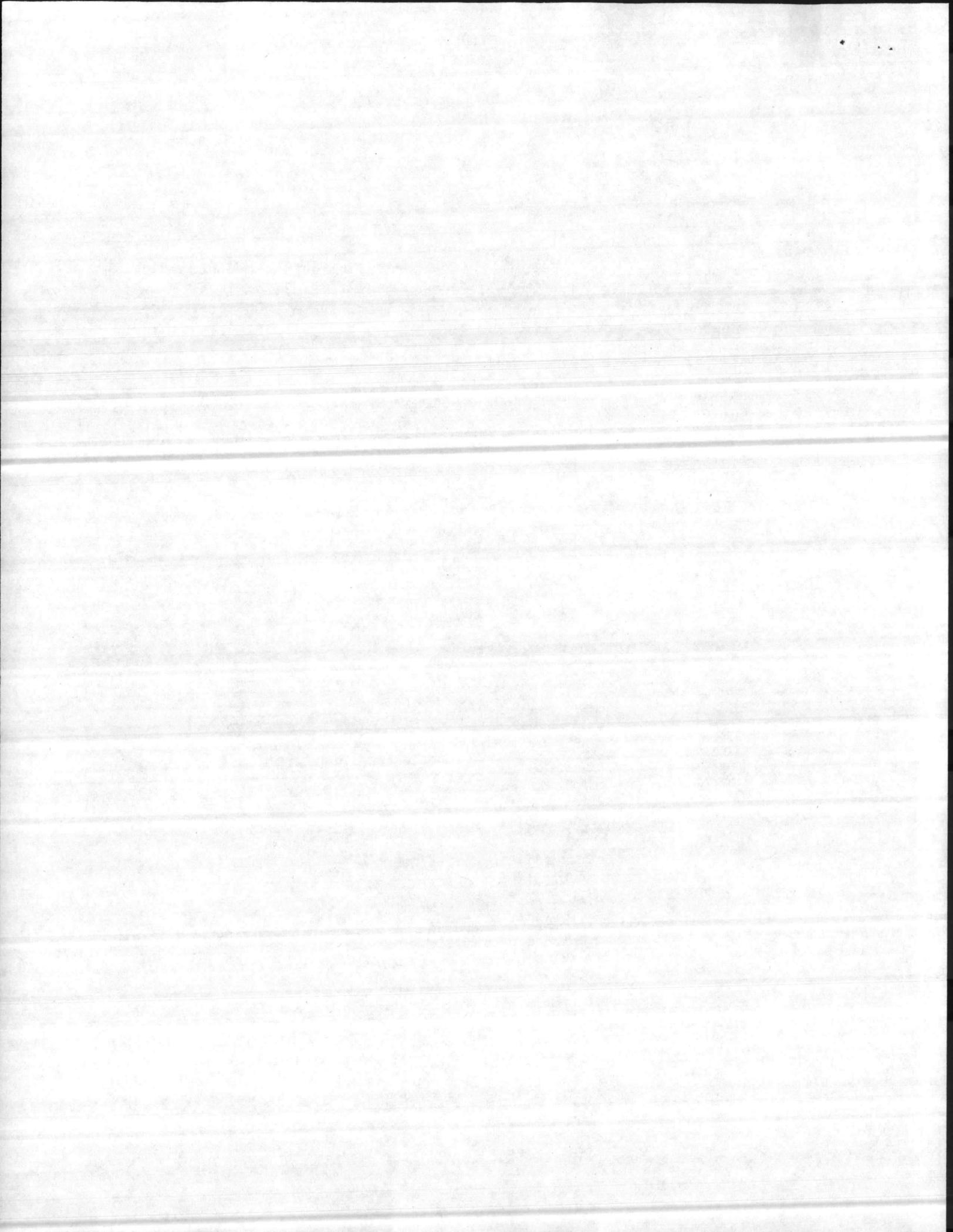
We appreciate your cooperation.

Sincerely,

WORSHAM SPRINKLER COMPANY, INC.

W.D. McRorie
W. D. McRorie

WDM/ld



WORSHAM SPRINKLER CO., INC.

P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

Date **August 30, 1983**

Job Name **Naval Regional Medical Center
Camp Lejeune, N.C.**
Our Job No. **10006** Your P. O. No.
or File No.

To **WSC
Ashland, Va.**

Att.: **George Wagner**

Gentlemen:

We are sending you

Herewith
 Separately

Shop Dwgs.
 Revised Dwgs.
 Additional Dwgs.
 Literature
 Hydraulic Calculations

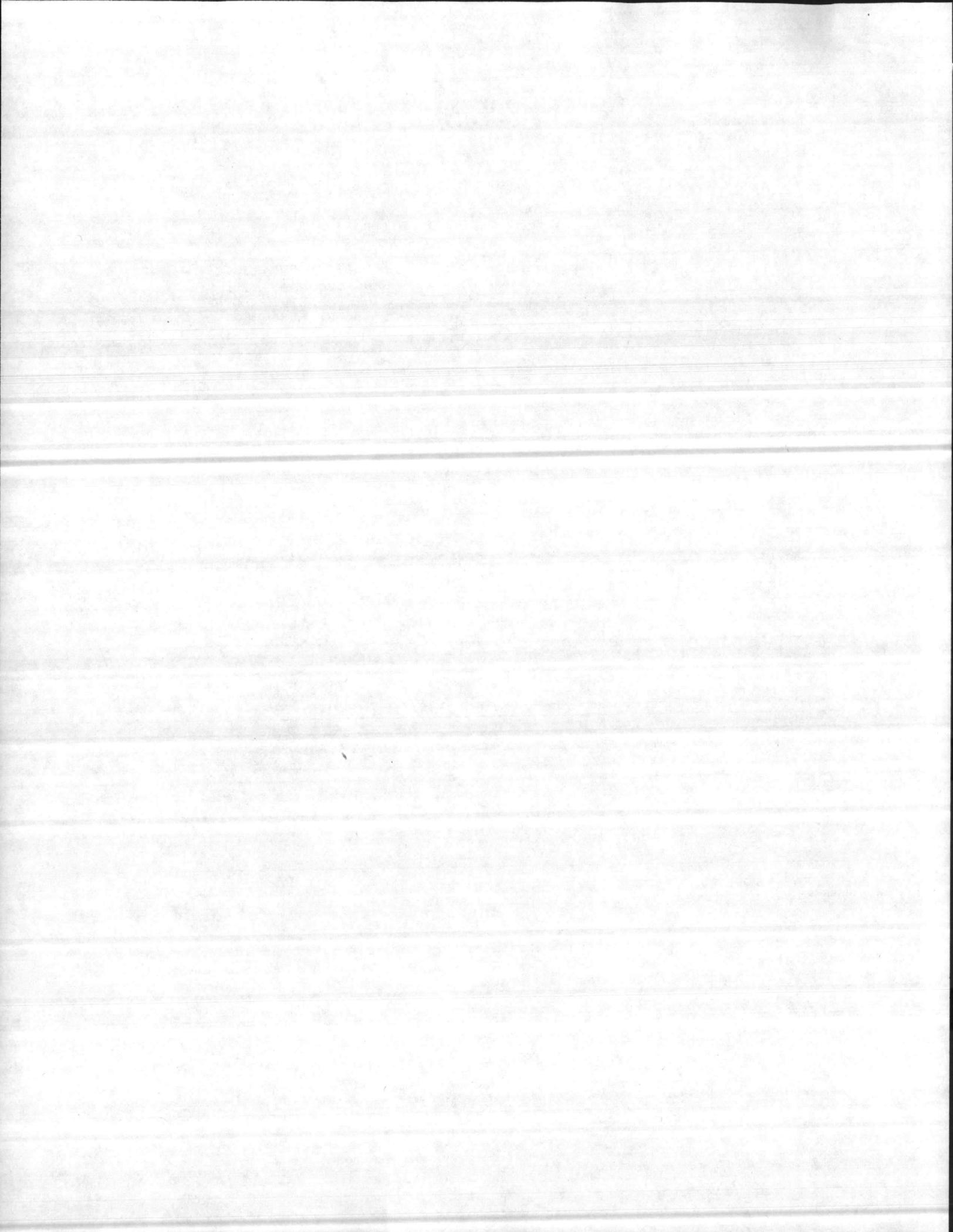
For Approval
 Per Request
 For Construction
 For Your File

NO. OF COPIES	DWG. NO.	DESCRIPTION
1		Letter dated August 25, 1983 from Cardinal Contracting Co., Inc.
1		Subcontractor's Affidavit & Final Release from

Remarks _____

Please return copies to this office bearing your stamp
of approval or comments.

Very truly yours,
Brenda V. Moore



ICE
CAMP
PILE
CAMP LESSEUNE
10006

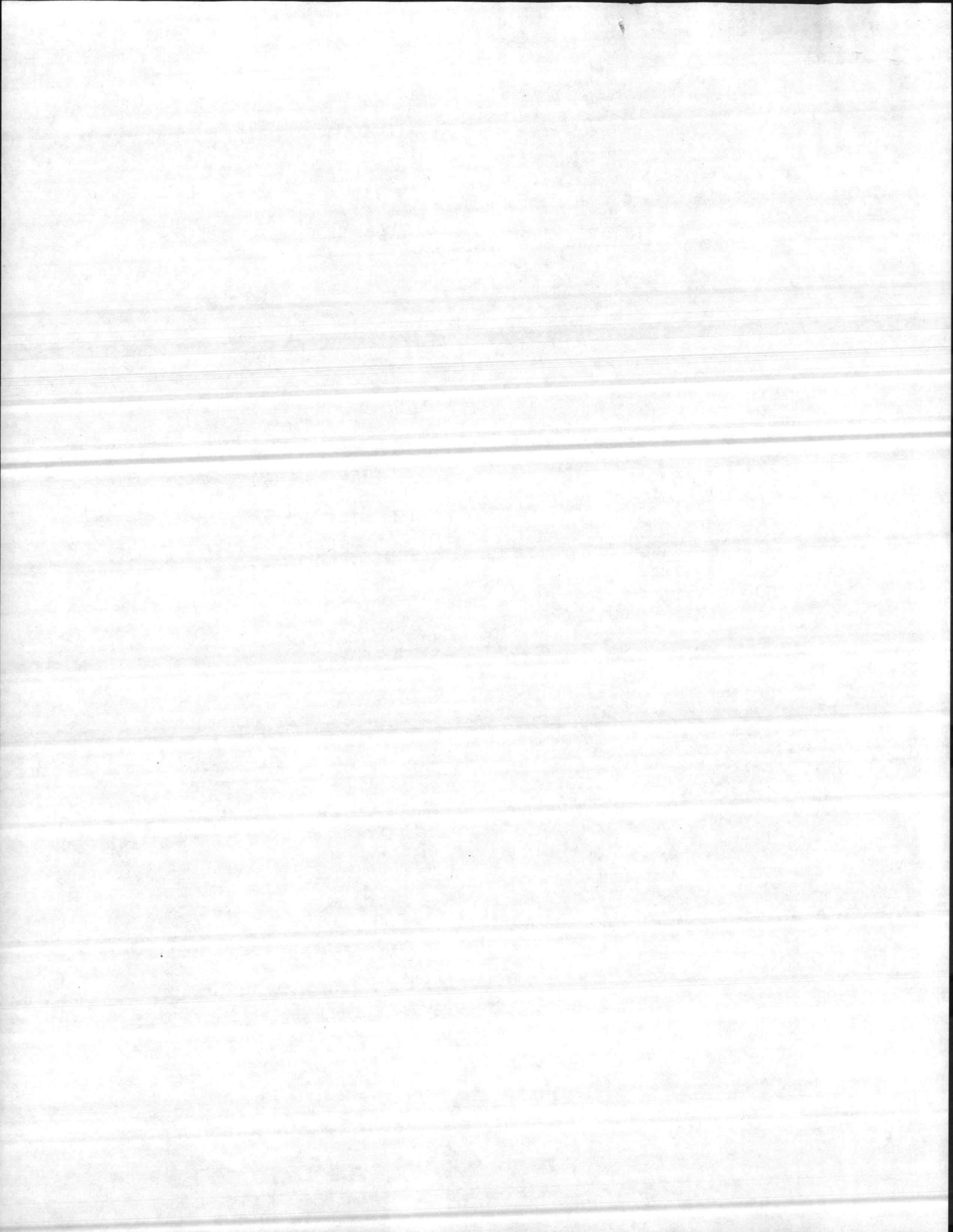
6-20-83
Camp Le June
Elwood Morris works for
Leintata Long
919-451-4900
Diesel fire pump

Pump bearing on opposite end
of pump shaft.
As pump runs gets hot.

Call Friday Clark

Lease
Called Friday 6-29-83
Advised him of above. He
is to send someone to check
and a fix.

Wayne Harris BPH 6-29
* Contract file



WORSHAM SPRINKLER CO., INC.

2233 INTERSTATE NORTH DRIVE • SUITE A • CHARLOTTE, NORTH CAROLINA 28206 • PHONE (704) 596-4241

June 22, 1983

Cardinal Contracting Company
1136 Washington Street
Suite 502
Columbia, SC 29201

Attention: Mr. Kenneth Merrill

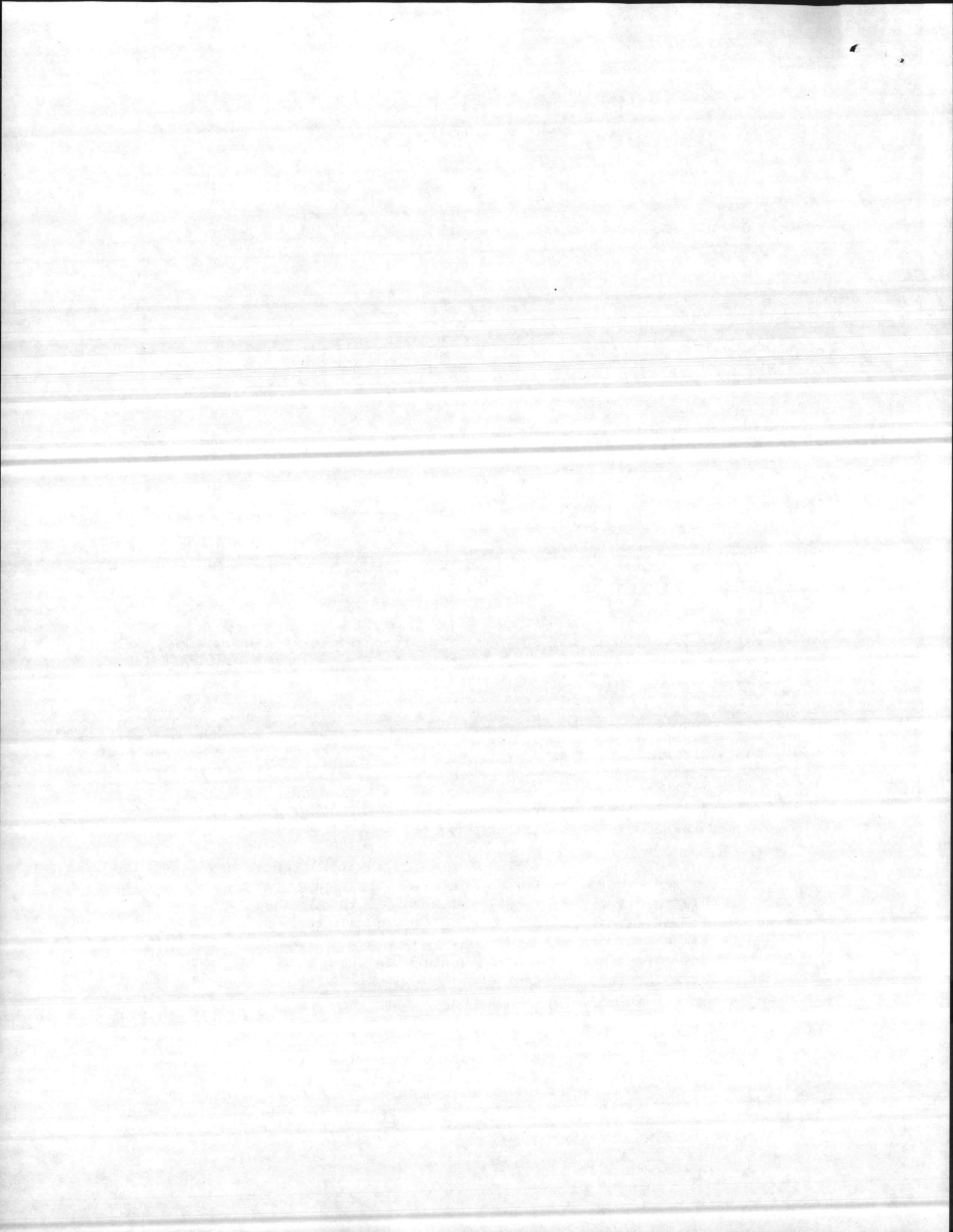
Re: Fire pump damage / Naval Regional Medical Center / Camp Lejeune, NC

Dear Mr. Merrill:

With reference to the letter to your firm from East Coast Construction Company dated June 17, 1983 (concerning the fire pump damage at the subject location), we have the following comments.

Worsham Sprinkler Co., Inc. personnel did not remove the blind flange on the incoming fire line or request anyone else to do so prior to the actual pump installation. In fact, prior to tying in to this line, we checked the stub-up and removed trash and debris as best we could ourselves. Further, the statement about the line being flushed and tested has never been supported by signed test papers to our knowledge, as we have asked repeatedly in the past for copies of these test papers.

We install and test fire pumps frequently and, quite frankly, have never encountered a test where foreign matter entered the pump to the extent that it did at this location. We actually dismantled and cleaned out the pump several different times. If debris had entered this pump from an open stub-up, our contention is it would have entered the pump when it was first run. That was not the case at this location as the longer the pump ran, the more the debris entered, indicating the pump suction was pulling debris which was obviously far out in the underground line.



June 22, 1983
Cardinal Contracting Company
Page 2 of 2

Due to the circumstances involved with this, we cannot accept any responsibility for the work of others.

We appreciate your cooperation. If you have any questions, please do not hesitate to contact us.

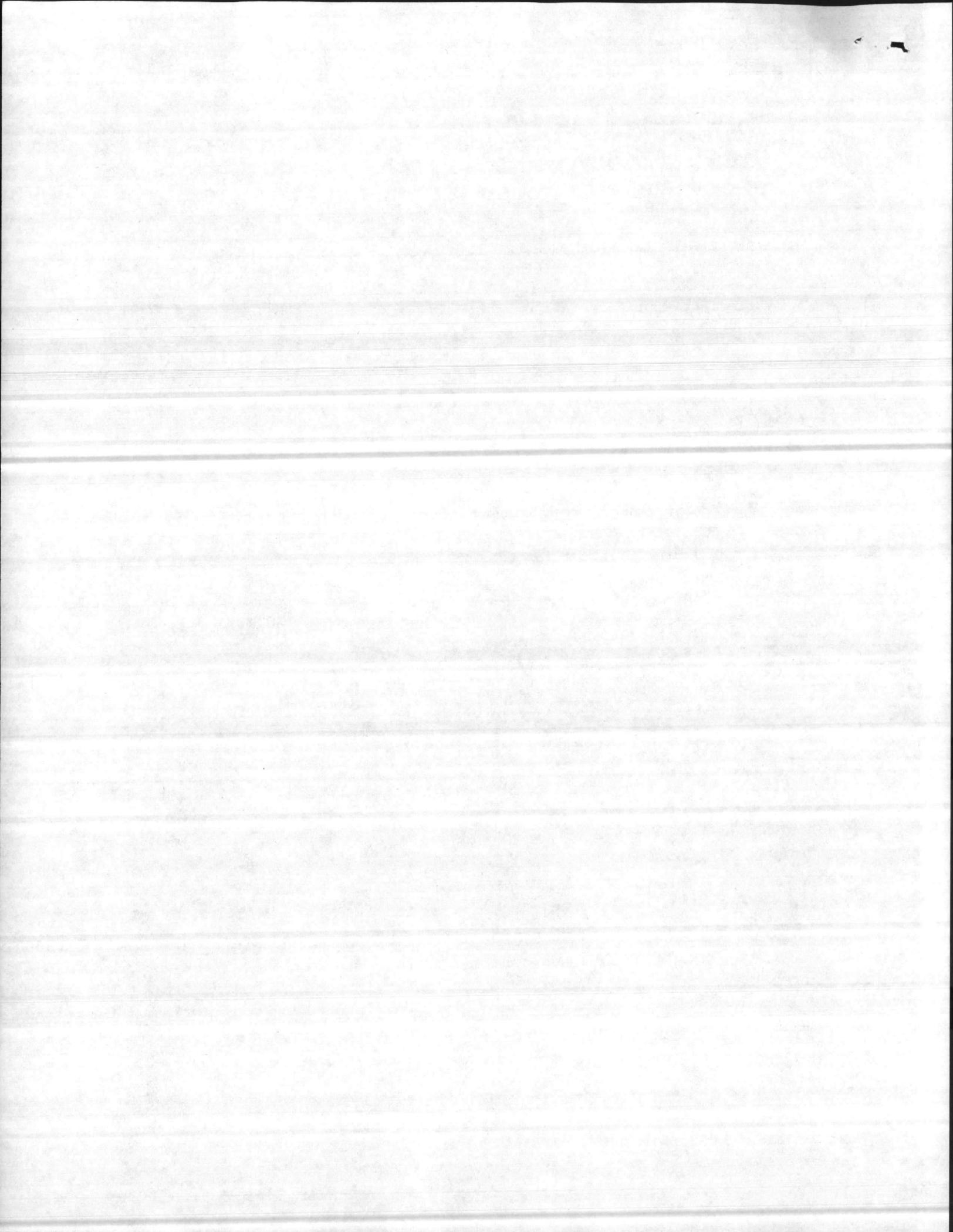
Yours truly,



W. D. McRorie

WDM/tm

cc: East Coast Construction Company



EAST COAST CONSTRUCTION COMPANY, INC.

GENERAL CONTRACTORS

Post Office Box 5004

JACKSONVILLE, NORTH CAROLINA 28540

June 17, 1983

Cardinal Contracting Co., Inc.
 Post Office Box 20445
 Dallas, Texas 25220

Re: Contract No. 74620-77-C-7526
 205 Bed Hospital
 Camp Lejeune, N. C. 28540

Gentlemen:

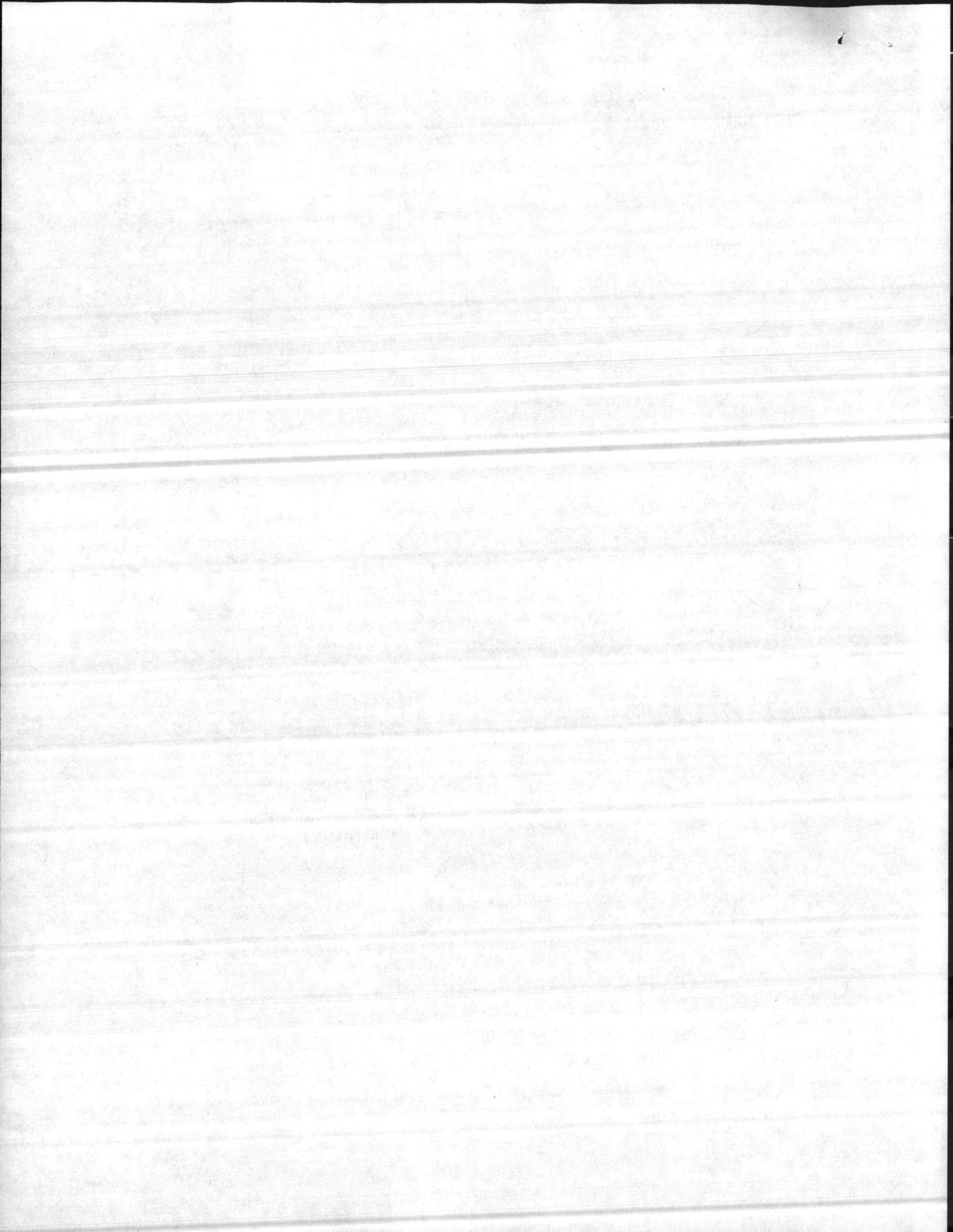
Your invoice of June 1, 1983 in the amount of \$3,799.57 concerning your correspondence of February 17, 1983 enclosing correspondence from Worsham Sprinkler Co., Inc. is acknowledged.

The fire line was stubbed in the mechanical room, tested and sealed with a cast iron blind flange and left in this manner in accordance with instructions from your supervisory personnel and good construction practices. At the insistence of the personnel of Worsham Sprinkler Co., Inc. the blind flange was removed early in the construction process and left open until they installed their fire pumps. Prior to this order by Worsham the line had been flushed, tested and accepted by your forces. From the debris that was retrieved from the fire pumps it is apparent this open ended pipe was used as a trash refuse during the lengthy time of construction. Mr. Jacobs, President of this firm, myself and your Mr. Ben Wyatt met with representatives of Worsham on the job and pointed these facts out. At that time we informed Mr. Wyatt that under the circumstances we assumed no responsibility and our position has not changed as of this date. Your invoice will not be honored and therefore we expect our final payment from you as requested on May 23, 1983.

We would like to give you a reasonable time to respond to this, say ten (10) days, and if we have not heard from you within that time we intend to turn this matter over to our attorney.

There is another letter on my desk concerning an allegation from Bryant-Durham Electric Company, Inc. alleging that we apparently damaged telephone cables at two locations on Brewster Boulevard. The letter was dated February 24, 1983 and we have not worked in that area since the beginning of the job in 1979. Furthermore, the Department of the Navy letter to Bryant-Durham/Starr clearly indicated that the

REC.	INT.	Date
		JUN 20 1983
DA	DA	6/20
B, Mc.		



cable was not properly buried which is certainly out of our realm of responsibility. Therefore we will not accept any responsibility in this matter.

We have always worked with your fine firm in a spirit of cooperation and have gone the second mile on many occasions as Mr. Ben Wyatt will attest. We are not difficult to get along with, however, we are not to be falsely involved in matters that are not our responsibility.

Still remaining to be resolved is a host of daily trips in assisting your personnel in repairs and replacing damage by others during the job progress. These charges will be finalized in a few days and forwarded to you for payment as I mentioned in my covering letter with the final pay request dated May 23, 1983.

If there are any questions, I will be happy to discuss them at your convenience.

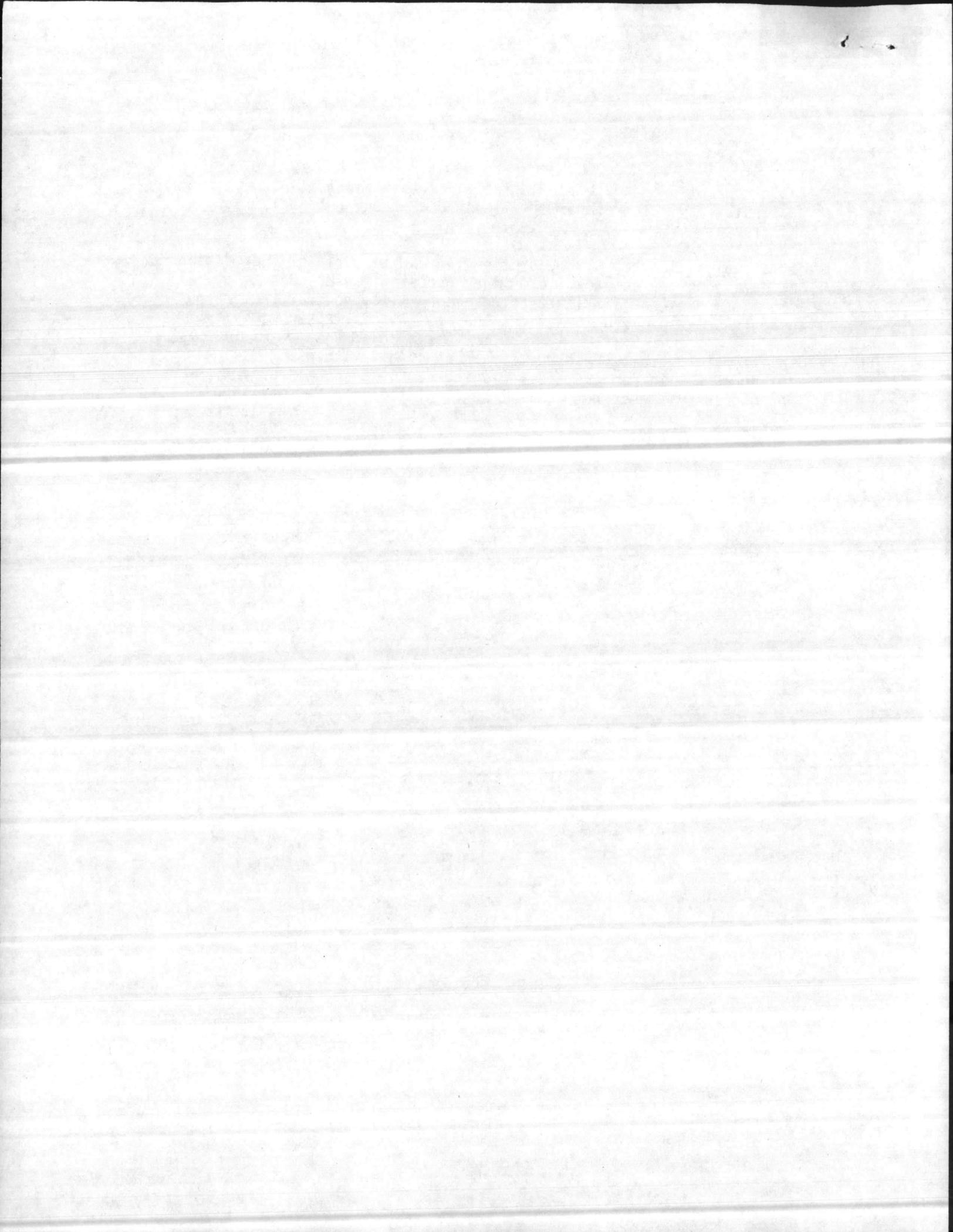
Yours very truly,

EAST COAST CONSTRUCTION CO., INC.

W. H. Myers

WHM/lm

✓ Copy to: Worsham Sprinkler Co., Inc.
Post Office Box 525
Kernersville, N. C. 27284



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

June 9, 1983

Cardinal Contracting Company, Inc.
1136 Washington Street
Suite 502
Columbia, South Carolina 29201

Attention: Mr. Kenneth A. Merrill

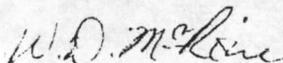
Re: Auto Sprinklers / Naval Reg. Med. Center / Camp LeJeune, NC

Dear Mr. Merrill:

We request a meeting with you at your earliest convenience to discuss and hopefully resolve pending back charges against our firm and discuss final payment for our completed work.

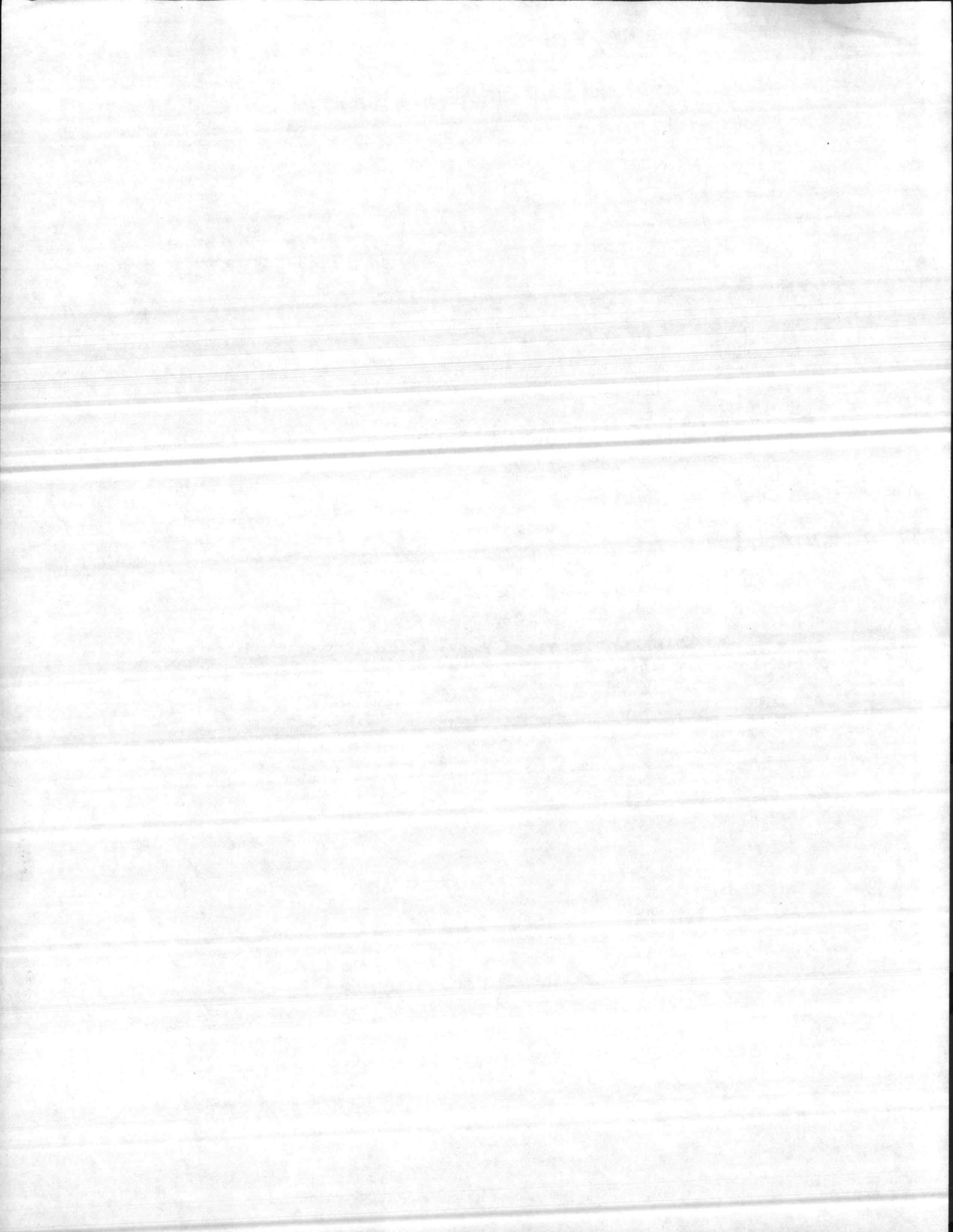
Please contact me to arrange this meeting.

Yours truly,


W. D. McRorie

WDM:tm

cc: George Wagner



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

MEMO

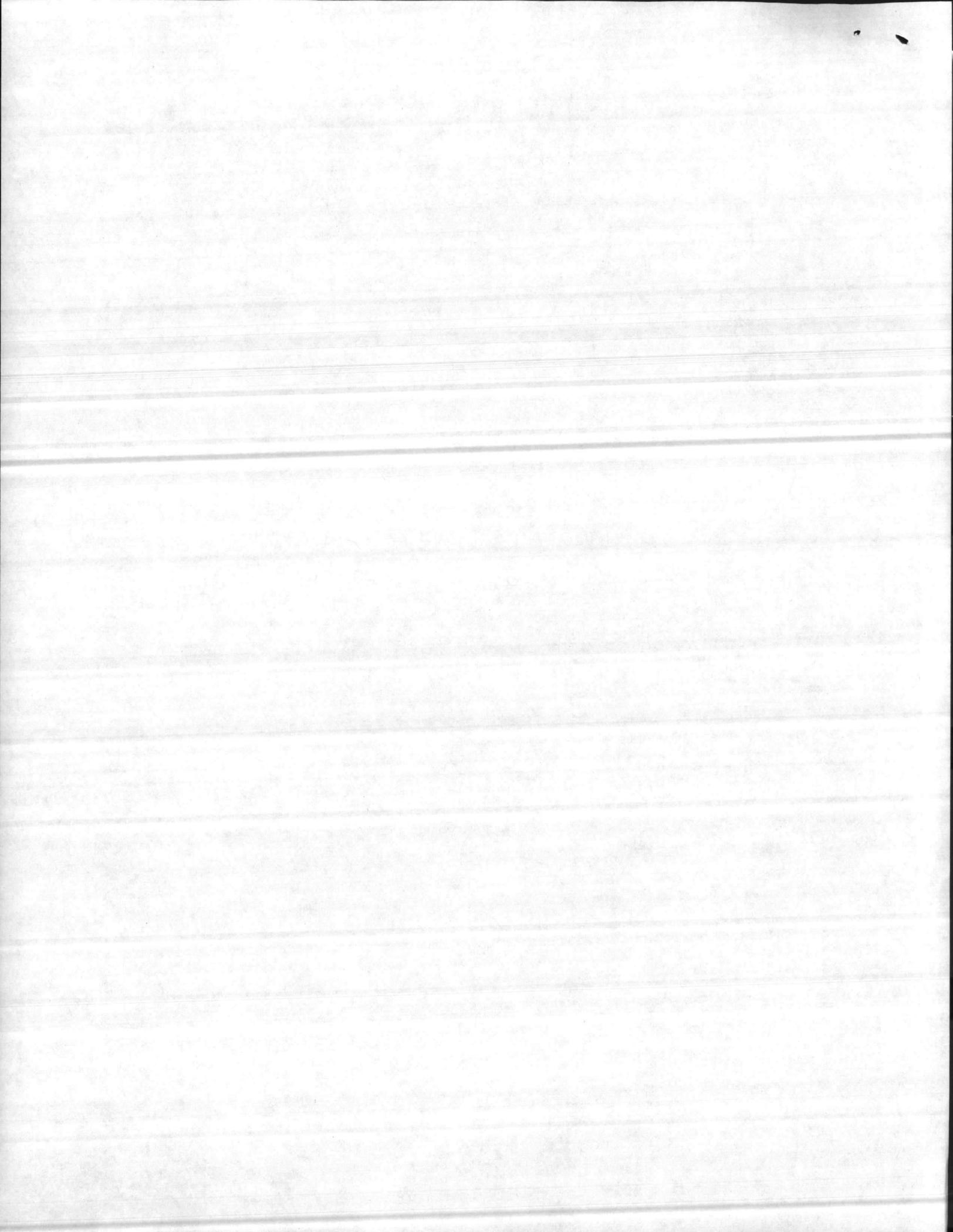
DATE: 6/9/83

TO: George Wagner

FROM: Bill McRorie

RE: Your memo of 6/1/83, Contract #10006

Please find attached the revised contract completion report on job #10006 reflecting change orders 6 & 7.



WORLDAM SPRINKLER CO., INC.

CONTRACT COMPLETION REPORT

Contract Name — Naval Regional Medical Center

Date of Report — June 8, 1983

Contract Number — 10006

Original Contract Face — 717,413.00

Contract Completion Date — 1-18-83

Name of Foreman — Jim Tucker/Cecil Langley

*Authorized Extras or Credits (list separately)

Possible Extras or Credits (list separately)

<u>Number</u>	<u>Amount</u>	<u>Reference</u>	<u>Amount</u>
<u>1</u>	<u>2,057.00</u>	<u>1</u>	<u>3,799.57</u>
<u>2</u>	<u>296.00</u>		
<u>3</u>	<u>492.00</u>		
<u>4</u>	<u>7,200.00</u>		
<u>5</u>	<u>2,842.00</u>		
<u>6</u>	<u>-0-</u>		
<u>7</u>	<u>475.0 0</u>		

Revised Contract Amount (incl. authorized extras and credits only) — 730,775.00

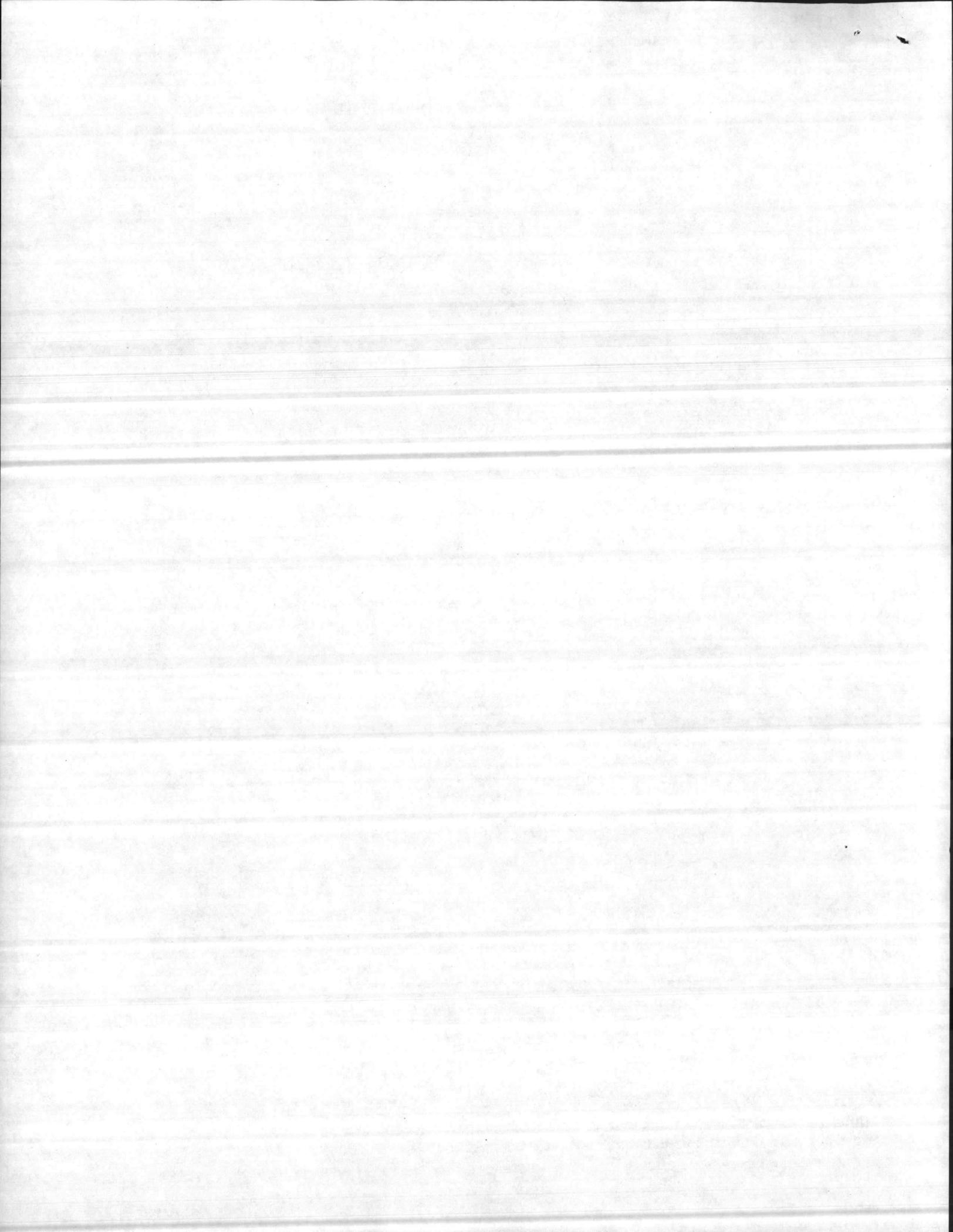
Contractor's Material and Test Certificate Attached — Yes _____ No XX

(if "no", indicate the reason)

Sent with original

Signed — *W.D. McNeil*

*Authorized extra or credit means that we have received a written and priced authorization from the customer for the item.



WORSHAM SPRINKLER CO., INC.

313 S. RICHARDSON ROAD • ASHLAND, VIRGINIA 23005 • PHONE (804) 798-3385

June 1, 1983

MEMO TO: Bill McRorie

FROM: George M. Wagner

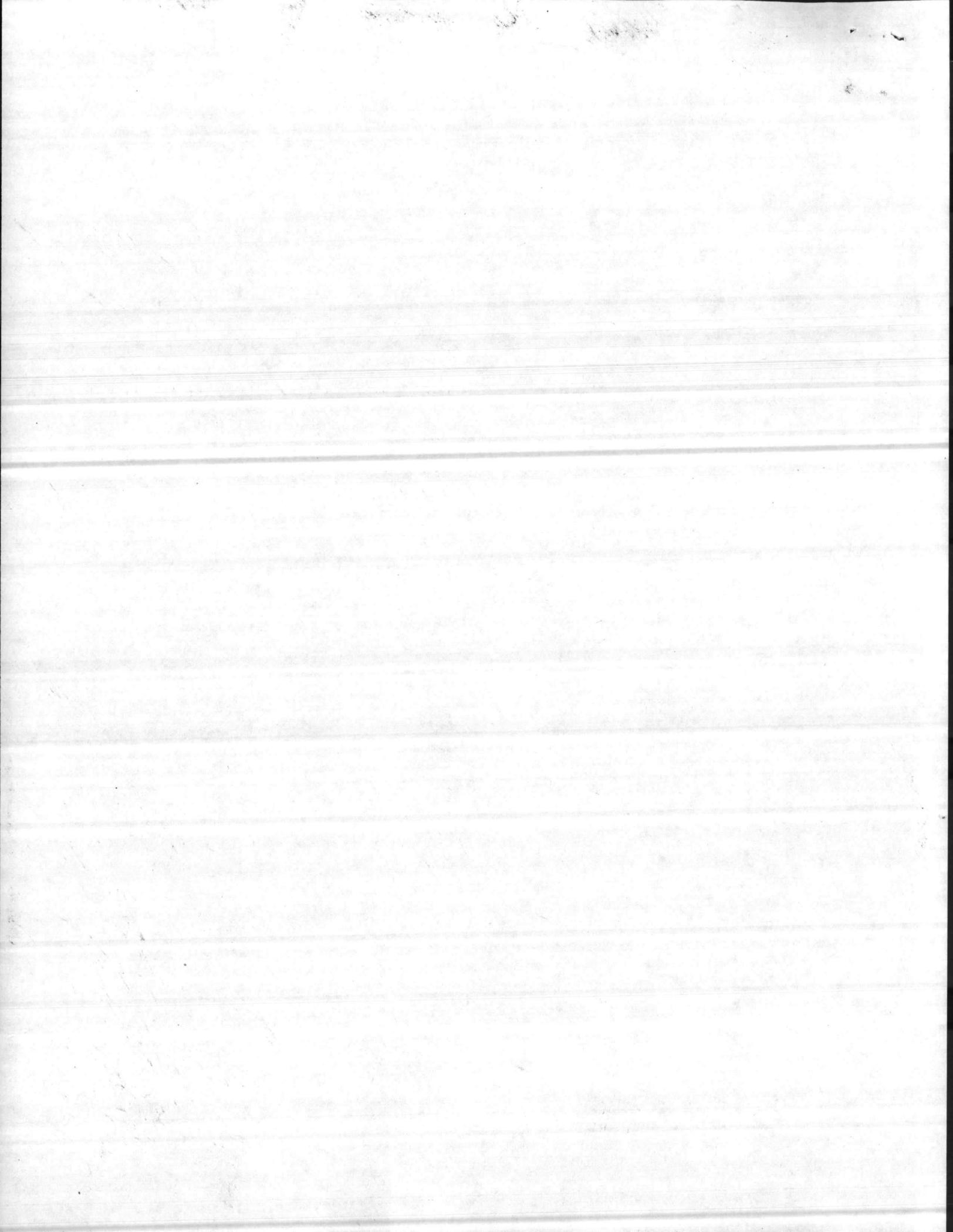
Please transmit a revised contract completion report to me on job #10006 reflecting change order #6 and #7 that was booked in May.

George M. Wagner
George M. Wagner, President

cc: Wayne Harris

GMW/lj

REC.	JUN - 6 1983
To	
	<i>BYE 6-6</i>
FILE	





REC JUN - 6 1983

To	Int.	Date
BYE		6-6

copy G.W.

Please Address Reply To:
1136 Washington Street, Suite 502
Columbia, South Carolina 29201

803-254-9064

June 1, 1983

WORSHAM SPRINKLER COMPANY, INC.
1355 South Park Drive
P.O. Box 525
Kernersville, North Carolina 27284

Attention: W.D. McRorie

Re: 205 Bed Hospital
Naval Regional Medical Center
Camp LeJeune, North Carolina
Contract Number N62470-77-C-7526

Gentlemen:

In reference to your letter of May 23, 1983, we are processing your quotation in the amount of \$3,799.57 for payment and charging to the utility subcontractor.

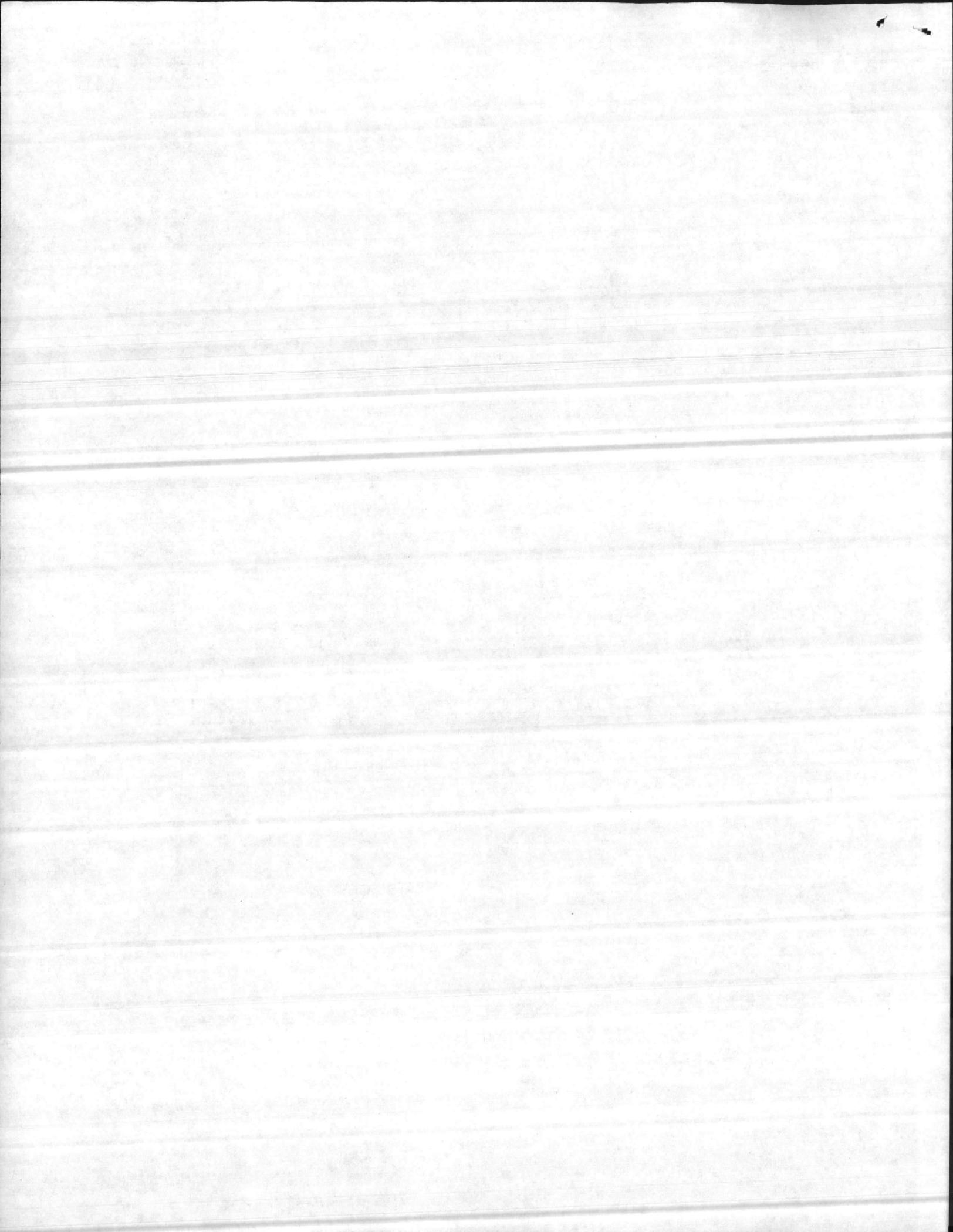
We have no record of your charge of \$6,924.00 covered in your proposal dated May 24, 1983 and are not responsible for this in any event. We therefore can not honor this charge.

Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

Kenneth A. Merrill

KAM/hg
cc: Dallas
Columbia



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

PROPOSAL

Date May 24, 1983

Proposal No. 852-83 NC

To Cardinal Contracting Company

Job Naval Regional Medical Center

Street and No. 1137 Washington Street

Location _____

City and State Columbia, SC 29201

City and State Camp Lejeune, NC

Att: Ben Merrill

Gentlemen:

We propose to furnish labor and materials to design, fabricate and install a system of automatic sprinklers at the above location for the sum of Six Thousand Nine Hundred Twenty-Four Dollars

(\$ 6,924.00).

DESCRIPTION OF WORK

Damage to sprinkler drops which were knocked out of plumb prior to cutting back for head installation or removed. This damage occurred to approximately 1400 drops throughout the hospital and created this additional labor cost:

1400 drops @ .2 hour = 280 hours
x 20.48 hourly rate

Total Labor \$ 5,734.40

15% overhead \$ 860.16

5 % profit \$ 329.73

TOTAL COST \$ 6,924.29

TOTAL ADD \$ 6,924.00

Price subject to revision if not accepted within 30 days.

We thank you for the privilege of submitting this proposal.

Respectfully,

WORSHAM SPRINKLER CO., INC.

By

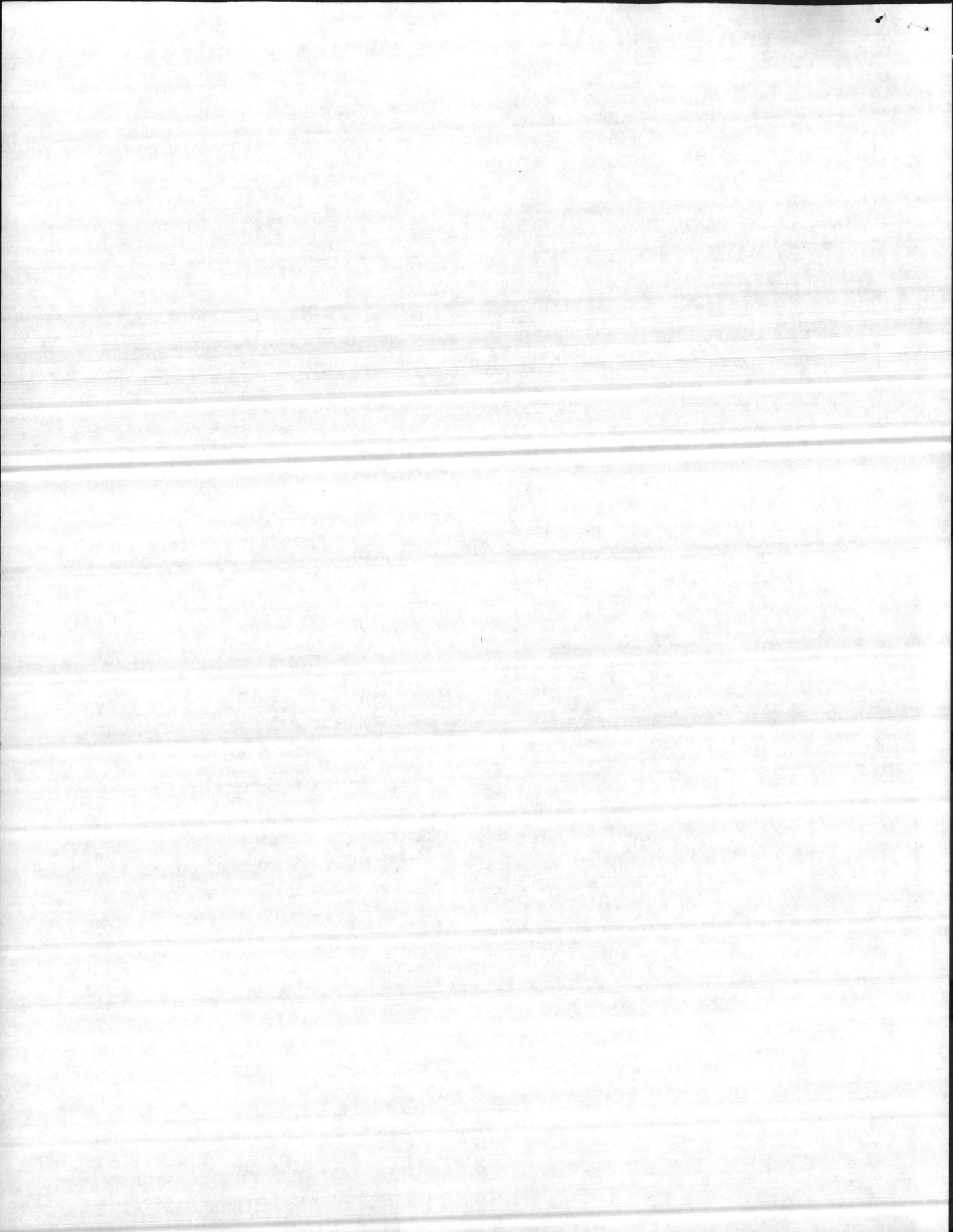
W. D. McRorie
W. D. McRorie

Purchaser's written execution of this Proposal shall constitute acceptance thereof and shall be deemed to form a written contract between the parties that specifically includes all terms and conditions set forth on the reverse side hereof.

Accepted: _____

BY: _____

DATE: _____



WORSHAM SPRINKLER COMPANY, INC.

P. O. BOX 525

1355 SOUTH PARK DRIVE

KERNERSVILLE, NORTH CAROLINA 27284

TELEPHONE (919) 996-4191



LETTER OF TRANSMITTAL

DATE 5-1-03	JOB NO. P-0011
ATTENTION	
RE. WSPC	

TO Cardinal Contracting

GENTLEMEN:

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

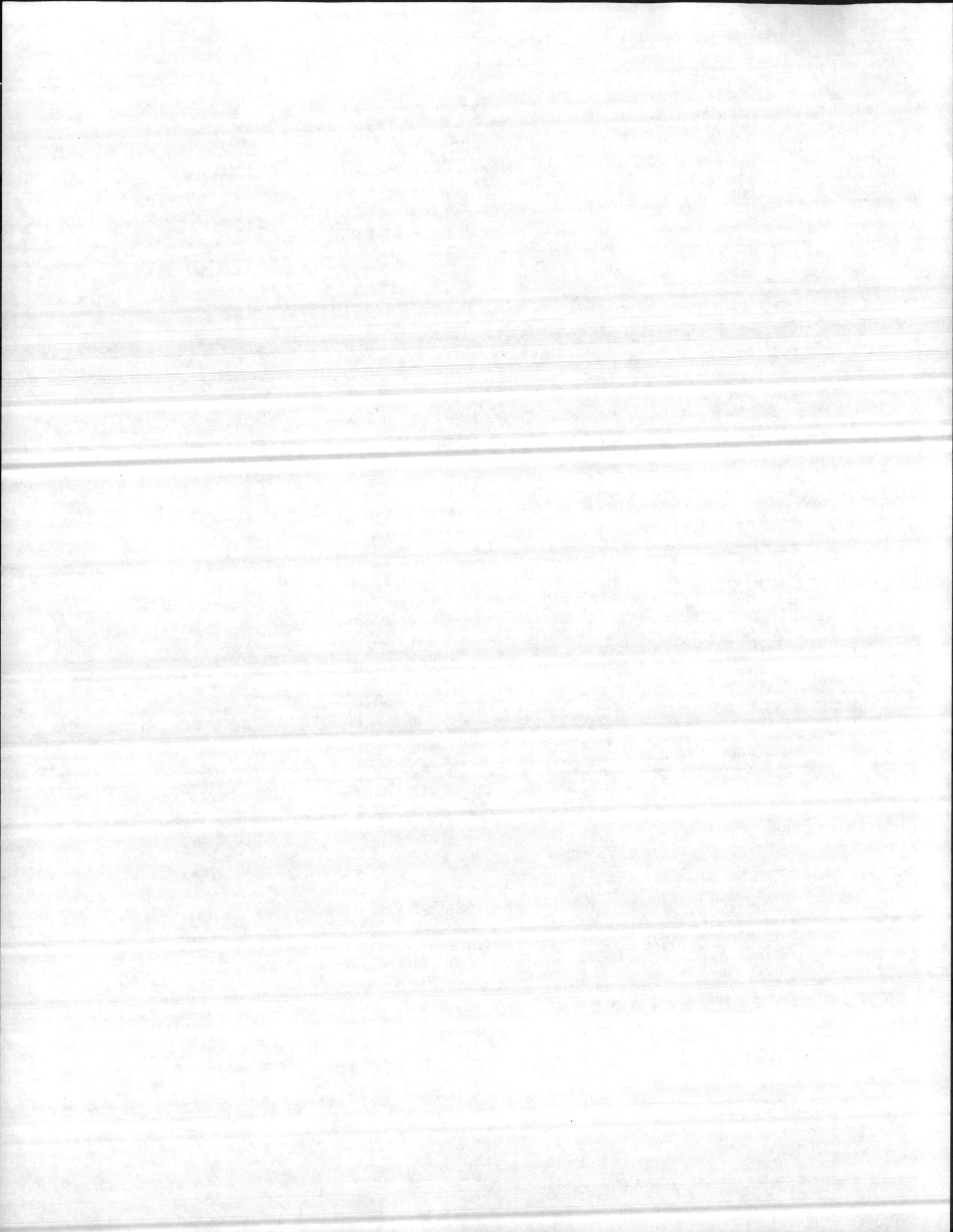
COPIES	DATE	DWG. NO.	DESCRIPTION
2			Change Order 4
2			Change Order 7

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

Signed W.D. McCone



WORSHAM SPRINKLER CO., INC.
 CONTRACT COST CARD INFORMATION

10, Box 20445
 Dallas Texas
 Attn: George Jackson
~~10, Box 9122 Wellington St. Columbia S.C. 29201~~

Contract Name: Naval Regional Med. Center Contract With: Cardinal Contracting Co.
 Contract Address: Camp LeJeune NC
 Contract No. 1000 G Contract Date: 4-19-83 Contract Amount: 730,775.00
C.O. #7

ITEM	COST BREAKDOWN		
	ACCOUNT NUMBER	ESTIMATED COST	HOURS
Material Sprinklers		10.28	
Material Standpipe			
Material Fire Pump			
Material Racks			
Material Underground			
Material Halon			
Material CO2			
Material Foam			
Material Deluge			
Total Mat. Cost	14	10.28	
Labor Upright			
Labor concealed		180.00	
Labor cutting drops			
Labor receiving & dist.			
Labor Standpipe			
Labor Fire Pump			
Labor Racks			
Labor Underground			
Labor Halon			
Labor CO2			
Labor Foam			
Labor Deluge			
Labor Detection			
Labor Painting			
Labor Supervision			
Labor hrs. ST			
Labor hrs. OT			
Total Labor hrs.			
Total Labor	15	180.00	
Eng. hrs. ST			
Eng. hrs. OT			
Total Eng. hrs.			
Total Eng.	16		
Const. Expenses	15		
Eng. expenses	16		
Fabrication	17		
Freight	19		
Subcontract	18		
Taxes	14	41	
Misc. Oper. overhead	15, 16, 17	99.00	
Misc. CONTINGENCY	19	75.69	
TOTAL DIRECT COST		365.38	
30% OVERHEAD & PROFIT		109.62	
TOTAL CONTRACT		475.00	

BILLING INFORMATION

Billing Date: 15th
 Retainage required: 10%
 Certified Payrolls Req.: YES
 Billing Address: AS ABOVE

C.O.
 Owner's-Contract Job No. P-00114
 Credit Check information:

Original Contract Amount \$ 717,413.00

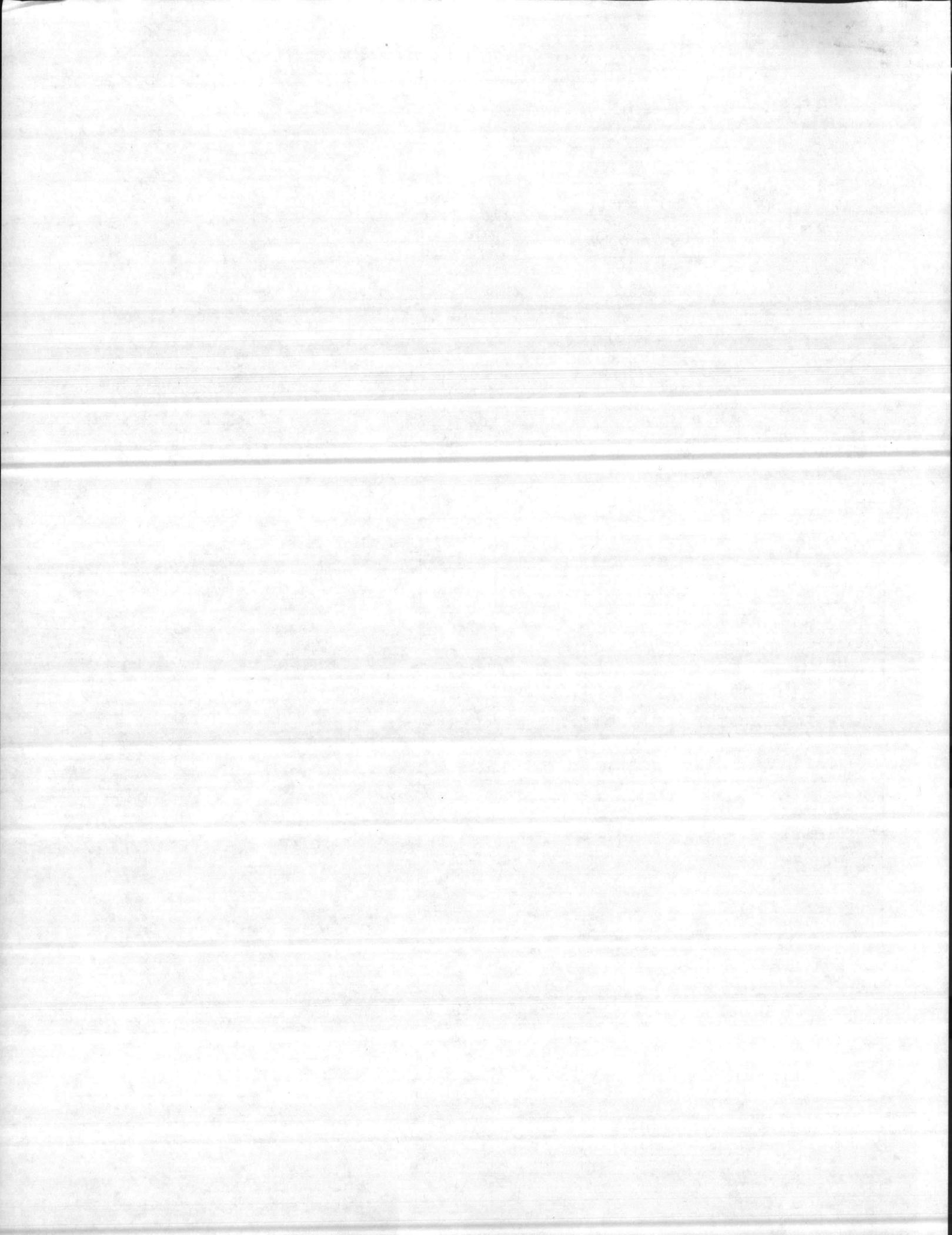
Change Order No.	Amount
1	2057.-
2	296.-
3	492.-
4	9200.-
5	2842.-
6	0.-
7	475.-

TOTAL CONTRACT AMOUNT \$ 730,775.00

Special Notes:
30% OHAAD 3 Profit
per Dec. 82 Contract
Completion report

Work is Complete

Manager W.D. McKee





P. O. BOX 20445 ■ DALLAS, TEXAS

Subcontractor's or Material Supplier's

CHANGE ORDER

NAVAL REGIONAL MEDICAL CENTER

This CHANGE ORDER No. 7

Project

Camp LeJeune, North Carolina

Date April 19, 1983

Location

Basic Contract C. O. No. P-00114

WORSHAM SPRINKLER COMPANY, INC.
P.O. Box 525
Kernersville, North Carolina 27284

The sum of \$ 475.00 is hereby ADDED TO

your SUBCONTRACT (80155000) for the SPRINKLER SYSTEM

for this project. This covers All Plant, Labor and Material required to provide repairs to water damaged walls, ceiling, floors and equipment as damaged by sprinkler water on first floor of area "D" and basement level of area "G", as directed by the Officer in Charge.

The consideration hereunder includes any and all costs and time associated with this change.

If this Change Order is issued as a result of a Basic Contract Change, the terms of the Basic Contract Change are made a part of this Change Order.

Space is provided below for your signature accepting this change to your SUBCONTRACT. Please sign and return to our Dallas Office two copies of this Change Order.

CARDINAL CONTRACTING CO., INC.

By George W. Jackson, Treasurer

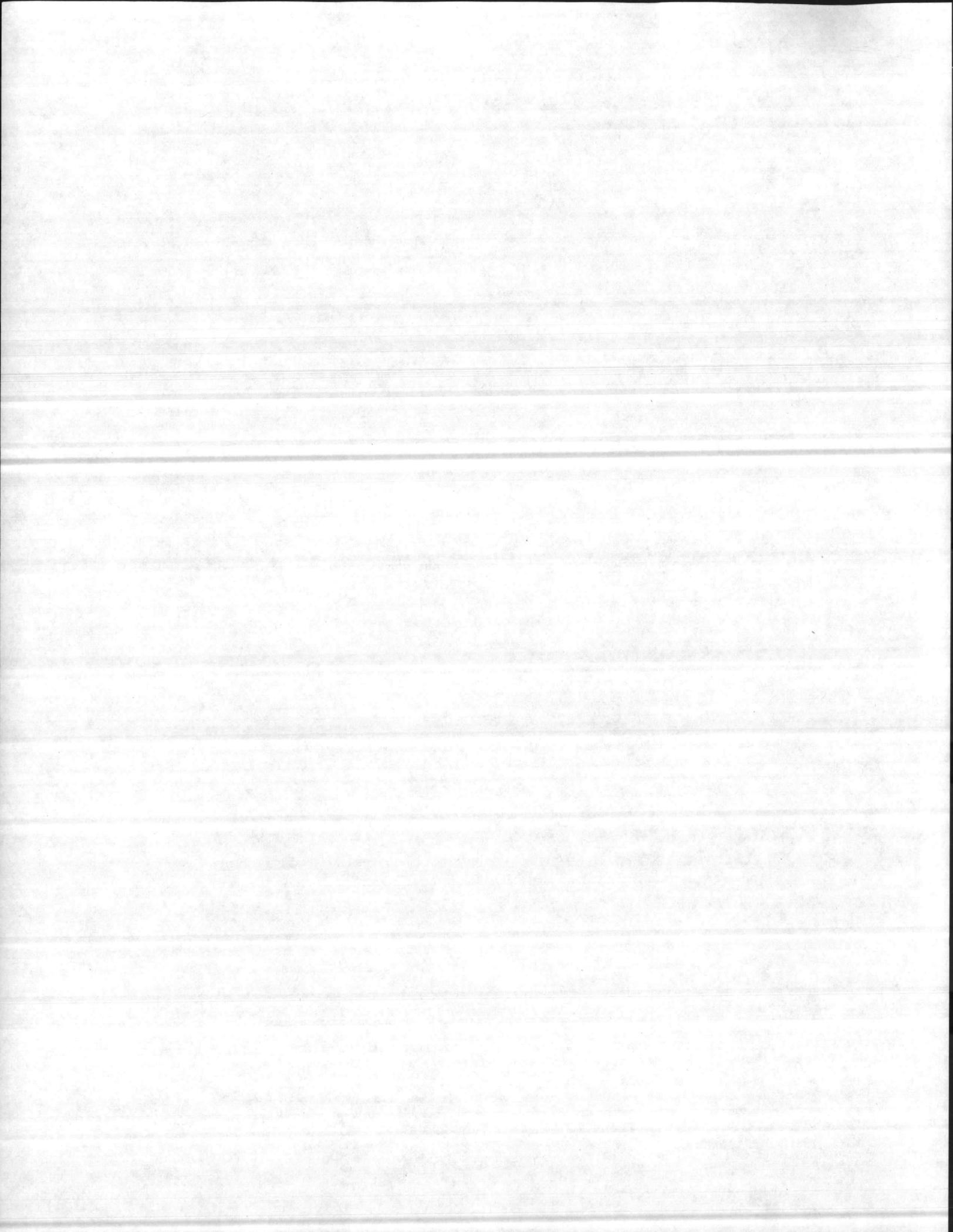
ACCEPTED

WORSHAM SPRINKLER COMPANY, INC.

By: W.D. McBride

Date: 5-20-83

Table with 2 columns: Description and Amount. Rows include Original Contract Amount (\$717,413.00), Previous Additions (12,887.00), Previous Deductions (-0-), This Change (Add) (Deduct) (475.00), and Contract Amount to Date (\$730,775.00).



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

PROPOSAL

Date February 4, 1983

Proposal No. Change Order

To Cardinal Contracting Company

Job New Naval Regional Medical Center

Street and No. P. O. Box 8408

Location _____

City and State Camp Lejeune, NC 28542

City and State Camp Lejeune, NC

Att: John Eckhart

Gentlemen:

We propose to furnish labor and materials to design, fabricate and install a system of automatic sprinklers at the above location for the sum of Three Hundred Twenty-Seven Dollars

(\$ 327.00).

DESCRIPTION OF WORK

Install four (4) heads in the ceiling in the Sterilizer Room, Area D, Level 1

Material

4	286° pendent head @4.70	18.80
4	escutcheon plate @1.43	5.72
		<u>24.52</u>

Sales Tax .98

Total Material

\$ 25.50

Labor

12 hours @ 20.48

\$ 245.75

\$ 271.26

15% overhead \$ 40.69

5% profit \$ 15.60

TOTAL ADD \$ 327.00

Attached is a copy of your signed authorization for this work.

Price subject to revision if not accepted within 30 days.

We thank you for the privilege of submitting this proposal.

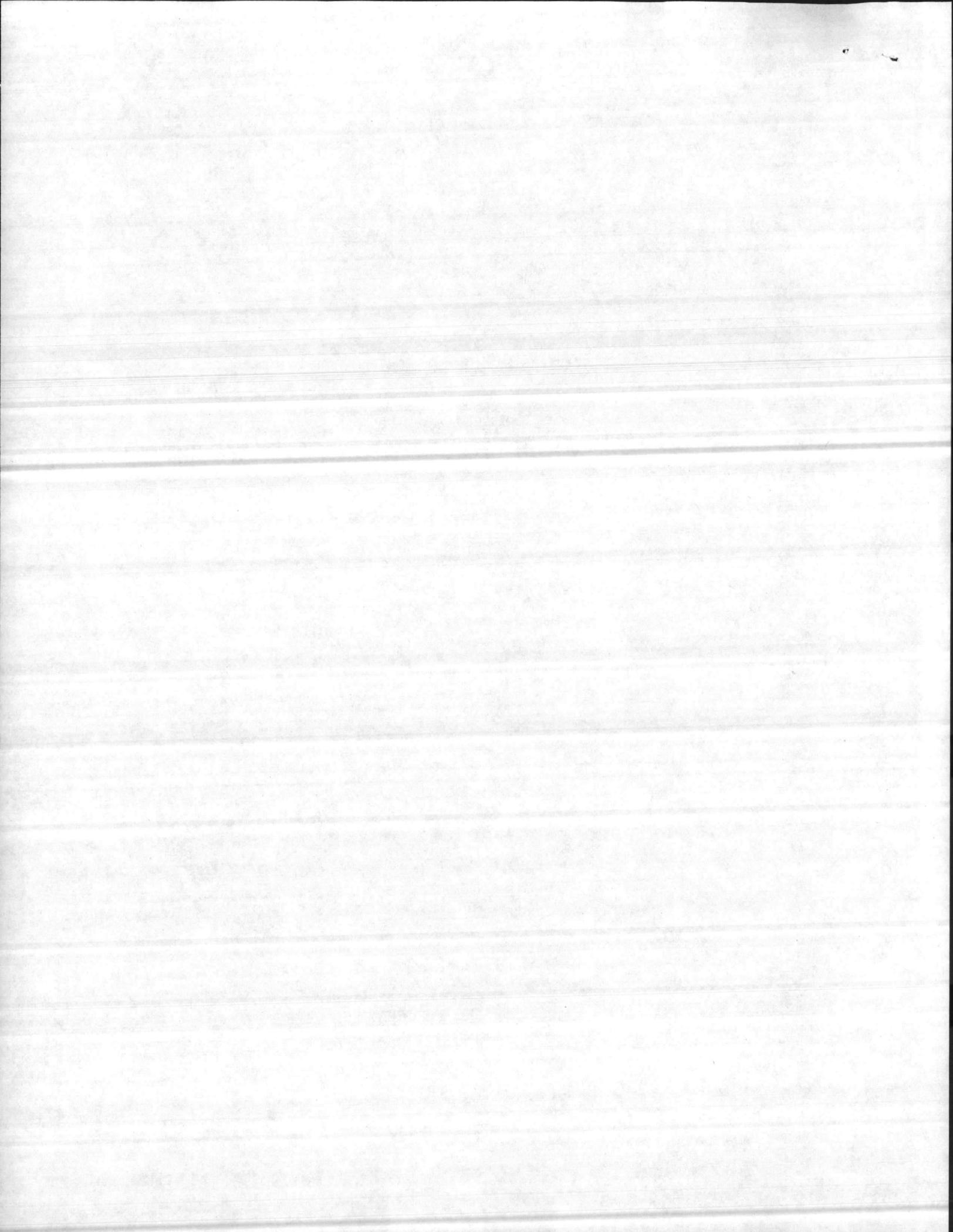
Respectfully,

WORSHAM SPRINKLER CO., INC.

By W.D. McRorie

W. D. McRorie

Purchaser's written execution of this Proposal shall constitute acceptance thereof and shall be deemed to form a written contract between the parties that specifically includes all terms and conditions set forth on the reverse side hereof.



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

ORDER TO MAKE CHANGES OR ADDITIONS TO SPRINKLER INSTALLATION

TO: WORSHAM SPRINKLER CO., INC.

Authorization is hereby extended to Worsham Sprinkler Company foreman CECIL
LANGLEY to make the following changes
or additions to Contract No. _____ or Day Work No. _____.

These changes or additions to be added to the contract price and invoiced on a time and materials basis.

SCOPE OF WORK

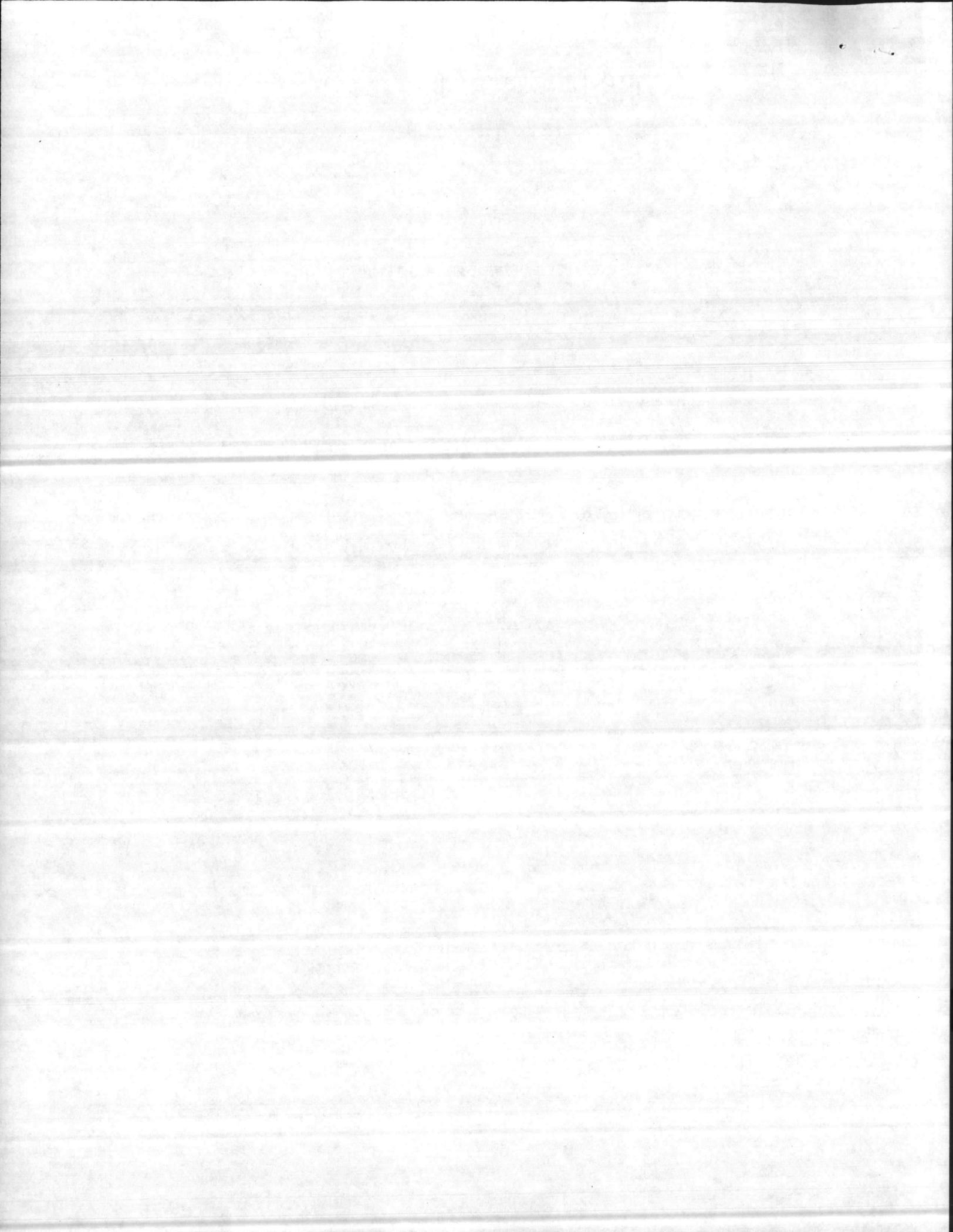
(Owner or owners representative to write in description of work.)

DROP heads thru ceiling in small
sterilizer rooms Area D1 Level 1

Cardinal Contracting Co.
CONTRACTOR OR COMPANY NAME

Address For Billing
John Eckhart
AUTHORIZED SIGNATURE AND TITLE

Date _____



WORSHAM SPRINKLER CO., INC.

TIME AND MATERIAL WORK SHEET

JOB NAME: NAVAL REGIONAL MEDICAL

DATE: 1-19-83

LOCATION: _____

HOURS

FOREMAN: CECIL LANGLEY hours 6

EMPLOYEE: TIM TEVEROVIC 6

BILL AT: STRAIGHT TIME
OVERTIME

DESCRIBE WORK DONE:

LOWERED HEADS BELOW
CEILING AND CUT OFF.

TRAVEL TIME: _____

MILEAGE: _____

TRUCK & TOOLS TIME: _____

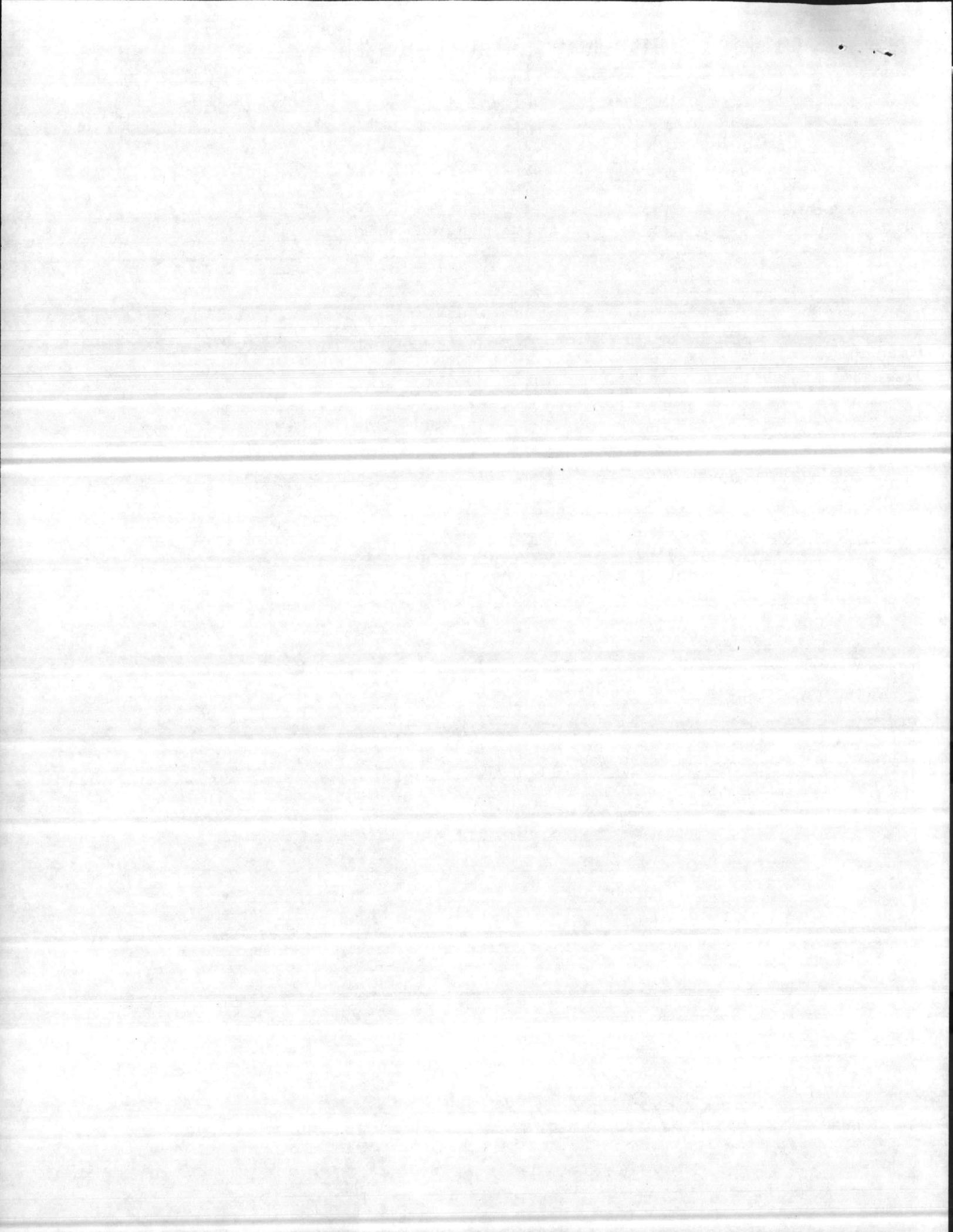
LIST MATERIAL:

<u>4 286° PENDANT</u>	_____	_____
<u>11 SCUTION PLATES</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS JOB COMPLETE? YES

ADDITIONAL COMMENTS OR REMARKS:

SIGNED: John E. Ebert



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

PROPOSAL

Date February 4, 1983
Proposal No. Change Order
To Cardinal Contracting Company Job New Naval Regional Medical Center
Street and No. P.O. Box 8408 Location _____
City and State Camp Lejeune, NC 28542 City and State Camp Lejeune, NC
Att: John Eckhart

Gentlemen:

We propose to furnish labor and materials to design, fabricate and install a system of automatic sprinklers at the above location for the sum of One Hundred Forty-Eight Dollars

(\$148.00).

DESCRIPTION OF WORK

Remove and re-install approximately 15 heads at the damaged ceiling, Area G, Basement.

Field Labor

6 hours @ 20.48	\$ 122.88
15% Overhead	\$ 18.43
5% Profit	\$ 7.07
TOTAL ADD	\$ 148.00

Price subject to revision if not accepted within 30 days.

We thank you for the privilege of submitting this proposal.

Respectfully,

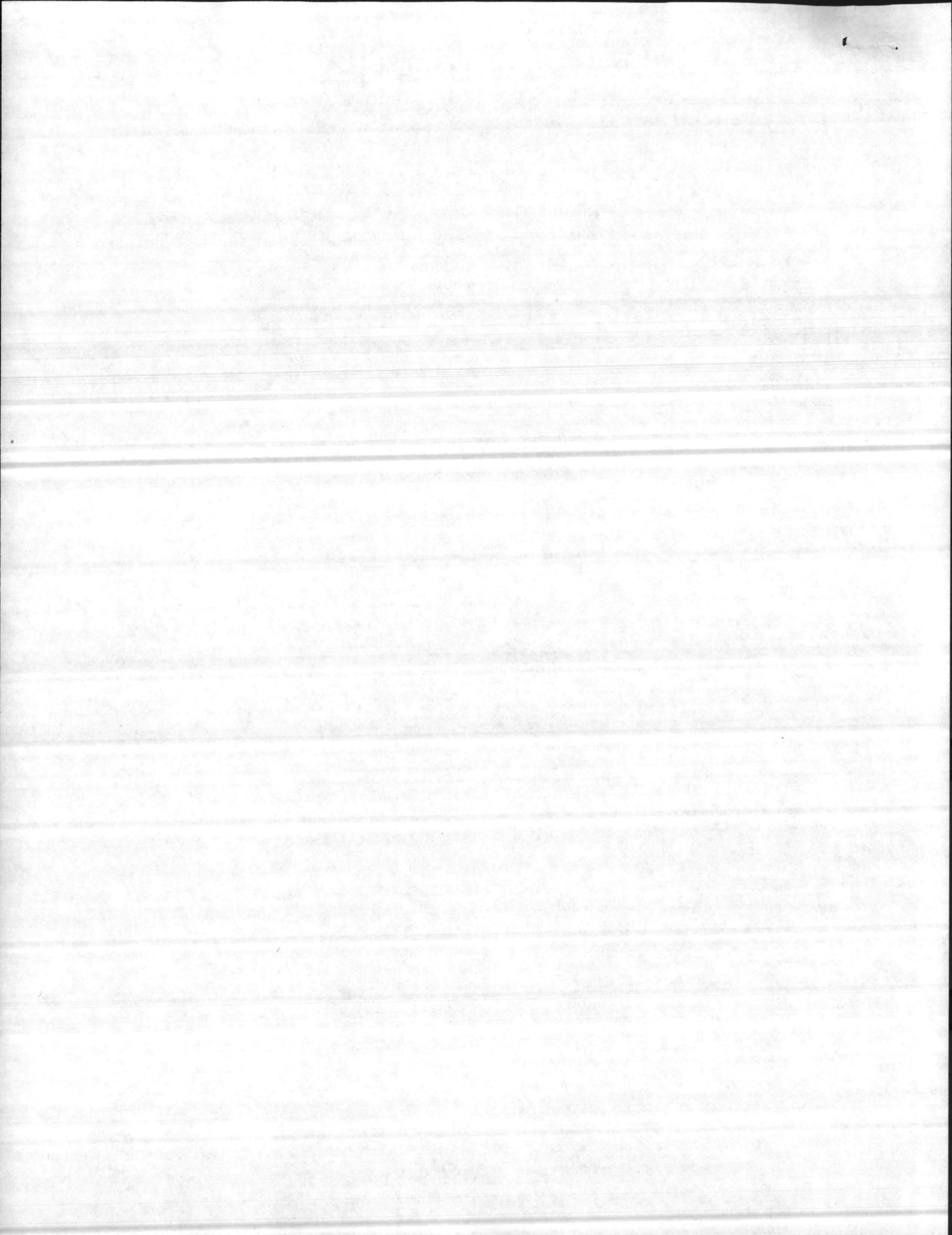
WORSHAM SPRINKLER CO., INC.

By W.D. McKorie
W. D. McKorie

Purchaser's written execution of this Proposal shall constitute acceptance thereof and shall be deemed to form a written contract between the parties that specifically includes all terms and conditions set forth on the reverse side hereof.

Accepted: _____

BY: _____



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

ORDER TO MAKE CHANGES OR ADDITIONS TO SPRINKLER INSTALLATION

TO: WORSHAM SPRINKLER CO., INC.

Authorization is hereby extended to Worsham Sprinkler Company foreman CELIL
LANGLEY to make the following changes
or additions to Contract No. TIME + MATERIAL or Day Work No. _____.

These changes or additions to be added to the contract price and invoiced on a time and materials basis.

SCOPE OF WORK

(Owner or owners representative to write in description of work.)

REPLACE CEILING TILE IN BASEMENT - CHANGE ORDER
WORK BECAUSE OF CART WASH SETTING OFF
SPRINKLER HEADS.

REMOVED AND RE-INSTALLED APPROX. (15) HEADS
WHERE CEILING WAS DAMAGED AREA "G" BASEMENT
6 HR'S LABOR

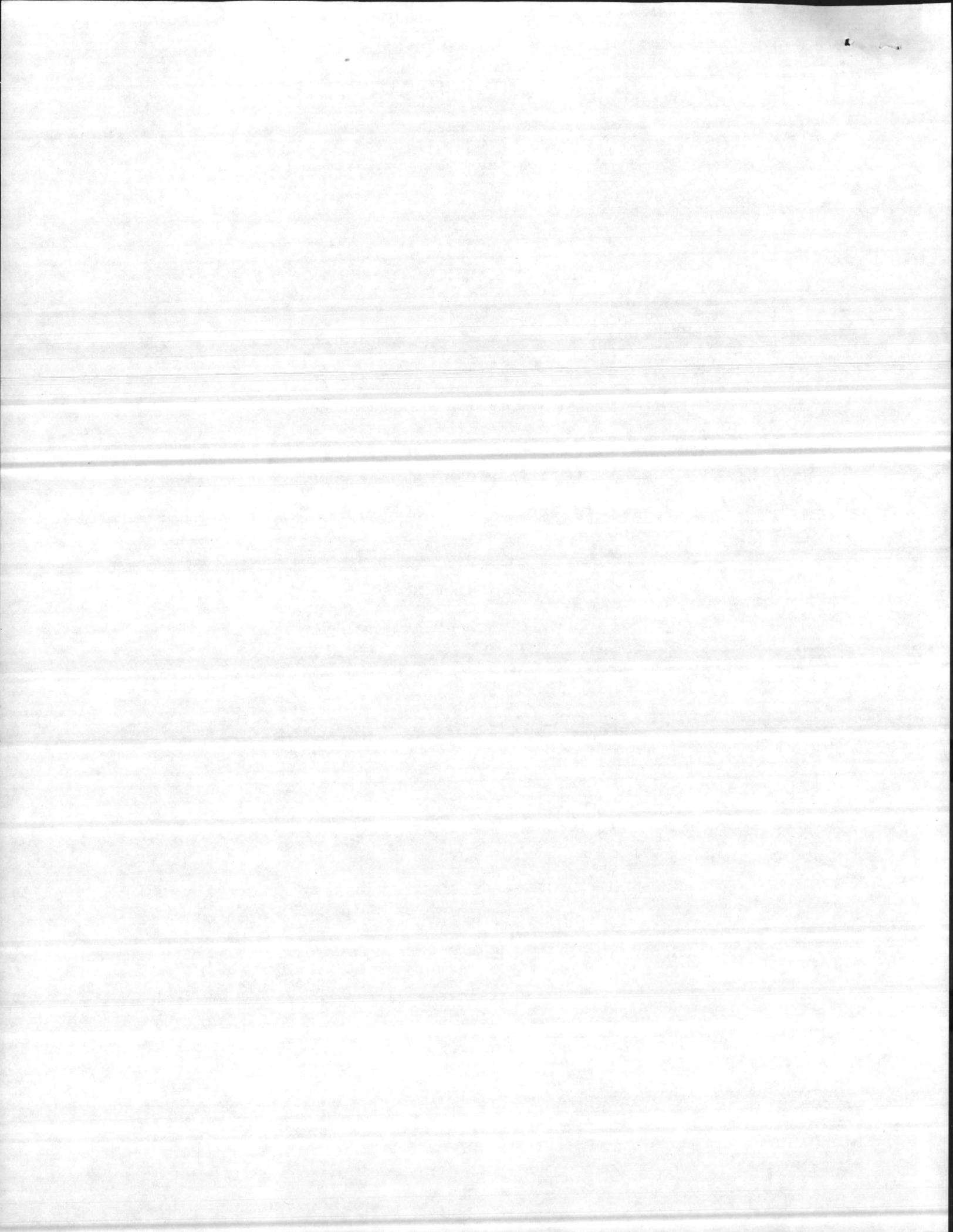
CONTRACTOR OR COMPANY NAME

Address For Billing

John Eckhart

AUTHORIZED SIGNATURE AND TITLE

Date _____



WORSHAM SPRINKLER CO., INC.

CONTRACT COST CARD INFORMATION

Contract Name: NAVAL REGIONAL MED. CENTER Contract With: ATTN: GEORGE JACKSON
 Contract Address: CAMP LEJEUNE N.C. CARDINAL CONTRACTING CO.
P.O. BOX 20445
DALLAS TEXAS
 Contract No. 10006 Contract Date: 4-19-83 Contract Amount: 730,300.00
CO. #6

COST BREAKDOWN			
ITEM	ACCOUNT NUMBER	ESTIMATED COST	HOURS
Material Sprinklers			
Material Standpipe			
Material Fire Pump			
Material Racks			
Material Underground			
Material Halon			
Material CO2			
Material Foam			
Material Deluge			
Total Mat. Cost	14		
Labor Upright			
Labor concealed			
Labor cutting drops			
Labor receiving & dist.			
Labor Standpipe			
Labor Fire Pump			
Labor Racks			
Labor Underground			
Labor Halon			
Labor CO2			
Labor Foam			
Labor Deluge			
Labor Detection			
Labor Painting			
Labor Supervision			
Labor hrs. ST			
Labor hrs. OT			
Total Labor hrs.			
Total Labor	15		
Eng. hrs. ST			
Eng. hrs. OT			
Total Eng. hrs.			
Total Eng.	16		
Const. Expenses	15		
Eng. expenses	16		
Fabrication	17		
Freight	19		
Subcontract	18		
Taxes	14		
Misc. Oper. overhead	15, 16, 17		
Misc.	19		
TOTAL DIRECT COST		-0-	
OVERHEAD & PROFIT			
TOTAL CONTRACT		-0-	

BILLING INFORMATION

Billing Date: 15TH
 Retainage required: 10%
 Certified Payrolls Req.: YES
 Billing Address: AS ABOVE

Owner's-Contract Job No. P-00111
 Credit Check information:

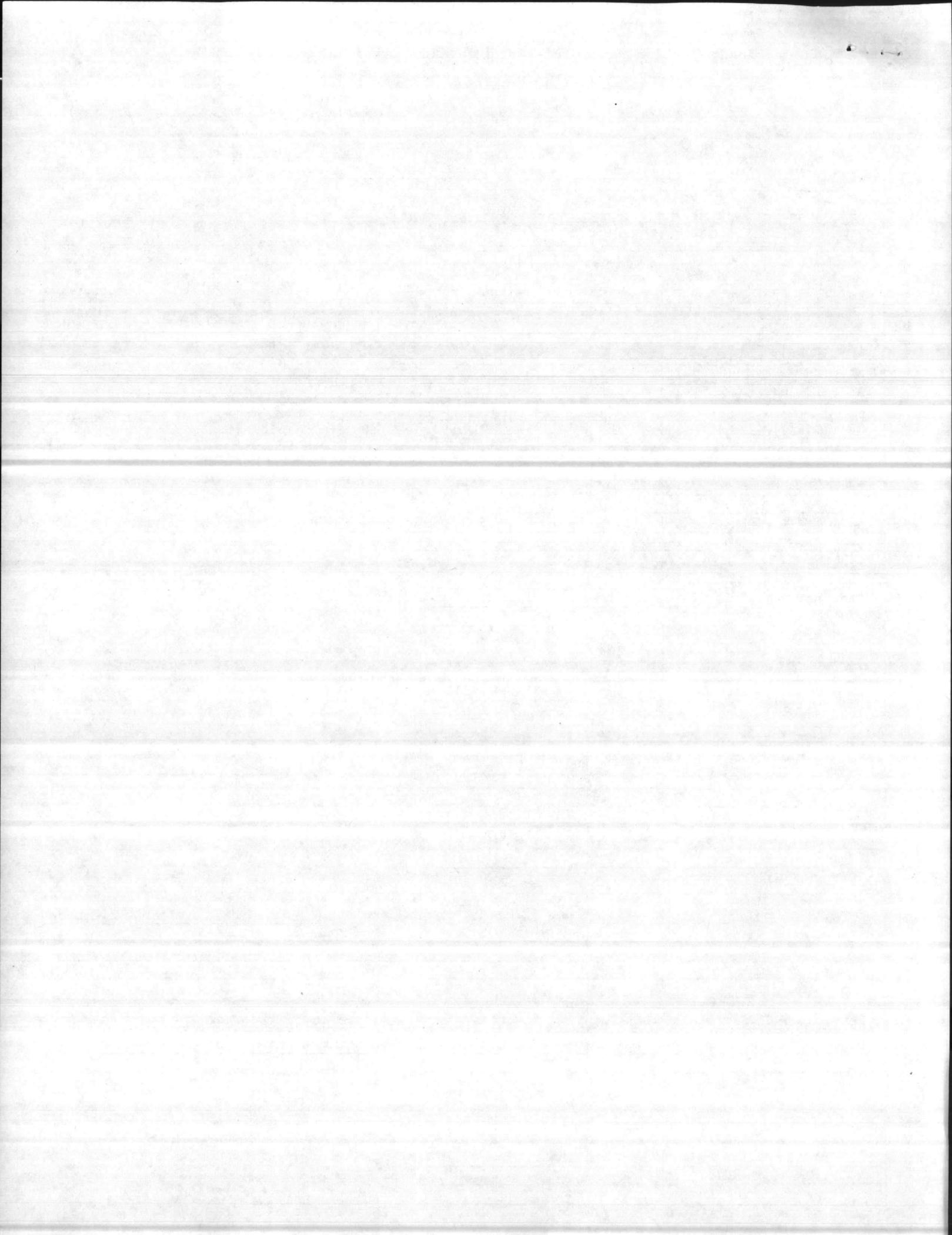
Original Contract Amount \$ 717,413.00

Change Order No.	Amount
1	2057.00
2	296.00
3	492.00
4	7200.00
5	2842.00
6	-0-

TOTAL CONTRACT AMOUNT \$ 730,300.00

Special Notes:

Manager W.D. McKie





P. O. BOX 20445 ■ DALLAS, TEXAS

Subcontractor's or Material Supplier's

CHANGE ORDER

NAVAL REGIONAL MEDICAL CENTER

Project

CAMP LeJEUNE, NORTH CAROLINA

Location

WORSHAM SPRINKLER COMPANY, INC.
P.O. Box 525
Kernersville, North Carolina 27284

This CHANGE ORDER No. 6

Date April 19, 1983

Basic Contract C. O. No. P-00111

The sum of \$ -0- is hereby ADDED TO

your SUBCONTRACT (80155000) for the SPRINKLER SYSTEM

for this project. This covers All Plant, Labor and Material required to perform work as shown on attached sheet.

The consideration hereunder includes any and all costs and time associated with this change.

If this Change Order is issued as a result of a Basic Contract Change, the terms of the Basic Contract Change are made a part of this Change Order.

Space is provided below for your signature accepting this change to your SUBCONTRACT. Please sign and return to our Dallas Office two copies of this Change Order.

CARDINAL CONTRACTING CO., INC.

By George W. Jackson
Treasurer

ACCEPTED

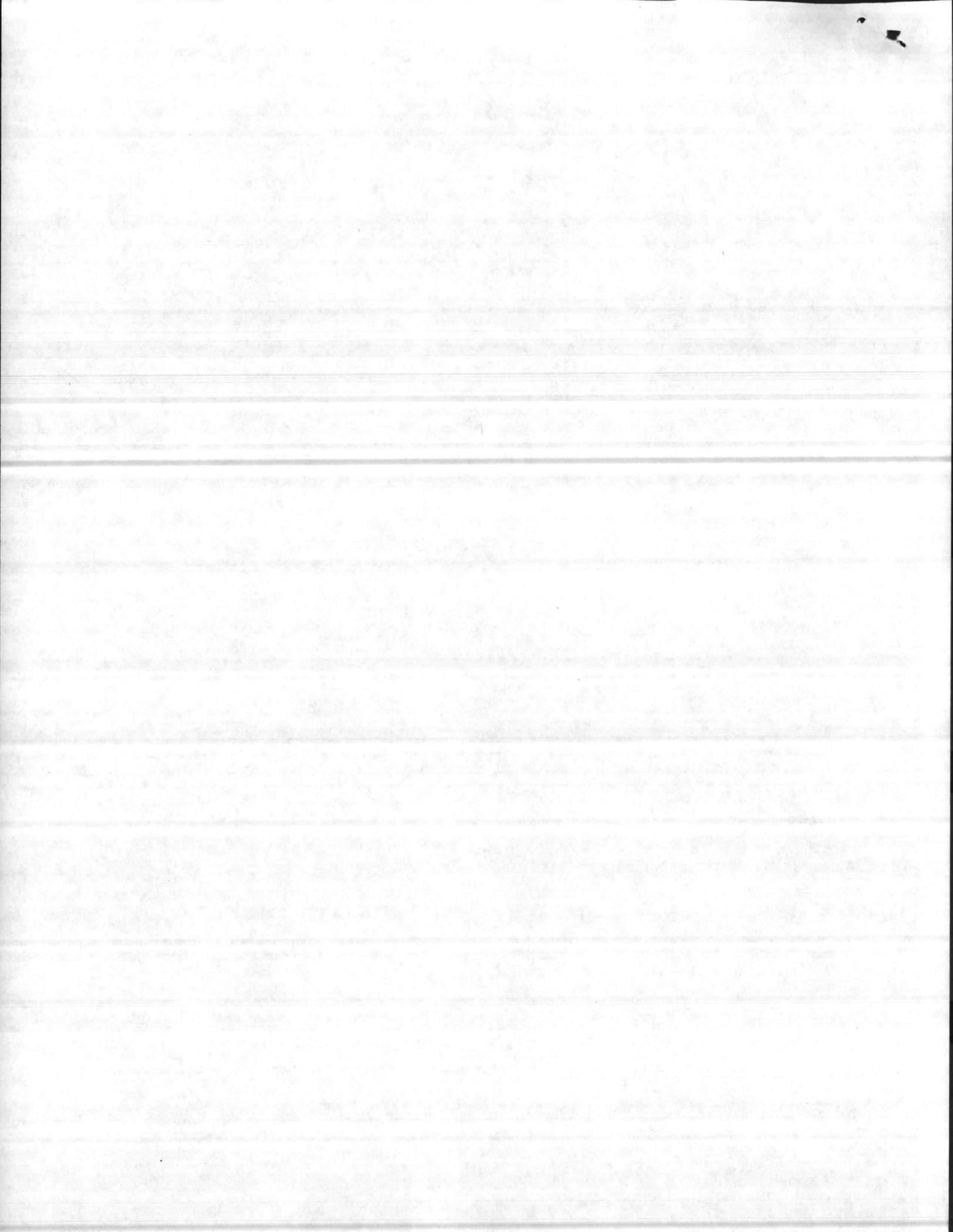
WORSHAM SPRINKLER COMPANY, INC.

By: W.D. McPhee

Date: 5-23-83

Original Contract Amount	\$717,413.00
Previous Additions	12,887.00
Previous Deductions	-0-
This Change (Add) (Deduct)	-0-
Contract Amount to Date	\$730,300.00

CC: File
Accounting
Field Office SF-9 (10/74)



NAVAL REGIONAL MEDICAL CENTER

WORSHAM SPRINKLER COMPANY, INC.

CHANGE ORDER NUMBER 6

P 00111

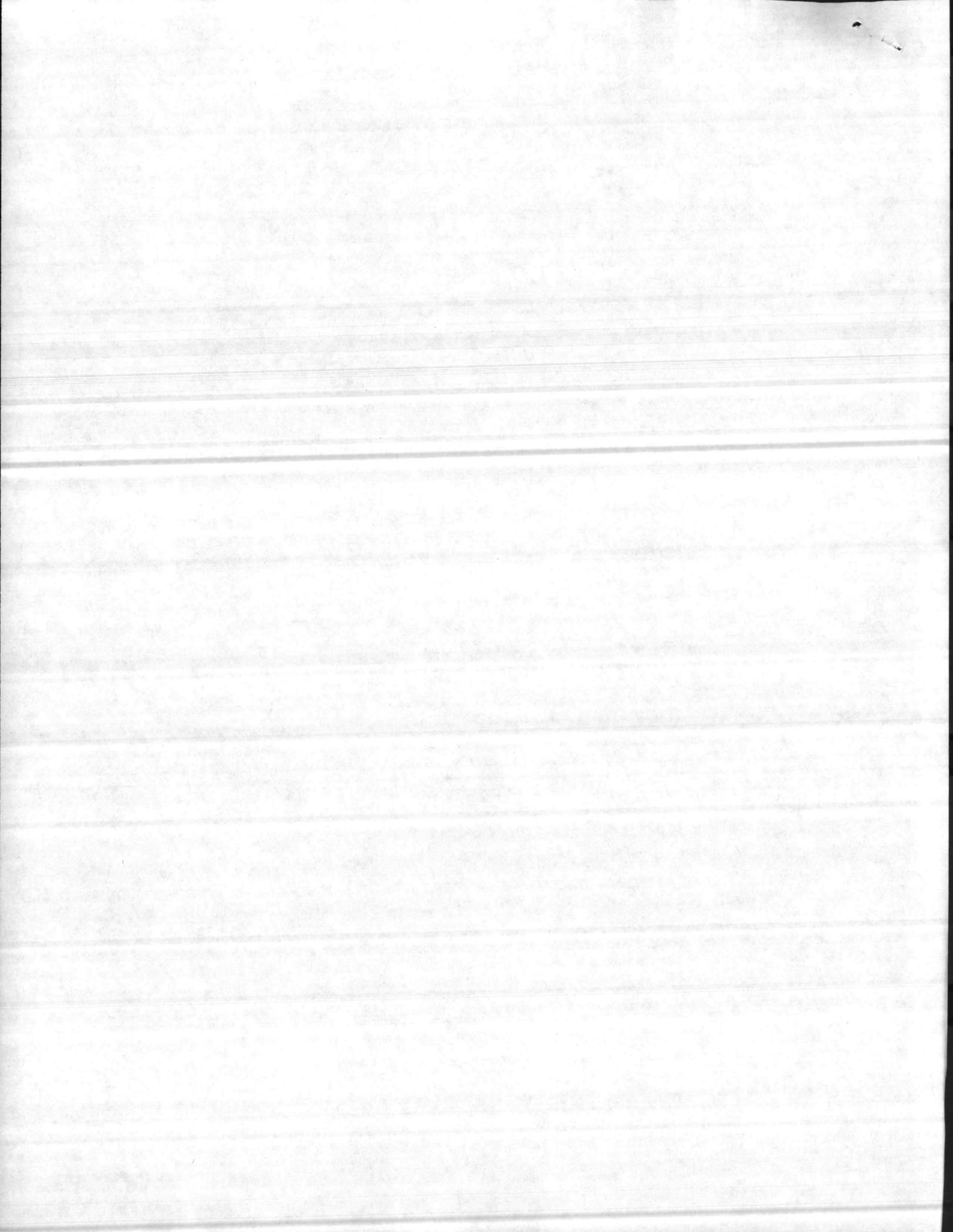
Page 2.

In Room N147, provide a $1\frac{1}{2}$ " diameter hose valve to drain the dry pipe sprinkler system in lieu of specified drain, as directed.

In Room C292, provide a $2\frac{1}{2}$ " diameter hose valve to drain the pre-action system in lieu of specified drain, as directed.

Provide connection of pre-action valve control panel with its valve supervisory device to the trouble alarm circuit of the valve supervisory device in lieu of as specified, all as directed. *WIRING EXCLUDED UNDER WSC CONTRACT WDA*

5-23-83



*Bill -
I have put
a copy in the
file for
you*

WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

May 20, 1983

To: George Wagner

From: Bill McRorie

Re: Waldinger Water Claim Damage
Naval Regional Medical Center, Camp Lejeune NC

The following is an account from Cecil Langley, who was our foreman at the Camp Lejeune project, pertaining to the water damage to the instrument air lines.

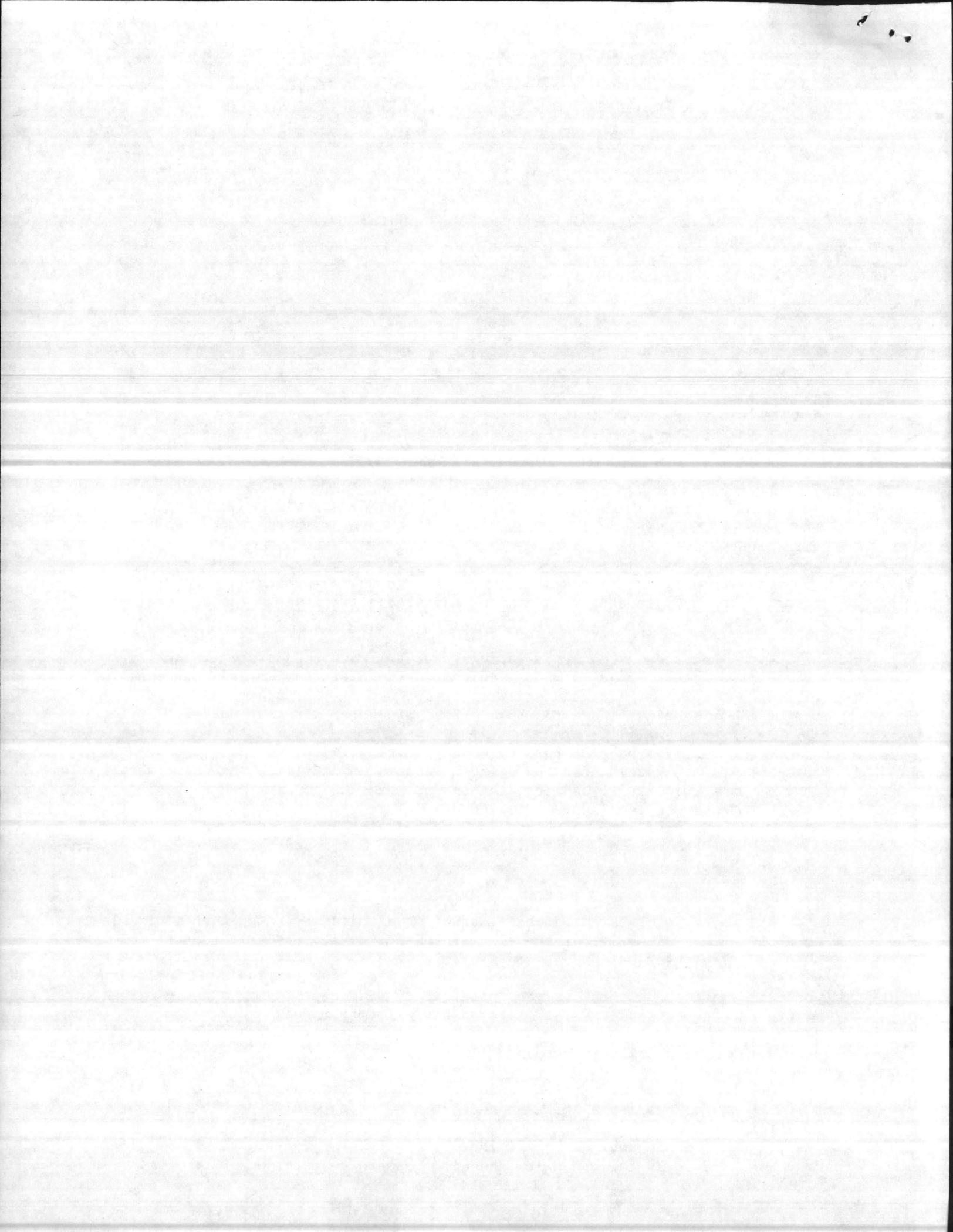
On Saturday, December 4, 1982, a 3" deluge valve (preaction system) installed by WSC, located in Area G at the second floor was tripped and allowed water to fill the system piping.

Cecil had been asked prior to this date to leave this system in service by a Navy inspector, Andy Young, even though the alarm system had not been tied in. Cecil stated he did not want to put our system in service prior to the alarm's being connected; however, he did as he was instructed.

When he arrived back at the job Monday morning December 5, and was informed that the system had tripped, he investigated and found that no tripping devices (electric HAD's) had operated and no heads had opened. His opinion was the system had been manually tripped. He understood that forces from Honeywell, who installed the alarm systems and air lines, had worked on their systems over the weekend. He thinks they may have tripped the system accidentally while working on the lines that tied into our system. Honeywell was a subcontractor to Waldinger Corp.

The major points are that the instrument air lines were designed to tie in above the deluge valve at the air maintenance device and allow air to automatically enter our pre-action system as needed to maintain adequate air pressure. Between the air maintenance device and where the instrument air lines connected were three check valves installed by WSC, checking toward the air maintenance device and arranged to prohibit water from going between our device and the air supply. This was installed exactly as required by the Navy and was approved prior to our installation.

Whether the system tripped December 4 or later, and with or without alarms actually has no bearing as we contend that the design was to prohibit leakage of water into the air lines. However, after the occurrence, the Navy closed the air maintenance devices to eliminate the automatic operation, and to this date manually opens them to allow the air pressure to enter and closes them



To: George Wagner

May 20, 1983

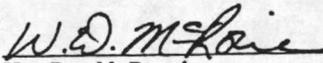
Page 2

when the desired pressure is obtained. It is our understanding that this is performed on a daily basis.

During the week of December 5, Cecil, in the presence of the Navy electrical inspector, Andy Young, and Honeywell's rep, a Mr. Walton, physically dismantled our air maintenance device line at the point of connection to the instrument air lines and discovered a very small quantity of water. He then dismantled the air maintenance device line at the connection near the deluge valve and also found a very small quantity of water present. The water that came out on the air line side was very discolored and rusty, and the water at the deluge valve was clean. Obviously, the water found in the air lines was not ours; it appeared to be condensation from the air line system. After witnessing this, Mr. Young agreed with Cecil that the water in the air lines did not appear to have come from our system. Later R. J. Welch with Waldinger Corp still blamed us and stated that our insurance company would pay for the claim and why worry any further with it. At this point Cecil offered to manually trip the deluge valve with the air line disconnected to prove water could not enter it, and they asked that he not do so.

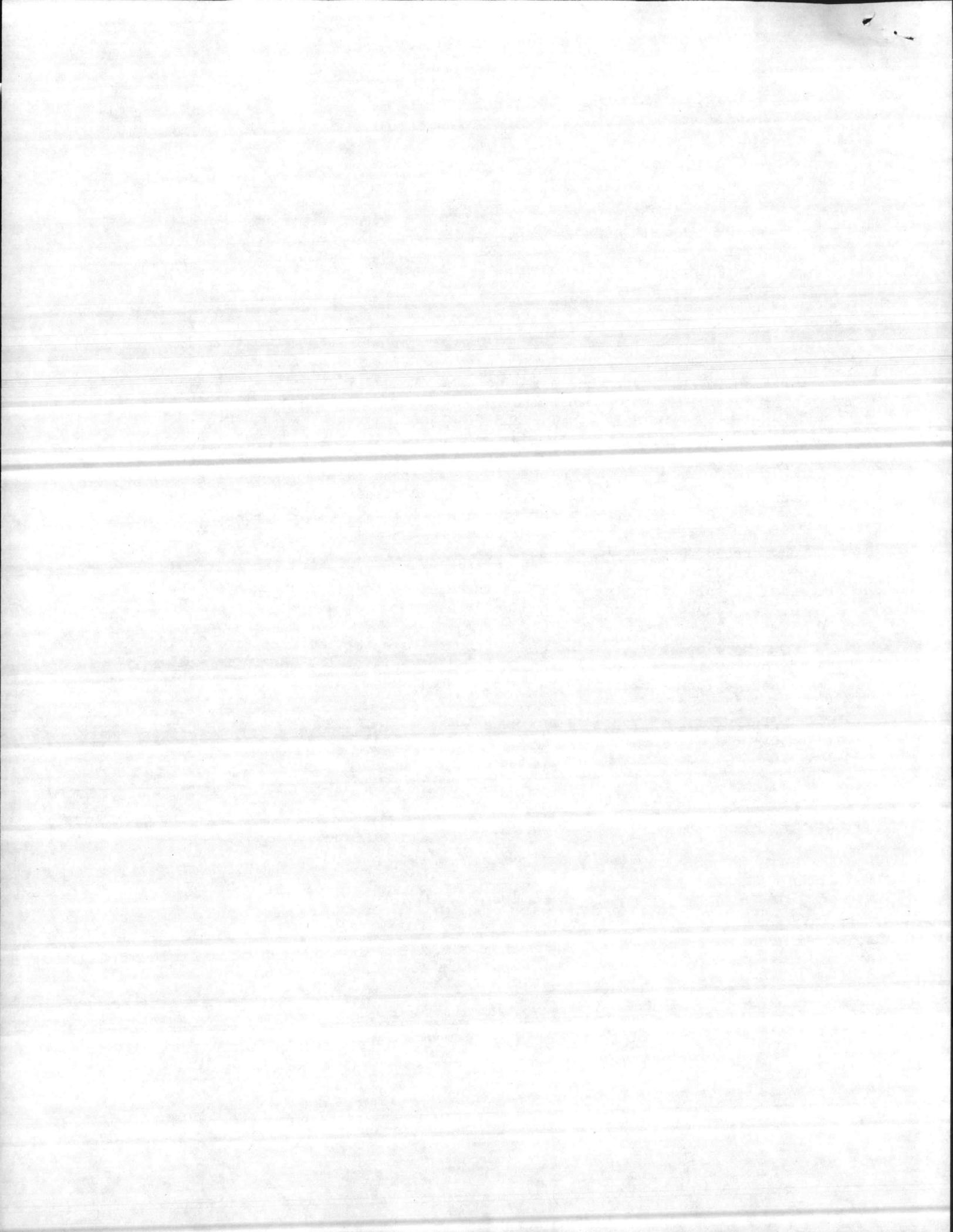
On May 13, 1983, I spoke with Aetna representative, Kurt Cronenfeld, from their Wilmington office who is handling this claim. He is to call back and confirm a meeting with me and Cecil in the next ten days.

Please call if you have any questions.


W. D. McRorie

WDM/ld

cc: Kurt Cronenfeld



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

May 11, 1983

To: George Wagner

From: Bill McRorie

Subject: Collection of Contract 10006

As many attempts to contact Cardinal's prior project manager, John Eckhart, on settlement of this account have failed, I called Cardinal's office in Dallas, Texas after talking with you on Monday, 5-9-83. From there I was told to call the office in Columbia, SC.

I talked with a Mr. Merrill in Columbia and after thorough discussion of the account, obtained approval for partial payment and was referred back to a George Jackson in Dallas. Mr. Jackson stated he had mailed a check to us in the amount of \$47,207.34 today.

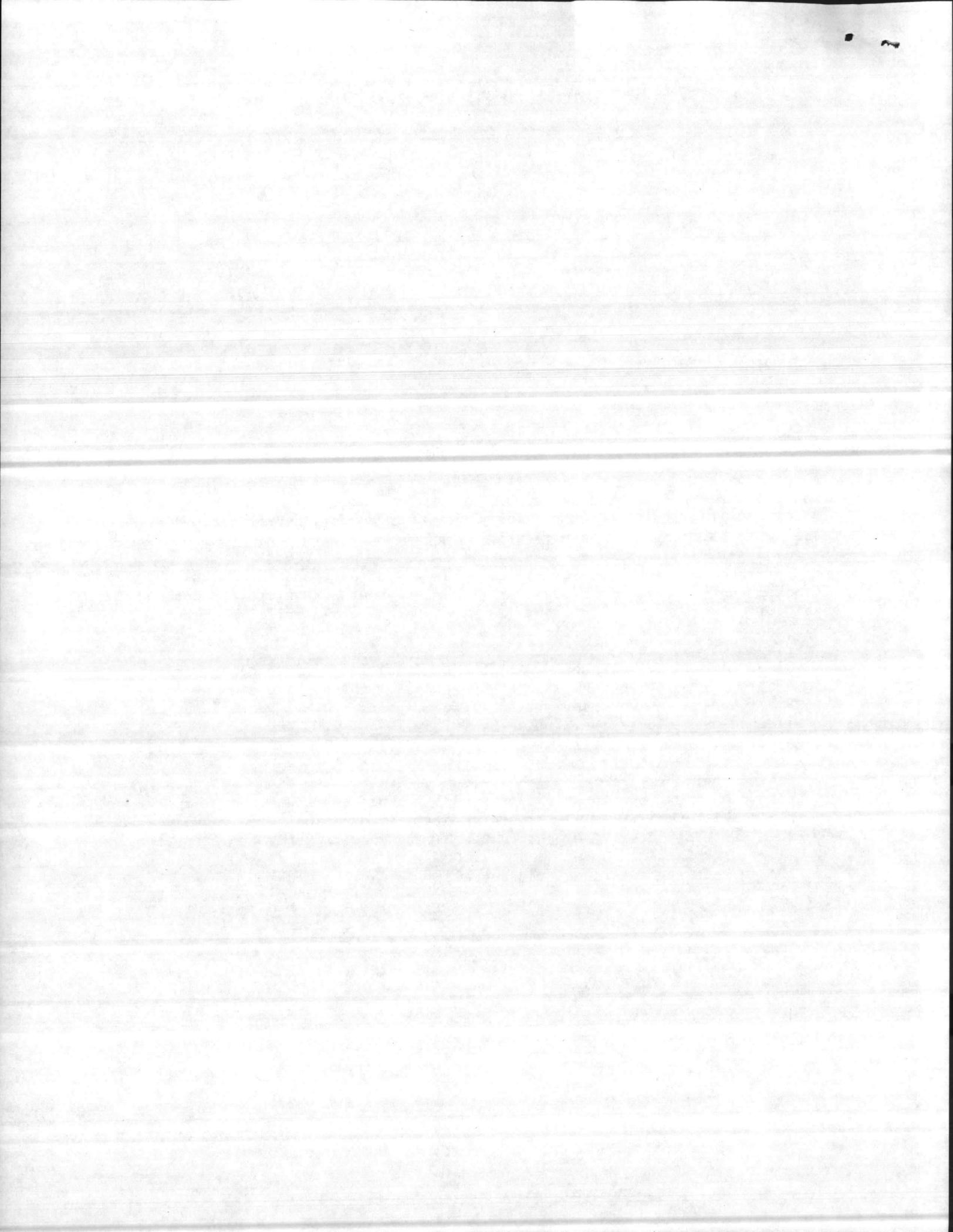
Also, I received a change order from Cardinal for \$475.00 this week. This clears all of our outstanding change orders with the exception of the \$3,799.57 pending change order for the fire pump problem. I was told by Mr. Merrill that he would get back to me by Friday, 5-13, with regard to this change order.

I have thoroughly reviewed the instrument air problem with Cecil Langley, and as soon as I can obtain specific names of inspectors at the job who reviewed the problem with Cecil, I will forward detailed information which you have requested on this matter. I expect to be able to send you this by next week.

If you have any questions, please call.


W. D. McRorie

WDM/ld



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

May 6, 1983

Centex Construction Company
P. O. Box 427
Merrifield, VA 22116

Attention: John Eckhart

RE: Change Orders
Naval Regional Medical Center
Camp Lejeune, NC

Dear Mr. Eckhart:

We have made many unsuccessful attempts to contact you about finalizing the fire protection contract for the above referenced project. Surely, you can understand the necessity of your attention to the final three change orders for this project and our need to receive these change orders so that we may close out this job.

You promised our office on April 12, that these change orders would be put in the mail by April 15 at the latest. We have yet to receive these change orders. Also, since our completion of the job in January, we have received only \$9,083.00 of the \$87,542.00 that was due us. Currently, we are due \$5,429 from Requisition 19 and \$73,030 retainage.

We feel that, in all fairness, the retainage should have been reduced to 5%, and that we should have received at least \$36,000.00 from you by now. As it is now, there is a considerable amount of money over 90 days past due. Please call us as soon as possible to let us know when we will receive our change orders and final payment with retainage.

We expect to hear from you very soon.

Sincerely,

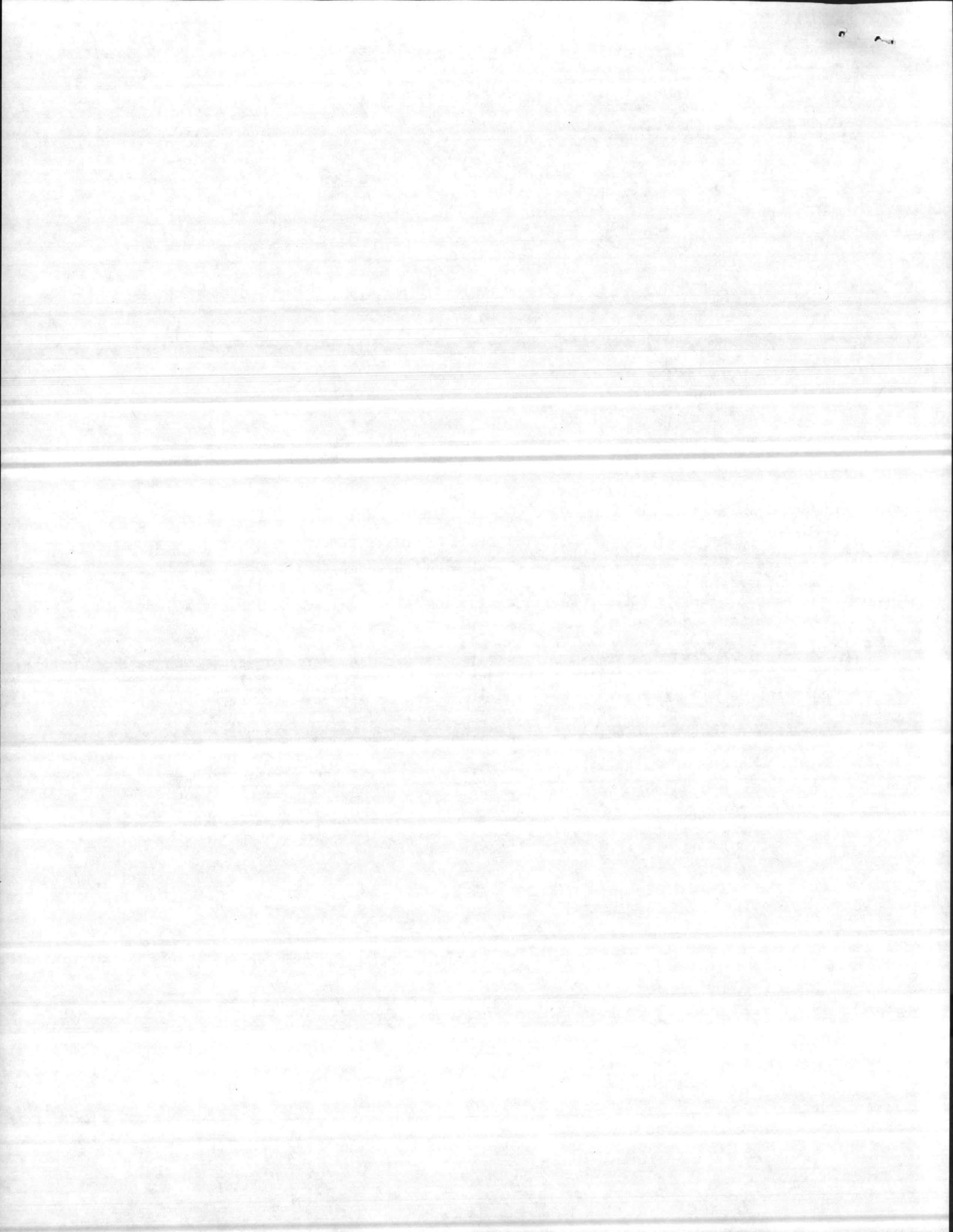
WORSHAM SPRINKLER COMPANY, INC.

*PHONE -
703-698-6886*

W.D. McRorie

W. D. McRorie
General Manager

WDM/ld
cc: George Wagner



John - Eckhart
703-237-9440

Cardinal Contracting
George Jackson Called 5-10
214-351-4062 not right n
351-9935

9,883⁰⁰ received since Jan

87,542⁰⁰ due

73,077⁰⁰

*730,300⁰⁰
2475⁰⁰
730,775⁰⁰

Show	730,775 ⁰⁰
paid	649,561 ⁰⁰
	4,006.63
services to	653,567.63
on account	

Accounting

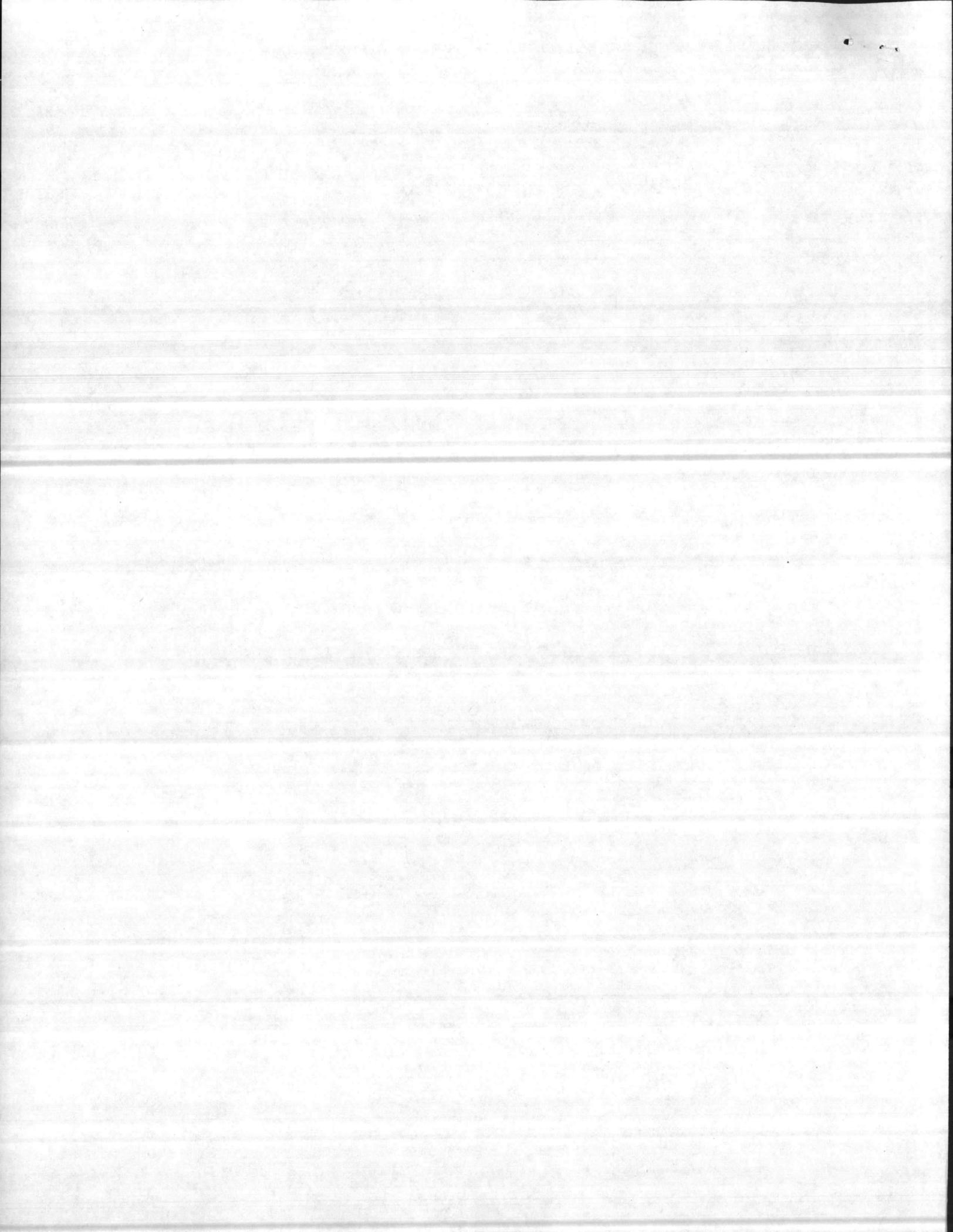
Mr Merrill ^{Kingport 415-247-496} not released our
account for payment in
Columbia ^{Durham} S.C. 803-254-9064
He will have to authorize
Mr Jackson any payment.

He will ~~pay~~ ^{78,466}
^{30,000}
48,466
authorize to pay 48,000⁰⁰

pay ~~then~~ ^{all} the 30,000 holding this because of
warranty water damage
problem

Call - George Jackson today
will send check next week

Check in mail for 41,207³⁴
Total 730,775⁰⁰
leaves 30,000 balance with
Change order 657



WORSHAM SPRINKLER CO., INC.

313 S. RICHARDSON ROAD • ASHLAND, VIRGINIA 23005 • PHONE (804) 798-3385

Bme 5-2

April 28, 1983

MEMO TO: Bill McRorie

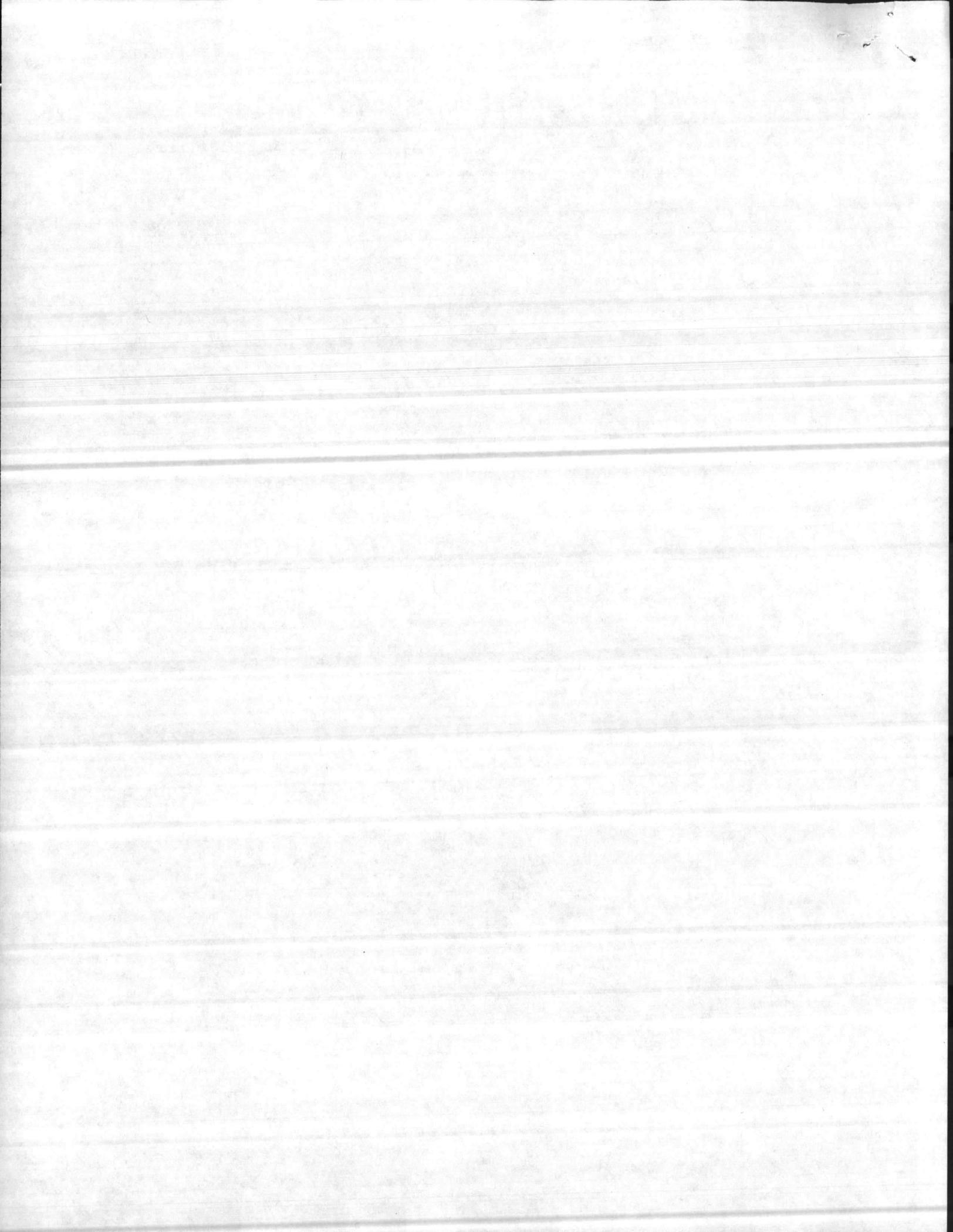
FROM: George M. Wagner

*** Please advise me in writing immediately of all change orders and the collection on job #10006.

George M. Wagner
George M. Wagner, President

cc: Wayne Harris

GMW/lp



WORSHAM SPRINKLER CO., INC.

313 S. RICHARDSON ROAD • ASHLAND, VIRGINIA 23005 • PHONE (804) 798-3385

April 11, 1983

MEMO TO: Bill McRorie

FROM: George M. Wagner

Please get with Cardinal Contracting on the monies due WSC on job #10006.

At the very worst situation, the receivable should be reduced to around \$36,000.00 from the present \$78,459.00.

Please advise me immediately on when we can expect these monies due us.

George M. Wagner
George M. Wagner, President

cc: Wayne Harris

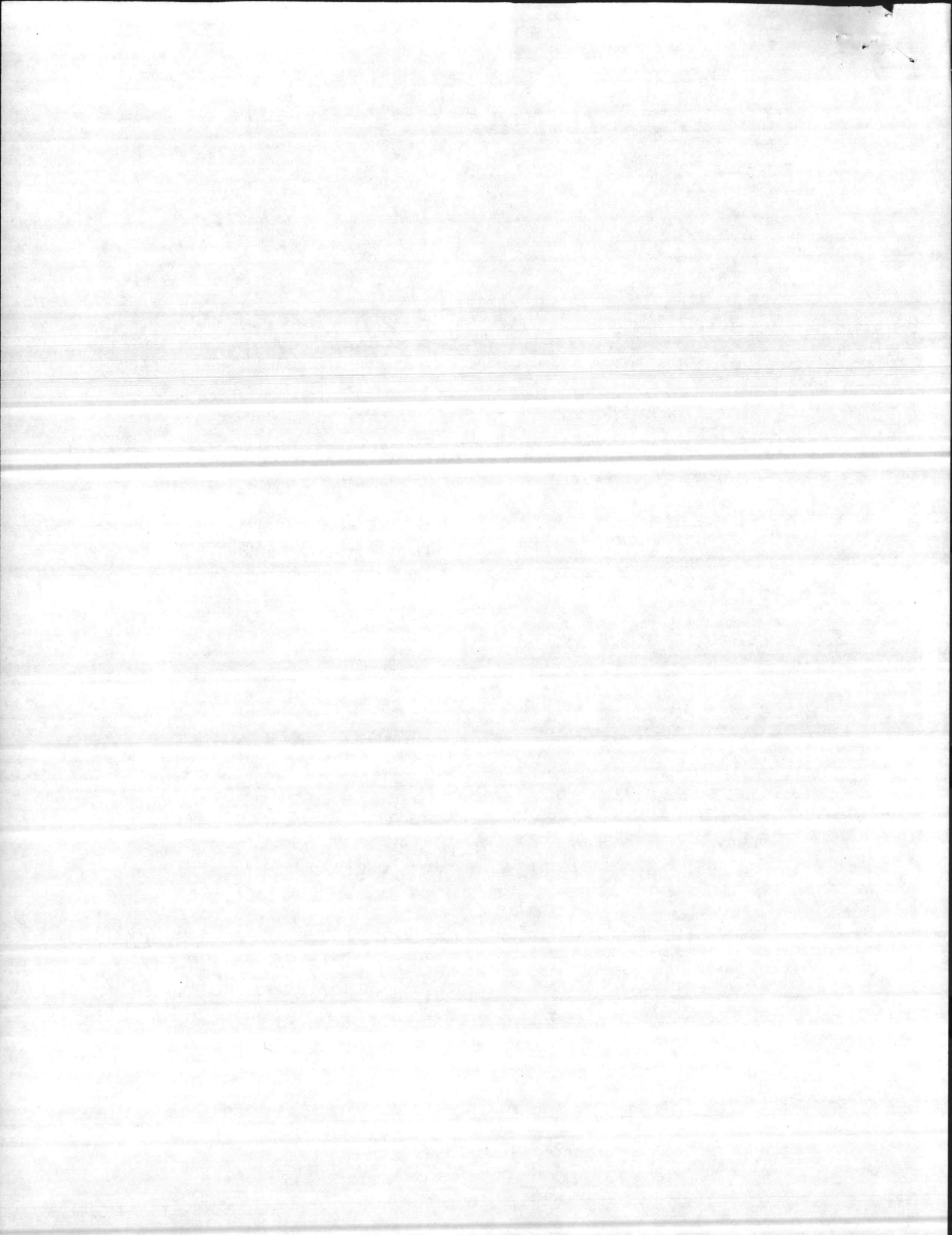
GMW/lp

*Wayne states
we cannot reduce
to 5%*

APR 14 1983

To	Int.	Date

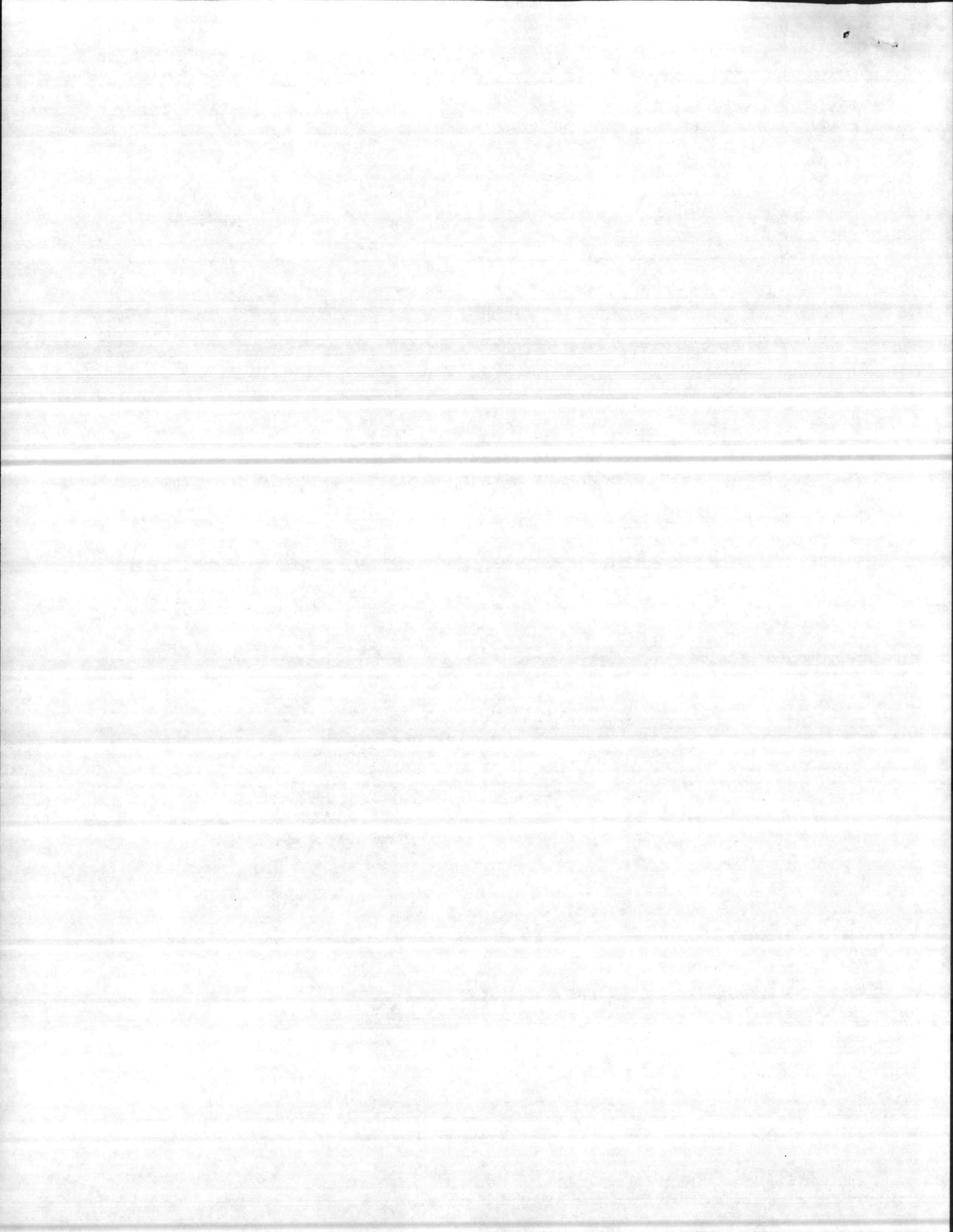
FILE

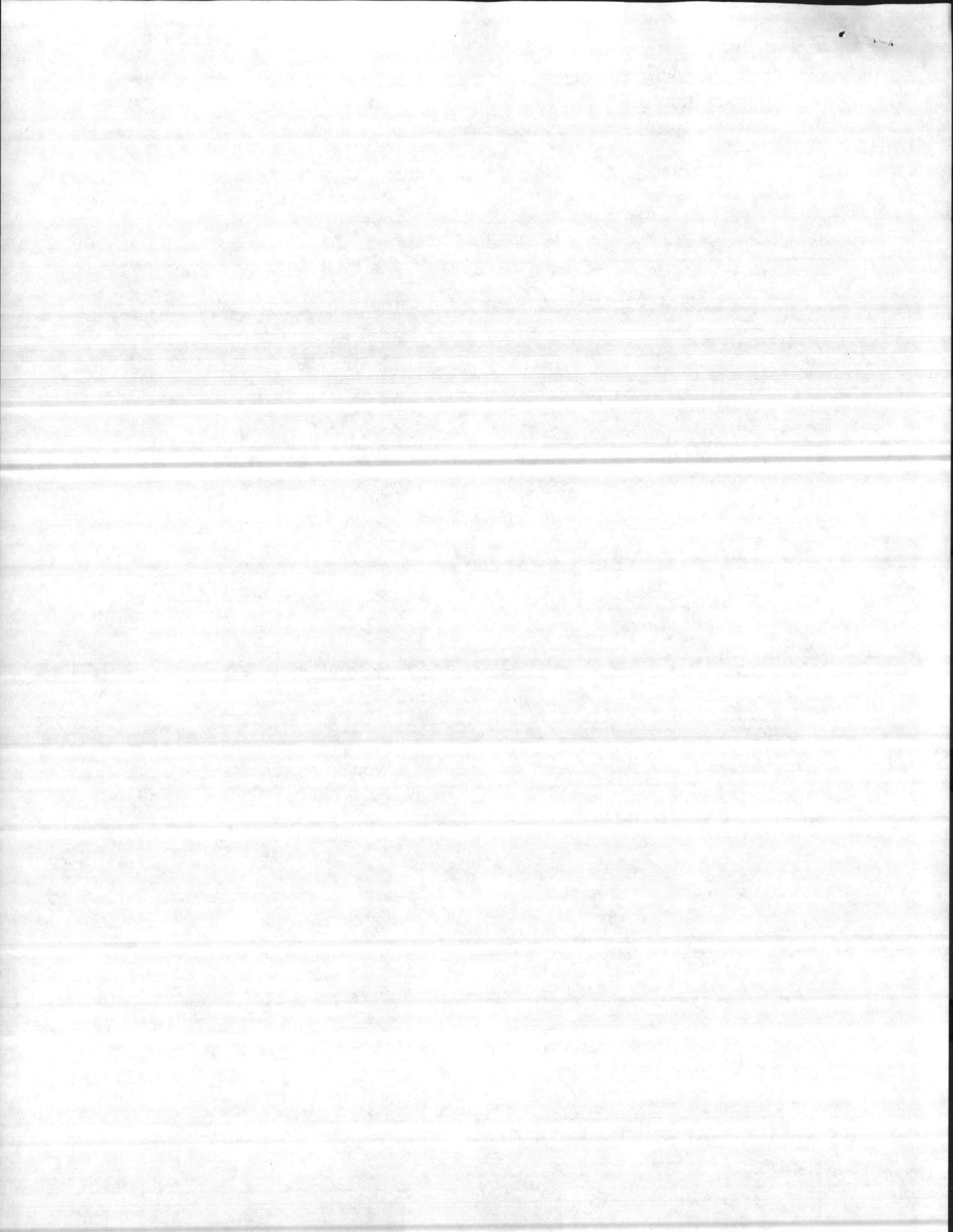


CAMP LETJUNE - WALDINGER CLAIM

① RESEARCH W/ CECIL &
WRITE G.W. A MEMO EXPLAINING
WHAT HAPPENS & AND GIVE HIM
ALL THE DETAILS. TELL HIM
WHY IT WAS NOT OUR FAULT
ANY WITNESSES & SO FORTH,

② WRITE WALDINGER LETTER
& SEND BACK THEIR INVOICE
EXPLAINING THAT IT IS NOT OUR
RESPONSABILITY & WE WILL NOT
PAY, AND IF THEY HAVE ANY
FURTHER CORRESPONDENCE FOR
THEM TO SEND IT TO OUR
INSURANCE COMPANY. &
COPY ATNEA ON ~~THIS~~ THIS
LETTER TO WALDINGER.





{ ELCO 1114
DID IT WATER ENTERED FROM TOR LINES }

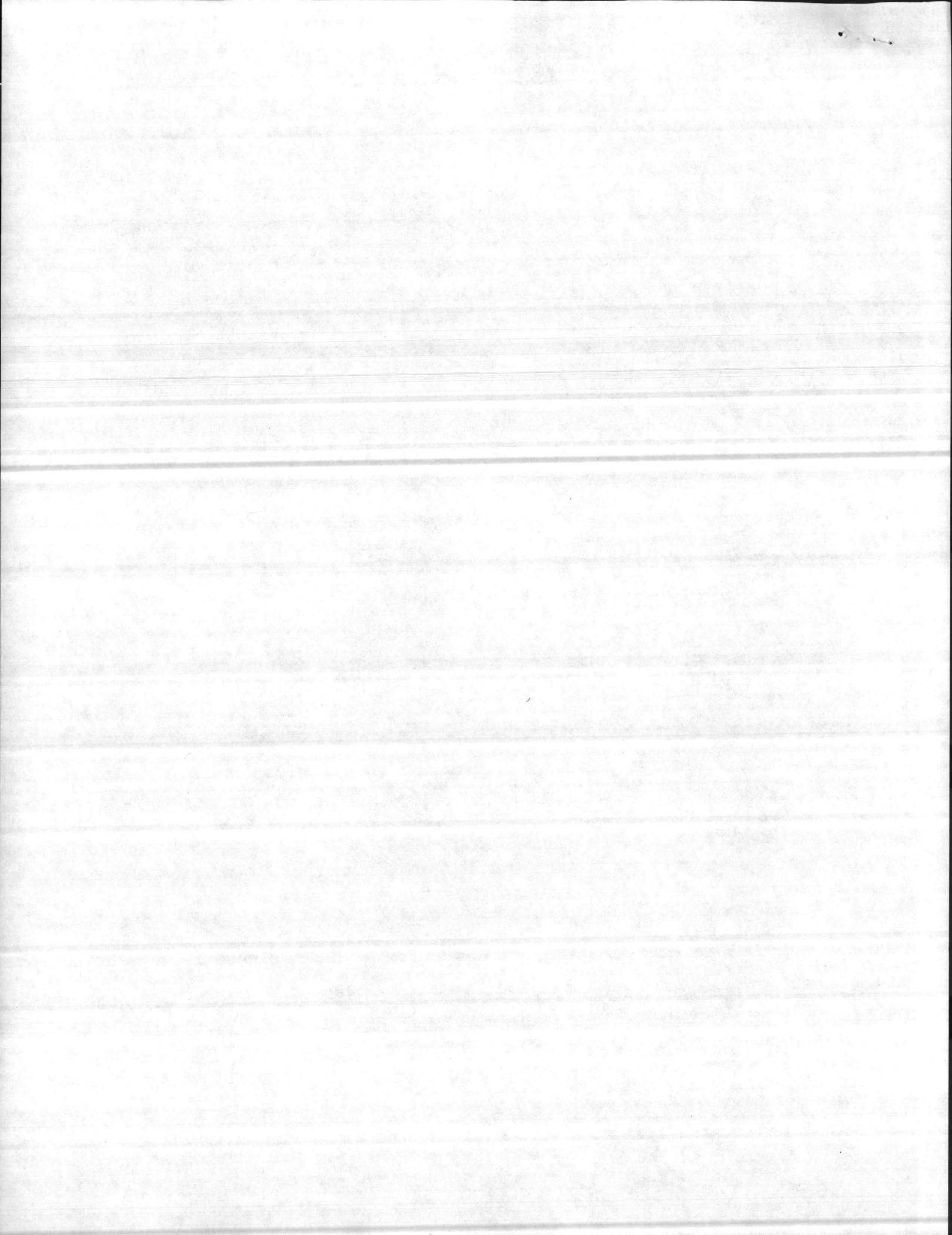
took apart and found approx.
1 quart of water in air
line. Then went back to deluge valve.
~~area~~ and took air line apart
at valve. 1 or 2 ounces of water
came out between 3/4 check valve and
air maint device. All water that
came out of air lines was very rusty
and Cecil feels this came from air
line condensation rather than
sprinkler system.

Mr with Waldinger on
job talked with Cecil
and blamed on Cecil denied
however Waldinger stated
an insurance would pay.

The intent was for air to enter
our system automatically. After
problem air maintenance device
valves were closed by Flannery
and they ~~checked~~ ^{at present} manually open
and close A.M. device valves to allow
air in deluge pilot lines manually.

3" deluge valve with 3" ~~check~~
check valve above deluge.
System is actually tripped by
electrical HAD'S

from all appearances there
is no reason to put in piping
Cecil offered to after lines dried
out to manually trip deluge for Waldinger
to witness and they did not want him to.





CARDINAL

Contracting Co., Inc.

P. O. BOX 20445 ■ DALLAS, TEXAS 75220
AREA CODE 214 ■ PHONE 351-9935

PLEASE ADDRESS REPLY TO:

P.O. Box 8408
Camp Lejeune, NC 28542

WS MAR 16 1983

March 15, 1983

ME 3-22

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Access Panels

Gentlemen:

This will acknowledge receipt of your correspondence dated March 8, 1983, on the referenced subject.

We concur with your comments; however, the relevant point that caused controversy and additional cost was the fact that the access panels you required and the openings cut are larger in size than the access panels purchased for this project.

All the access panels purchased for this project meet the requirements of paragraph 7.13, specification section 5500 (the specification section you referenced) and are 12" x 12".

Should you have further questions, please advise.

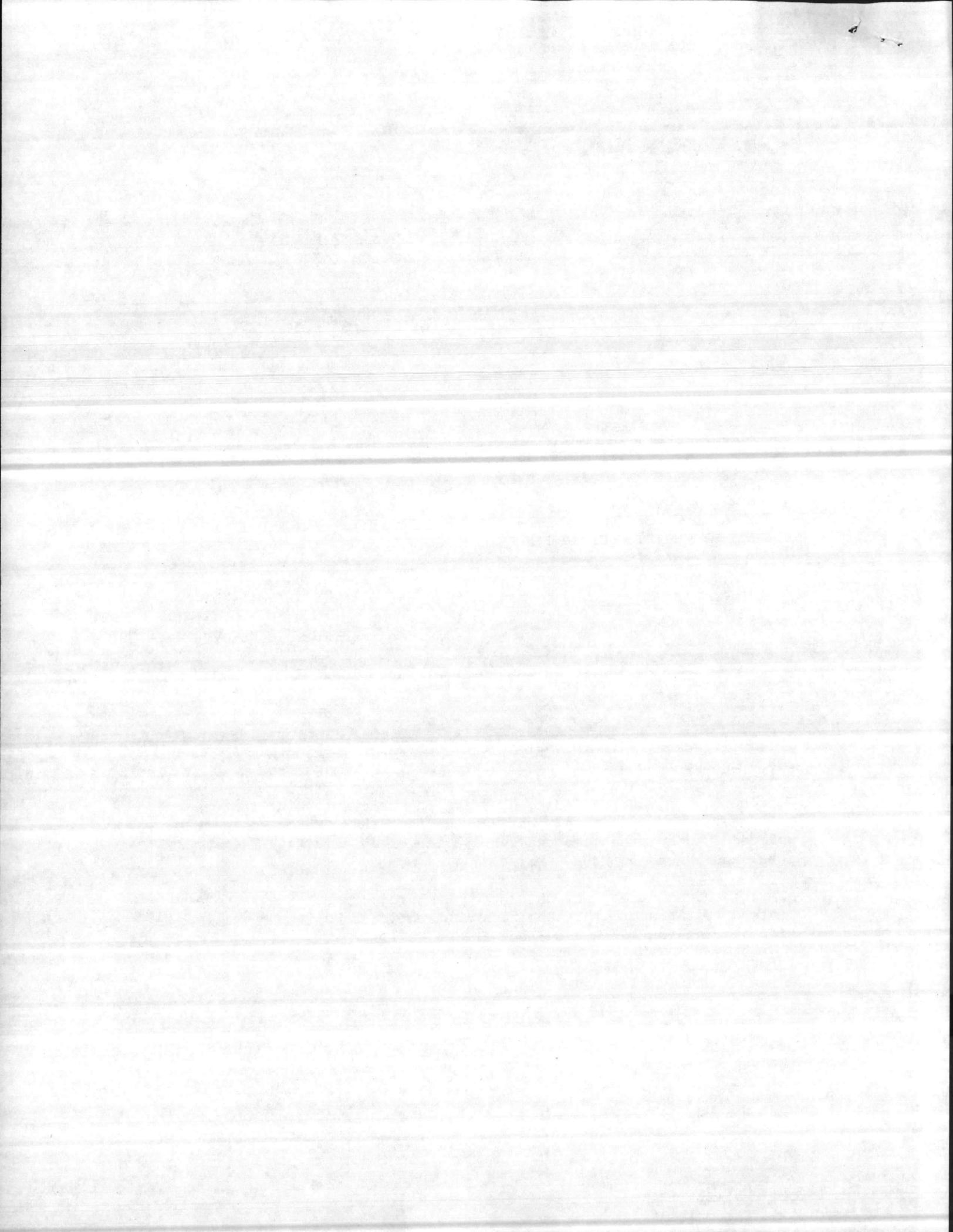
Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
John Eckhart
Project Engineer

JE:km

cc: Dallas Office
Columbia Office



PLEASE ADDRESS REPLY TO:

P.O. Box 8408
Camp Lejeune, NC 28542

March 15, 1983

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Access Panels

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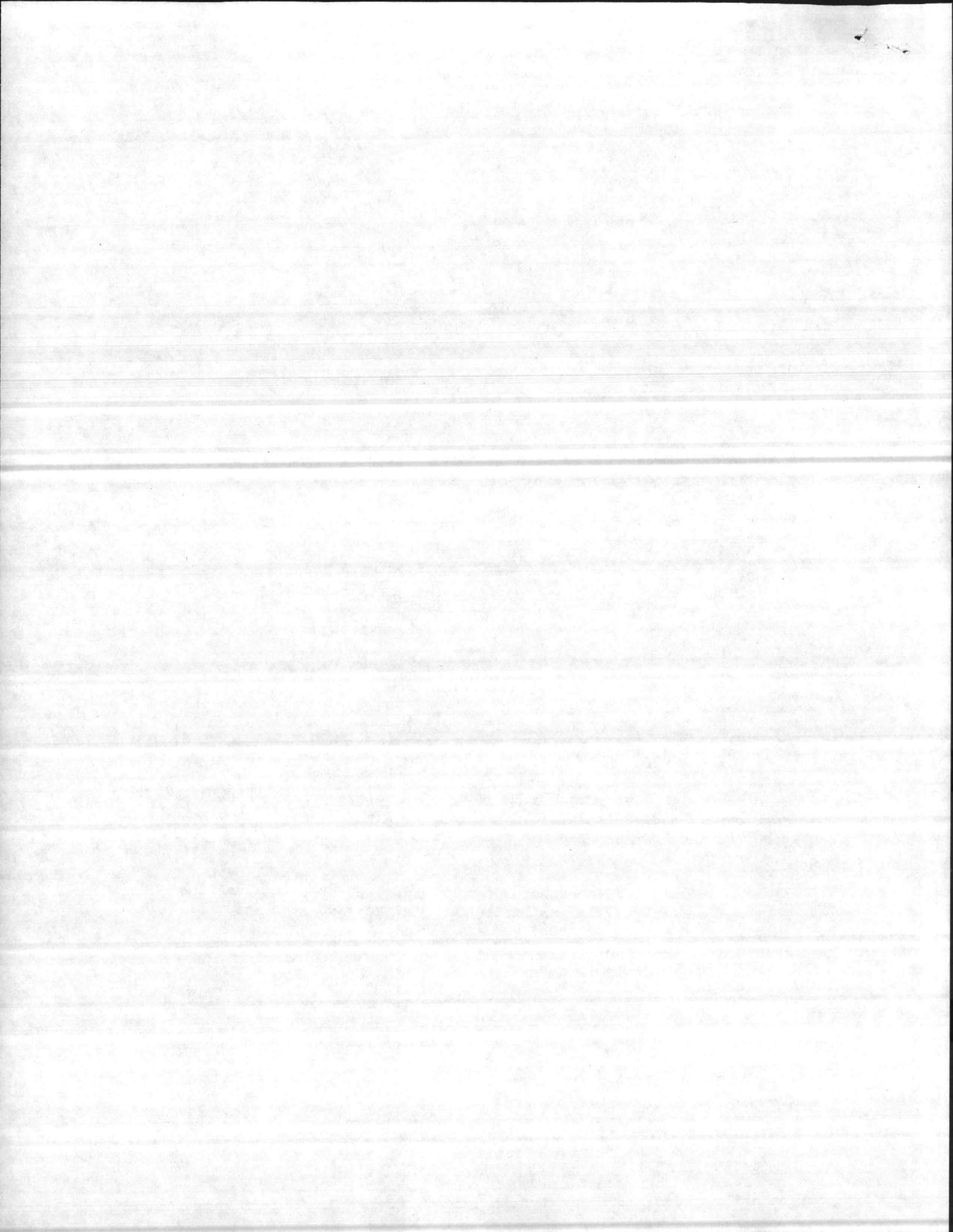
Should you have further questions, please advise.

Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
Project Engineer

JE:km



WORSHAM SPRINKLER CO., INC.

CONTRACT COMPLETION REPORT

Contract Name — Naval Regional Medical Center

Date of Report — March 11, 1983

Contract Number — 10006

Original Contract Face — \$717,413.00

Contract Completion Date — 1-18-83

Name of Foreman — Jim Tucker/Cecil Langley

* Authorized Extras or Credits (list separately)

<u>Number</u>	<u>Amount</u>
<u>1</u>	<u>2,057.00</u>
<u>2</u>	<u>296.00</u>
<u>3</u>	<u>492.00</u>
<u>4</u>	<u>7,200.00</u>
<u>5</u>	<u>2,842.00</u>

Possible Extras or Credits (list separately)

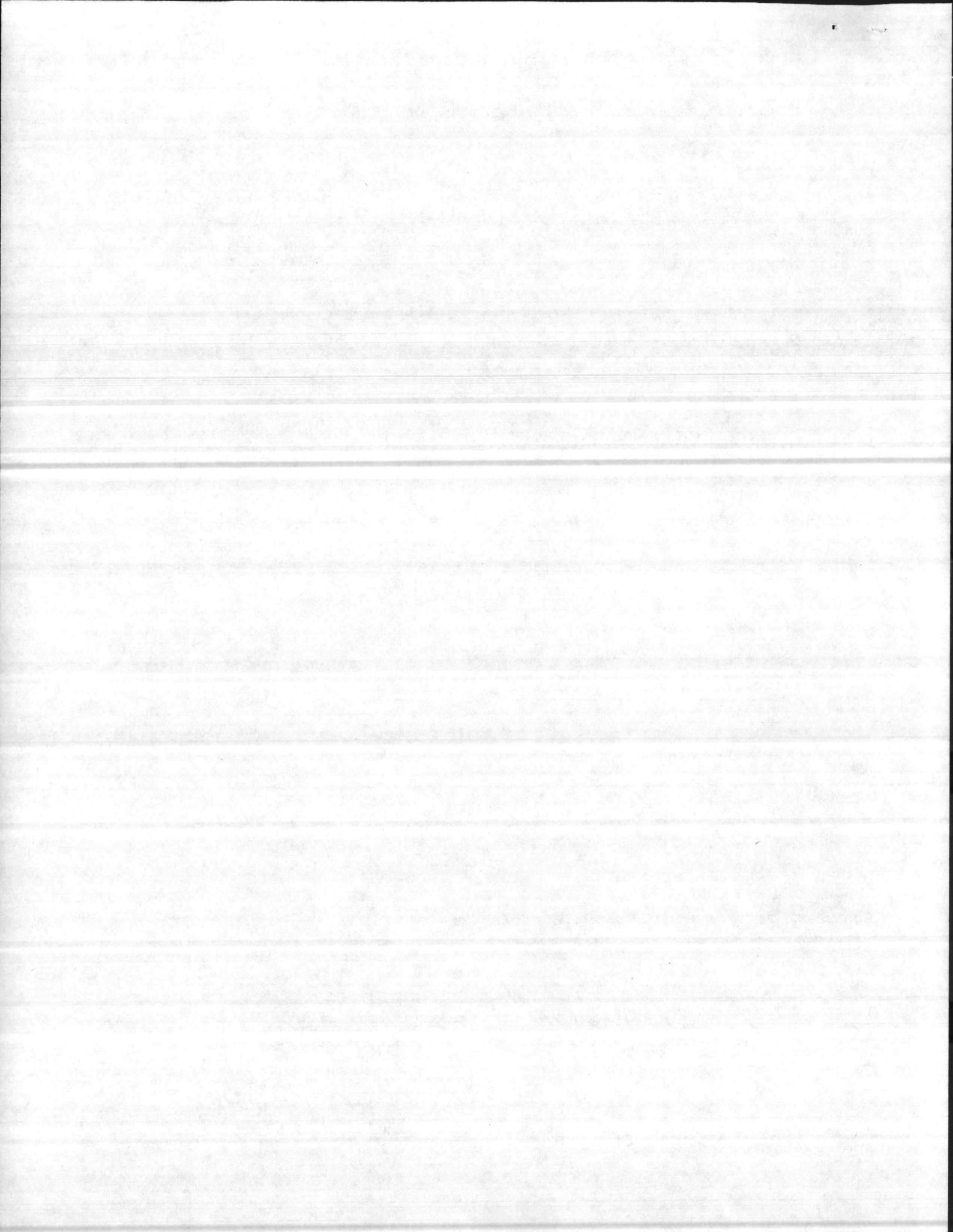
<u>Reference</u>	<u>Amount</u>
Fire Pump Impeller damage	<u>3,799.57</u>
Additional 4 heads Sterilizer Room	<u>327.00</u>
Area G Basement Reinstallation of 15 heads	<u>148.00</u>
_____	_____
_____	_____

Revised Contract Amount (incl. authorized extras and credits only) — \$730,300.00

Contractor's Material and Test Certificate Attached — Yes No
(if "no", indicate the reason)

Signed — *W. D. McLean*

* Authorized extra or credit means that we have received a written and priced authorization from the customer for the item.



WORHAM SPRINKLER CO., INC.

CONTRACTOR'S MATERIAL & TEST CERTIFICATE SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS

PART "A" GENERAL

PROCEDURE
UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.
A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH THE INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME <i>NAVAL REGIONAL MEDICAL CENTER</i>	DATE <i>1-19-83</i>
---	------------------------

PROPERTY ADDRESS
JACKSONVILLE N.C.

	ACCEPTED BY INSPECTING AUTHORITY(S) NAMES <i>U.S. Navy</i>
--	---

PLANS	ADDRESS		
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

INSTRUC- TIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT IF NO, EXPLAIN	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT IF NO, EXPLAIN	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

TEST DESCRIP- TION	<p>FLUSHING: Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs.</p> <p>Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 2000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.</p> <p>HYDROSTATIC: Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above ground piping leakage should be stopped.</p> <p>LEAKAGE: New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation should be considered unsatisfactory. and necessary repairs made.</p> <p>PNEUMATIC: Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.</p>
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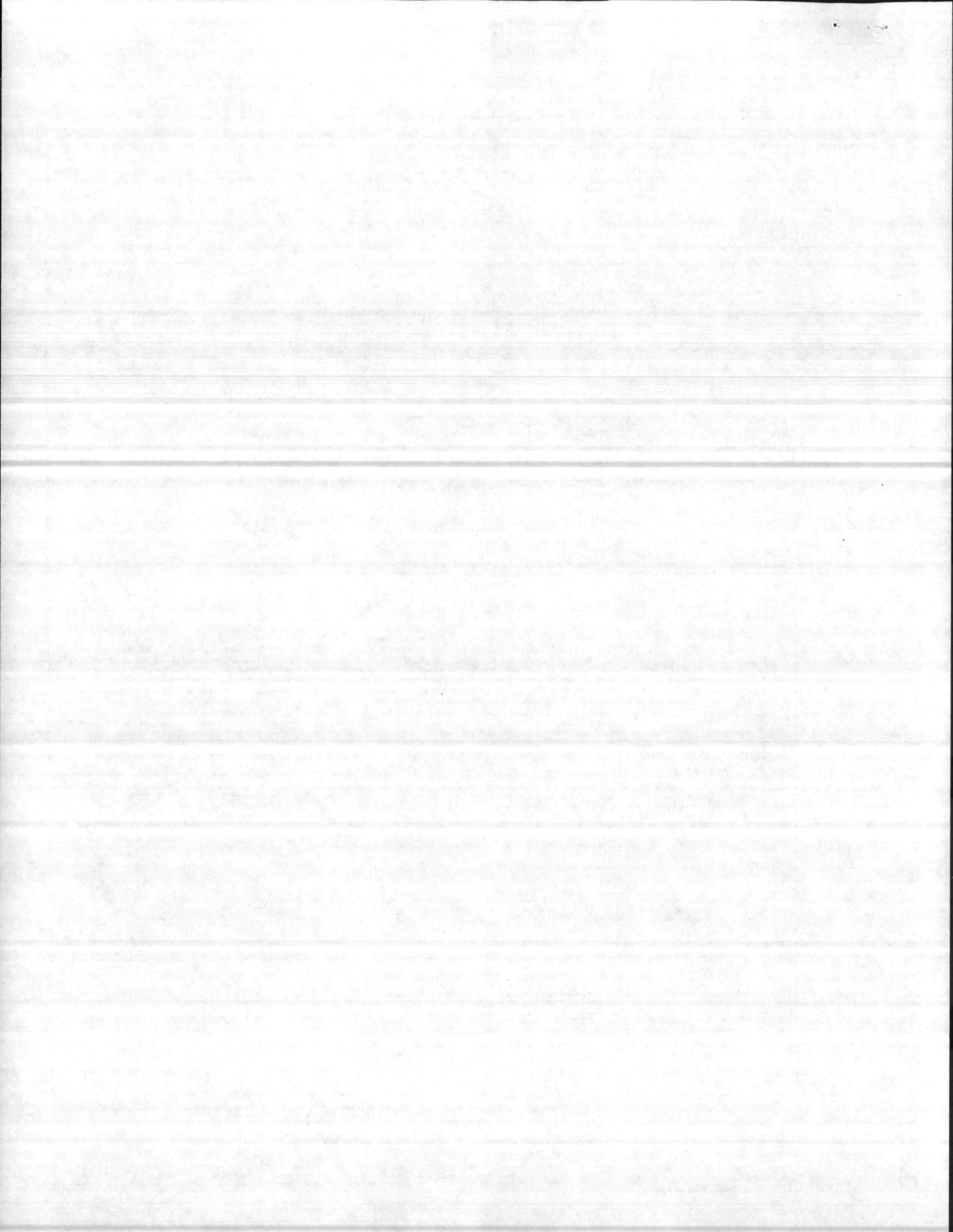
PART "B" - UNDERGROUND PIPING

LOCATION	FEEDS BLDGS. <i>N/A</i>
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UNDER- GROUND PIPES AND JOINTS	PIPE TYPE AND CLASS	TYPE JOINT		
	CONFORMS TO _____ STANDARD IF NO, EXPLAIN		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

TESTS REQUIRED	FLUSHING	HYDROSTATIC	LEAKAGE
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FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)	YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED	
	PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>
	FIRE PUMP <input type="checkbox"/>	
	THROUGH WHAT TYPE OPENING	
	HYD. BUTT. <input type="checkbox"/>	OPEN PIPE <input type="checkbox"/>
LEAD-INS FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)	YES <input type="checkbox"/>	
HOW WAS FLUSHING OBTAINED		
PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>	
FIRE PUMP <input type="checkbox"/>		
THROUGH WHAT TYPE OPENING		
Y CONN. TO FLANGE & SPIGOT <input type="checkbox"/>	OPEN PIPE <input type="checkbox"/>	



HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ P.S.I.		FOR _____ HOURS
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS.		_____ HOURS
	ALLOWABLE LEAKAGE _____ GALS.		_____ HOURS
HYDRANTS	NUMBER INSTALLED _____	TYPE AND MAKE _____	
	ALL OPERATE SATISFACTORILY		YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON		YES <input type="checkbox"/> NO <input type="checkbox"/>
REMARKS	DATE LEFT IN SERVICE _____		
PARTS A & B	NAME OF SPRINKLER CONTRACTOR _____	FOR PROPERTY OWNER (SIGNED) _____	TITLE _____
	FOR SPRINKLER CONTRACTOR (SIGNED) _____		DATE _____

PART "C" - SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)

LOCATION	SERVES BLDGS. <u>AREA'S A, B, C, D, E, F, G, H</u>
TESTS REQUIRED	<input checked="" type="checkbox"/> HYDROSTATIC TEST OF ALL PIPING <input type="checkbox"/> PNEUMATIC TEST OF ALL DRY PIPING <input type="checkbox"/> EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING
		GEM CHR. Pentent	F950	1/2	3,862
	GEM CHR. Pentent	F950	1/2	49	286
	GEM SIDEWALL	F950	1/2	12	217

PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO _____ STANDARD
	IF NONE, EXPLAIN <u>NFPA-13</u> <u>NFPA-20</u>

continued on page 2

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE			
	TYPE	MAKE	MODEL	MIN.		SEC.	
	<u>25-3"</u>	<u>GEM</u>	<u>WFD</u>			<u>3</u>	

DRY PIPE VALVES	MAKE	MODEL	SER.	OPERATING TEST RESULTS				WATER PRESS.	AIR PRESS.	TRIP POINT AIR PRESS.	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
				TIME TO TRIP THROUGH TEST PIPE							MIN.	SEC.	YES	NO
				WITHOUT Q.O.D.		WITH Q.O.D.								
	<u>2-4"</u>	<u>F3021</u>	<u>1885</u>	MIN.	SEC.	MIN.	SEC.	<u>125</u>	<u>45</u>	<u>14</u>	<u>20</u>	<u>✓</u>		
	<u>GEM</u>	<u>F3021</u>	<u>2354</u>		<u>16</u>									

DELUGE & PREACTION VALVES	OPERATION	PNEUMATIC <input type="checkbox"/>	ELECTRIC <input checked="" type="checkbox"/>	HYDRAULIC <input type="checkbox"/>
	PIPING SUPERVISED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DETECTING MEDIA SUPERVISED	
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING IF NO, EXPLAIN	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

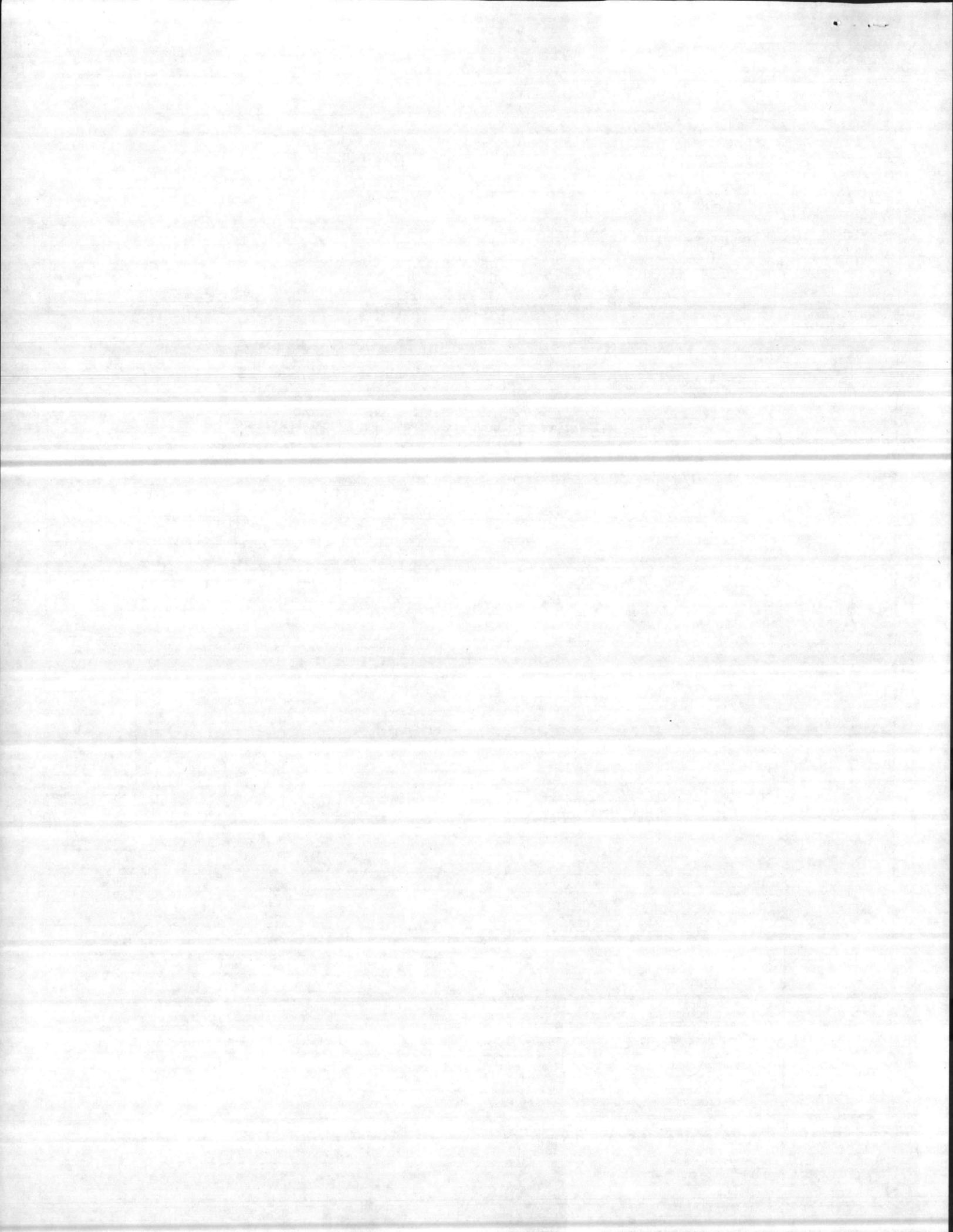
TESTS	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
			YES	NO	YES	NO	MIN.	SEC.
	<u>STAR 7-311</u>	<u>d</u>	<u>✓</u>		<u>✓</u>		<u>1</u>	

TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI	FOR _____ HOURS
	DRY PIPING PNEUMATICALLY TESTED	YES <input type="checkbox"/> NO <input type="checkbox"/>
	EQUIPMENT OPERATE PROPERLY	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	IF NO, STATE REASON _____	

BLANK TESTING GASKETS	NUMBER USED <u>0</u>	LOCATIONS <u>0</u>	NUMBER REMOVED <u>0</u>
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REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN.
	<u>1-18-83</u>

PART "C" SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>WORSHAM SPRINKLER</u>	FOR PROPERTY OWNER (SIGNED) <u>C.P. Thomas, P.E.</u>	TITLE _____
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>Cecil Longley</u>		



WOLFHAM SPRINKLER CO., INC.

CONTRACTOR'S MATERIAL & TEST CERTIFICATE SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS

PART "A" GENERAL

PROCEDURE
UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.
A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH THE INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME	DATE	
PROPERTY ADDRESS		
	ACCEPTED BY INSPECTING AUTHORITY('S) NAMES	
PLANS	ADDRESS	
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
INSTRUC- TIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT IF NO, EXPLAIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
	HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT IF NO, EXPLAIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
TEST DESCRIP- TION	<p>FLUSHING: Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 2000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.</p> <p>HYDROSTATIC: Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above ground piping leakage should be stopped.</p> <p>LEAKAGE: New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation should be considered unsatisfactory. and necessary repairs made.</p> <p>PNEUMATIC: Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.</p>	

PART "B" - UNDERGROUND PIPING

LOCATION	FEEDS BLDGS.		
UNDER- GROUND PIPES AND JOINTS	PIPE TYPE AND CLASS	TYPE JOINT	
	CONFORMS TO _____ STANDARD IF NO, EXPLAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TESTS REQUIRED	FLUSHING	HYDROSTATIC	LEAKAGE
FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)		
	HOW WAS FLUSHING FLOW OBTAINED		
	PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>	FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING		
	HYD. BUTT. <input type="checkbox"/>	OPEN PIPE <input type="checkbox"/>	
TESTS	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)		
	HOW WAS FLUSHING OBTAINED		
	PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>	FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING		
	Y CONN. TO FLANGE & SPIGOT <input type="checkbox"/>		OPEN PIPE <input type="checkbox"/>

HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ P.S.I.		FOR _____ HOURS												
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS.		_____ HOURS												
	ALLOWABLE LEAKAGE _____ GALS.		_____ HOURS												
HYDRANTS	NUMBER INSTALLED _____		TYPE AND MAKE _____												
	ALL OPERATE SATISFACTORILY		YES <input type="checkbox"/> NO <input type="checkbox"/>												
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON		YES <input type="checkbox"/> NO <input type="checkbox"/>												
REMARKS	DATE LEFT IN SERVICE _____														
PARTS A & B	NAME OF SPRINKLER CONTRACTOR _____		FOR PROPERTY OWNER (SIGNED) _____ TITLE _____												
	FOR SPRINKLER CONTRACTOR (SIGNED) _____			DATE _____											
PART "C" - SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)															
LOCATION	SERVES BLDGS. Page 2														
TESTS REQUIRED	1 HYDROSTATIC TEST OF ALL PIPING 2 PNEUMATIC TEST OF ALL DRY PIPING 3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT														
SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING										
	<i>GEM-Upright</i>	<i>F950</i>	<i>1/2</i>	<i>340</i>	<i>212</i>										
	<i>GEM-Upright</i>	<i>F950</i>	<i>1/2</i>	<i>190</i>	<i>286</i>										
	<i>GEM DR Pendent</i>	<i>F950</i>	<i>1/2</i>	<i>112</i>	<i>212</i>										
PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO _____ STANDARD IF NONE, EXPLAIN NEPA-13 VFPA-20														
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE											
	TYPE	MAKE	MODEL	MIN.	SEC.										
	<i>7-4" 1-6"</i>	<i>GEM</i>	<i>WFD</i>		<i>3</i>										
DRY PIPE VALVES	MAKE	MODEL	SER.	OPERATING TEST RESULTS				WATER PRESS.	AIR PRESS.	TRIP POINT AIR PRESS.	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY		
				TIME TO TRIP THROUGH TEST PIPE							MIN.	SEC.	MIN.	SEC.	YES
	WITHOUT Q.O.D.		WITH Q.O.D.												
					MIN.	SEC.	MIN.	SEC.	P.S.I.	P.S.I.	P.S.I.	MIN.	SEC.	YES	NO
	IF NO, EXPLAIN _____														
DELUGE & PREACTION VALVES	OPERATION		PNEUMATIC <input type="checkbox"/>		ELECTRIC <input type="checkbox"/>		HYDRAULIC <input type="checkbox"/>								
	PIPING SUPERVISED				YES <input type="checkbox"/> NO <input type="checkbox"/>		DETECTING MEDIA SUPERVISED				YES <input type="checkbox"/> NO <input type="checkbox"/>				
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS										YES <input type="checkbox"/> NO <input type="checkbox"/>				
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING IF NO, EXPLAIN										YES <input type="checkbox"/> NO <input type="checkbox"/>				
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM				DOES EACH CIRCUIT OPERATE VALVE RELEASE				MAXIMUM TIME TO OPERATE RELEASE				
YES			NO		YES		NO		MIN.	SEC.					
ALL PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS DRY PIPING PNEUMATICALLY TESTED YES <input type="checkbox"/> NO <input type="checkbox"/> EQUIPMENT OPERATE PROPERLY YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, STATE REASON _____ DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: _____ PSI RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI															
BLANK TESTING GASKETS	NUMBER USED _____		LOCATIONS _____				NUMBER REMOVED _____								
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN. 1-18-83														
PART "C" SIGNATURES	NAME OF SPRINKLER CONTRACTOR _____		FOR PROPERTY OWNER (SIGNED) _____		TITLE _____										
	FOR SPRINKLER CONTRACTOR (SIGNED) _____														

PUMP ACCEPTANCE TEST DATA

HICKORY, N. C. 28603
Telephone (704) 322-9456

PROPERTY OF Camp LeJeune		INDEX NO.	DIST. OFFICE
ADDRESS		TESTED BY	DATE 10-8-82
CITY Jacksonville	STATE N. C.	PLACO	CODE
SUBJECT		CONFERRED WITH	

PUMP	SHAFT <input checked="" type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL	MANUFACTURER Patterson	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHOP OR SERIAL NO. 79PT3798-L3	MODEL OR TYPE 4/3 ME
	RATED GPM 500	RATED HEAD-FT. (psi) 85	RATED RPM 1750	SUCTION FROM City	TANK SIZE TANK HEIGHT

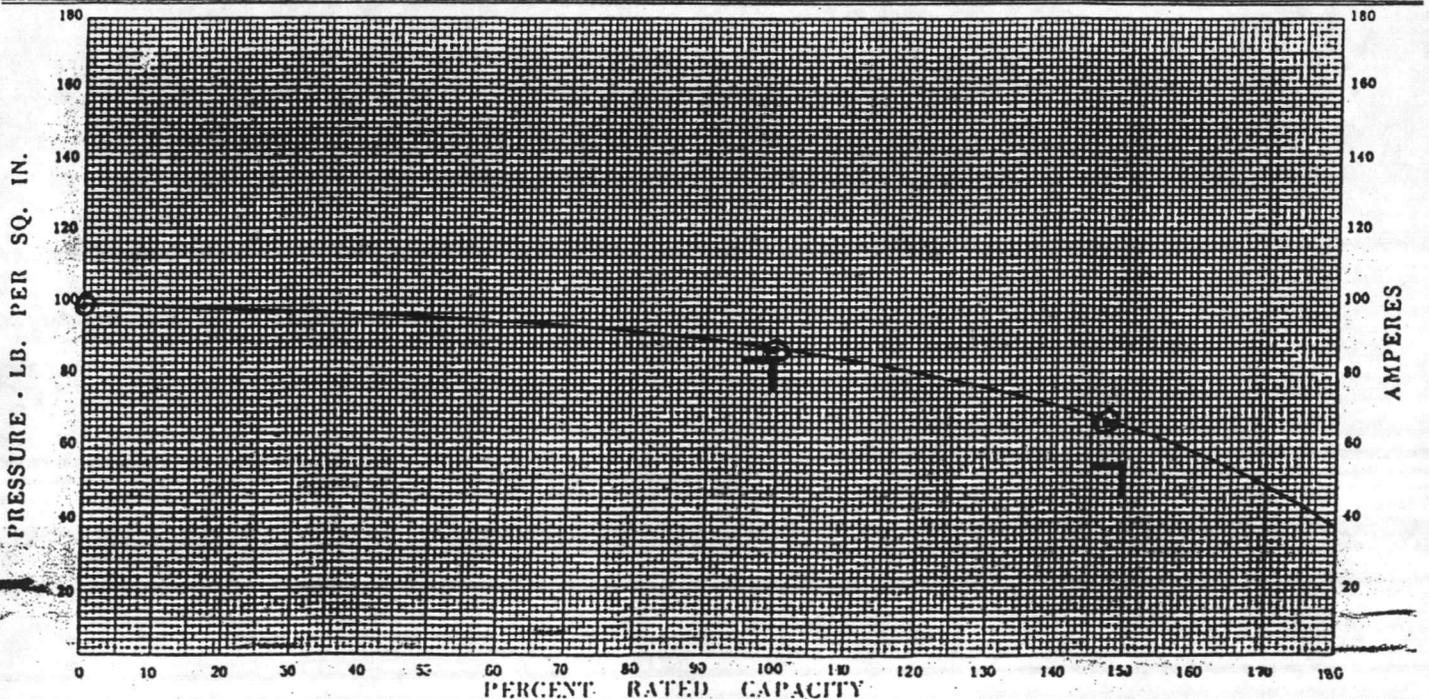
IF VERTICAL TYPE	VERTICAL DIST. DISCH. GAUGE TO WATER LEVEL	STATIC FT. PUMPING FT.	RIGHT ANGLE GEAR DRIVE	MANUFACTURER	SHOP OR SERIAL NO.	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
	PERFORMANCE <input type="checkbox"/> SMOOTH <input type="checkbox"/> ROUGH					

DRIVER	MANUFACTURER Detroit	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHOP OR SERIAL NO. BA0094229	MODEL OR TYPE	RATED H.P. 82	RATED R.P.M. 1750	
	<input type="checkbox"/> ELECTRIC MOTOR	RATED VOLT.	OPERATING VOLT.	RATED F.L. AMPS	AMPS AT 150% PHASE	CYCLES SERVICE FACTO	
<input checked="" type="checkbox"/> DIESEL ENGINE		<input type="checkbox"/> GASOLINE ENGINE	<input type="checkbox"/> GAS ENGINE	<input type="checkbox"/> STEAM TURBINE	<input type="checkbox"/> PRESS. GOVERNOR BUILT IN	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> TURBINE STEAM PRES

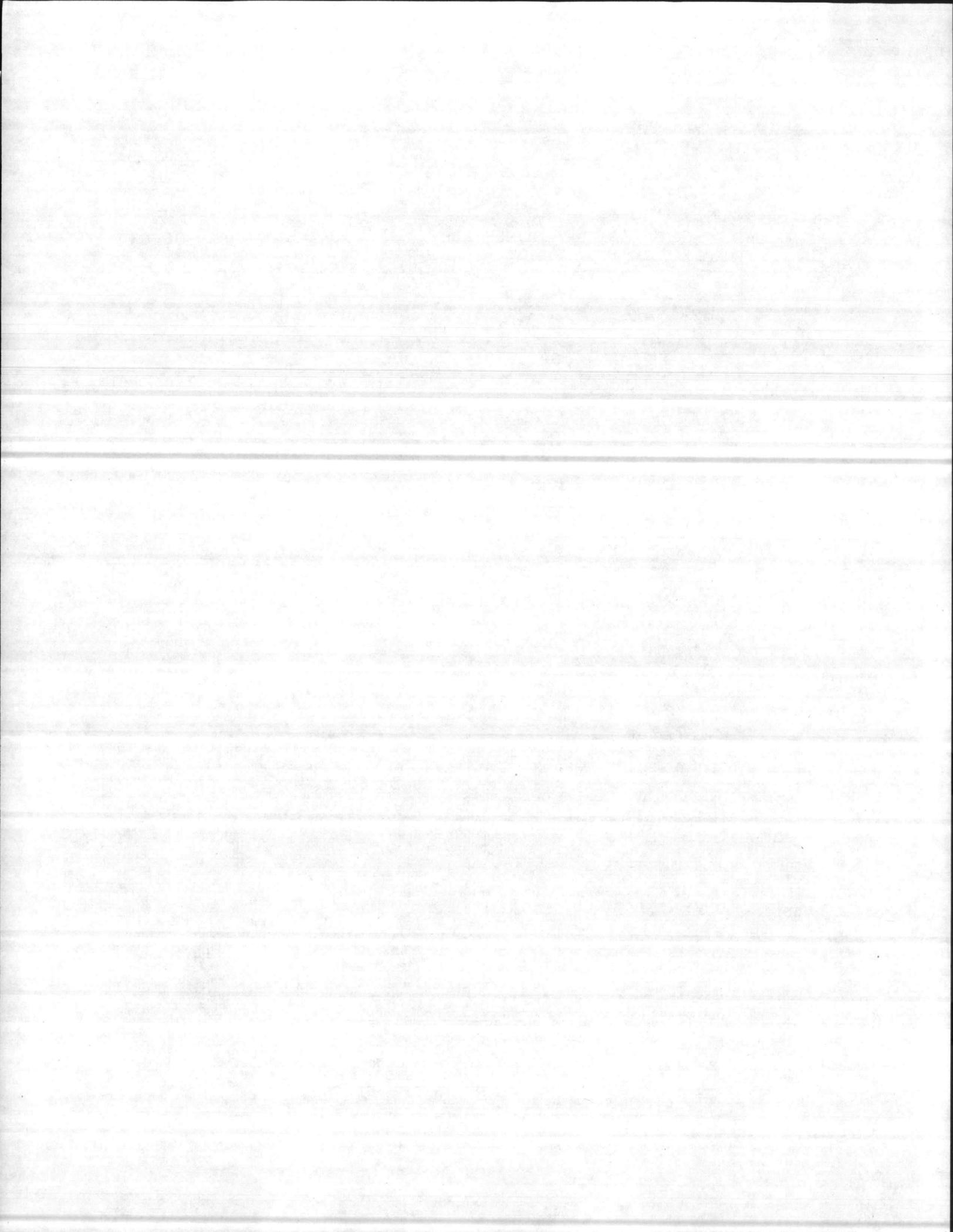
CONTROLLER	MANUFACTURER Master	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	START 100 psi	STOP _____ psi	JOCKEY PUMP
	SHOP OR SERIAL NO. 21993	MODEL OR TYPE DCFRA-30	<input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> PRESS DROP <input checked="" type="checkbox"/> AUTO	<input checked="" type="checkbox"/> MANUAL <input type="checkbox"/> AUTO	<input checked="" type="checkbox"/> YES ON 15 psi <input type="checkbox"/> NO OFF 30 psi

SPEED R. P. M.	DISCHARGE PRESSURE P.S.I.	SUCTION PRESSURE P.S.I.	NET HEAD P.S.I.	STREAMS			GALLONS PER MINUTE	PERCENT OF RATED CAPACITY	VOLTS	AMPS	STEAM PRESSURE	
				NO.	SIZE	PITOT PRESSURE					THROTTLE	CHEST
1800	160	62	98	0			0	0%				
1800	145	60	85	1	1 3/4	31	500	100%				
1790	120	54	66	1	1 3/4	65	738	147%				

Readings marked + in suction column are heads above atmosphere, those marked — are lifts.
For vertical shaft pumps omit suction press and net head readings.



Plot disch. press. and net head curves for horizontal shaft pump. For vertical shaft pump, plot disch. press. curve. For electric-driven pump, plot ampere curve also.



PUMP ACCEPTANCE TEST DATA

P. O. BOX 2908
 HICKORY, N. C. 28603
 Telephone (704) 322-9456

PROPERTY OF Camp LeJeune	INDEX NO.	DIST. OFFICE
ADDRESS	TESTED BY	DATE 10-8-82
CITY Jacksonville	STATE N. C.	PLACO CODE
SUBJECT	CONFERRED WITH	

PUMP	SHAFT <input checked="" type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL	MANUFACTURER Patterson	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHOP OR SERIAL NO. 79PT3799-Lc	MODEL OR TY 4x3 ME
	RATED GPM 500	RATED HEAD-FT. (psi) 85	RATED RPM 1770	SUCTION FROM City	TANK SIZE TANK HEIGHT

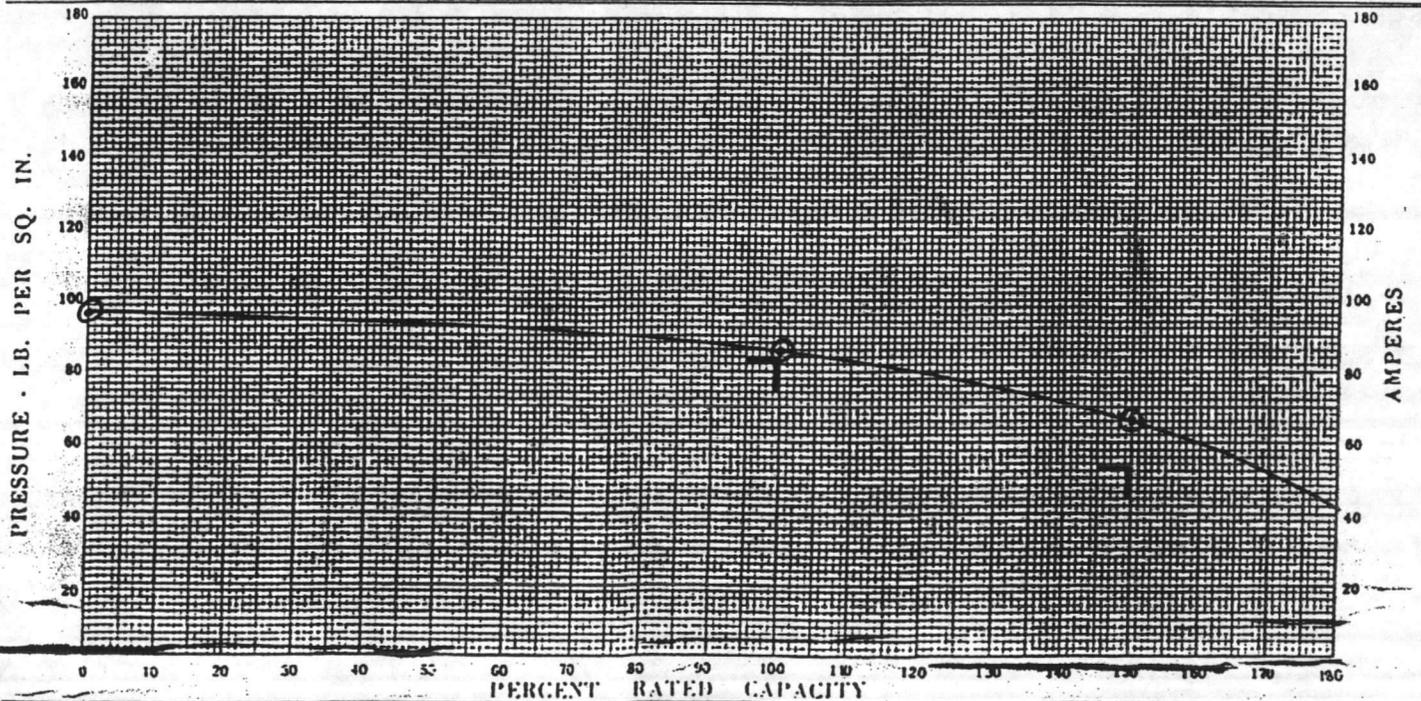
IF VERTICAL TYPE	VERTICAL DIST. DISCH GAUGE TO WATER LEVEL	STATIC PUMPING FT.	RIGHT ANGLE GEAR DRIVE	MANUFACTURER	SHOP OR SERIAL NO.	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
				MODEL OR TYPE	PERFORMANCE <input type="checkbox"/> SMOOTH <input type="checkbox"/> ROUGH	

DRIVER	MANUFACTURER Lincoln	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHOP OR SERIAL NO. 2265607	MODEL OR TYPE	RATED H.P. 50	RATED R.P.M. 1770
	<input checked="" type="checkbox"/> ELECTRIC MOTOR	RATED VOLT. 230/460	OPERATING VOLT. 480	RATED F.L. AMPS 125/62.5	AMPS AT 150%	PHASE 3
	<input type="checkbox"/> DIESEL ENGINE	<input type="checkbox"/> GASOLINE ENGINE	<input type="checkbox"/> GAS ENGINE	<input type="checkbox"/> STEAM TURBINE	<input type="checkbox"/> PRESS. GOVERNOR BUILT IN	<input type="checkbox"/> INDEPENDENT

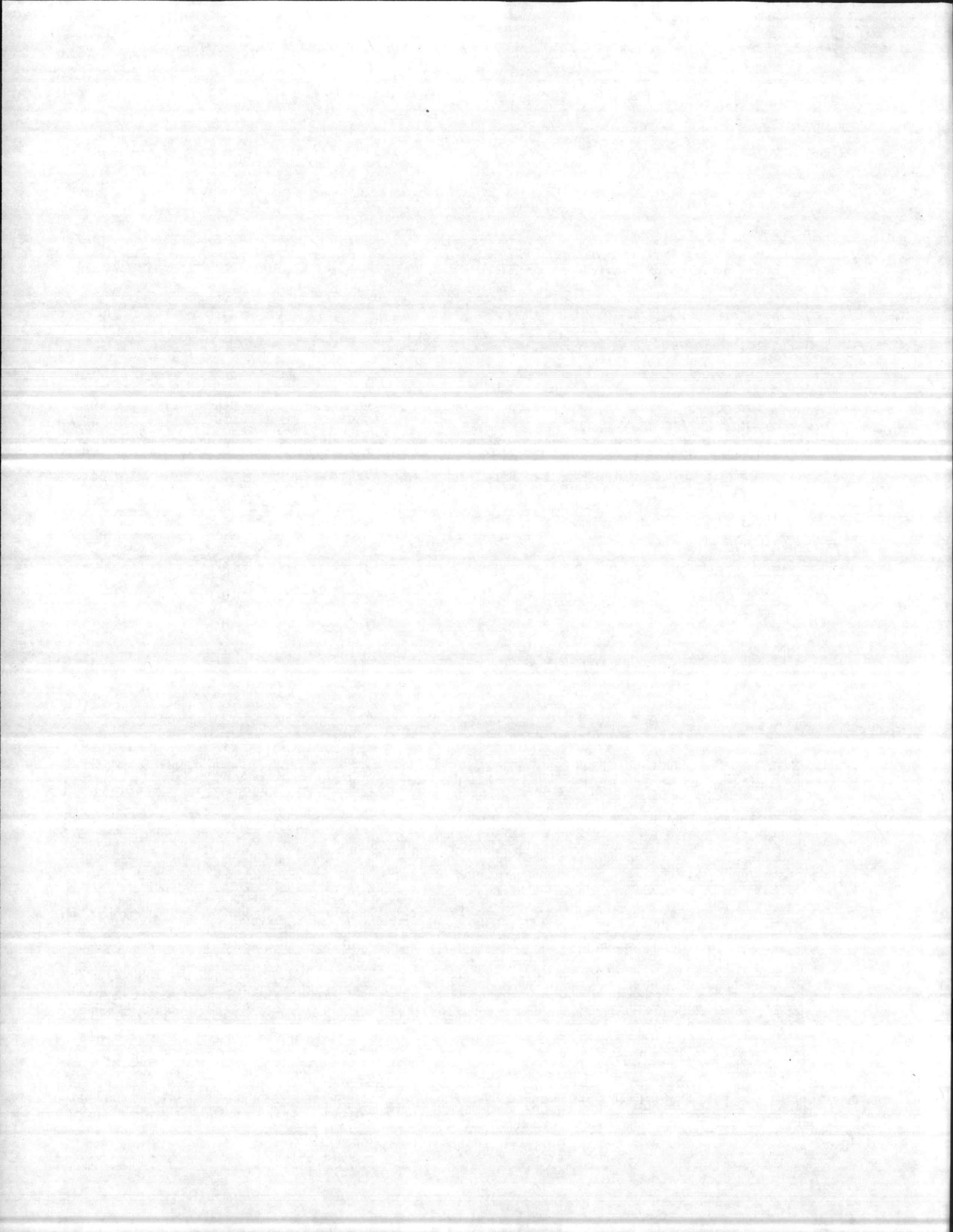
CONTROLLER	MANUFACTURER Sylvania	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	START 90 psi	STOP _____ psi	JOCKEY PUMP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	SHOP OR SERIAL NO. C3B174-4FK	MODEL OR TYPE	<input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> PRESS DROP <input checked="" type="checkbox"/> AUTO	<input checked="" type="checkbox"/> MANUAL <input type="checkbox"/> AUTO	ON: 115_D OFF: 130_D
			<input checked="" type="checkbox"/> WATER FLW		

SPEED R. P. M.	DISCHARGE PRESSURE P. S. I.	SUCTION PRESSURE P. S. I.	NET HEAD F. S. I.	STREAMS			GALLONS PER MINUTE	PERCENT OF RATED CAPACITY	VOLTS	AMPS	STEAM PRESSURE	
				NO.	SIZE	PITOT PRESSURE					THROTTLE	CHEST
1790	158	62	96	0			0	0%	480	30		
1780	144	59	85	1	1 3/4	31	500	100%	480	44		
1780	120	53	67	;	;	3/4	68	150%	480	56		

Readings marked + in suction column are heads above atmosphere, those marked - are lifts.
 For vertical shaft pumps omit suction press and net head readings.



Plot diach. press. and net head curves for horizontal shaft pump. For vertical shaft pump, plot diach. press. curve. For electric-driven pump, plot ampere curve also.



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

March 8, 1983

Cardinal Contracting Company, Inc.
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: John Eckhart

Re: Automatic Sprinklers
Naval Regional Medical Center
Camp Lejeune, NC

Gentlemen:

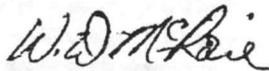
With reference to your letter of February 28, 1983, concerning the backcharges for access panels, we feel this clearly is not a part of our work.

Our contract was to install our work per Sections 15514 and 15516, and neither of these sections mentions access panels. Access panels are required in Section 05500, Page 7, Item 7.13. This is in the Metal Fabrications section and specifically describes the panels to be installed at each valve and flow indicator. You are correct in that we designed the sprinklers; however, all sprinkler valves and flow indicators were clearly shown on the various mechanical drawings and most certainly should have been included by the contractor quoting that portion of work.

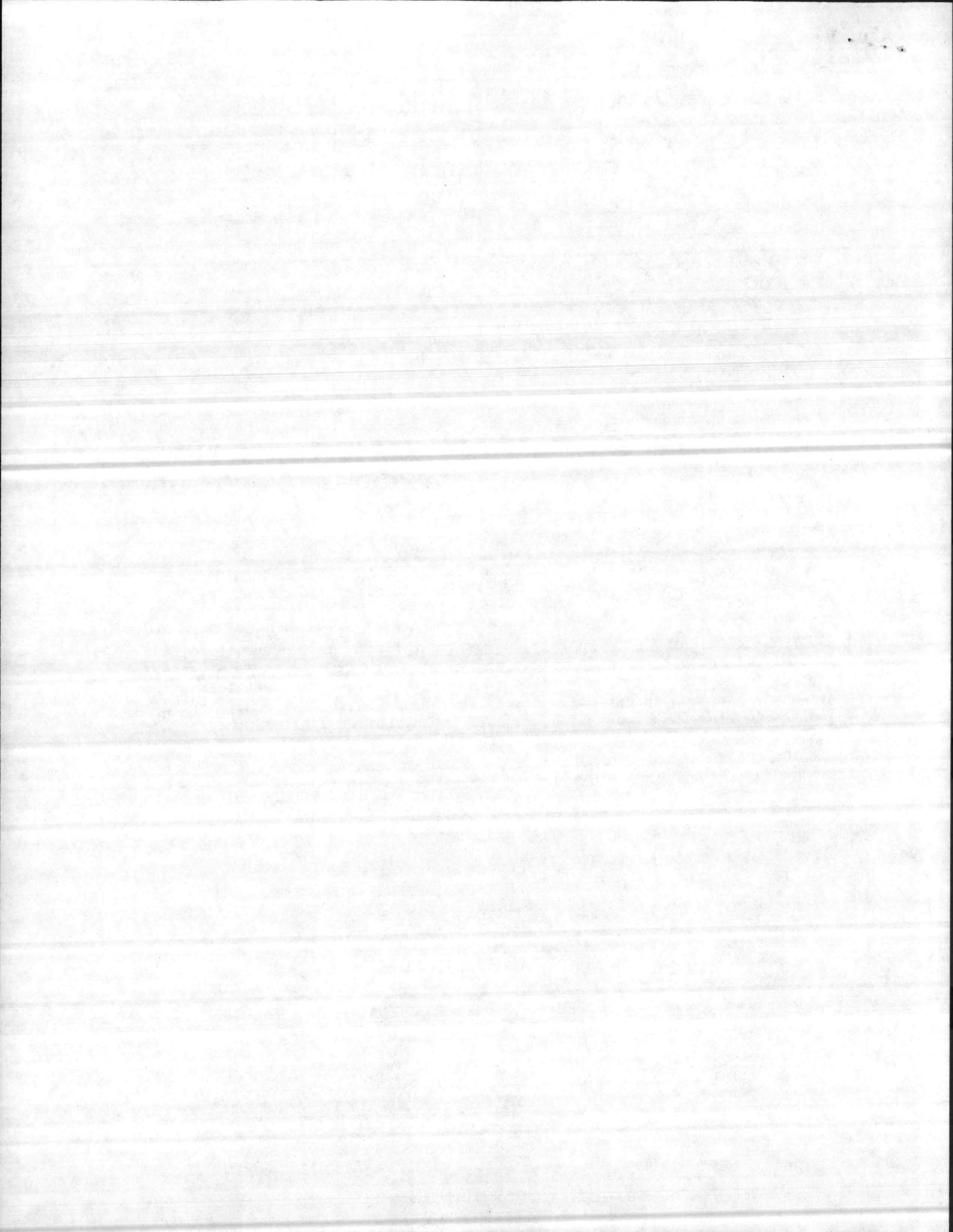
We appreciate your review and response to this item.

Sincerely,

WORSHAM SPRINKLER COMPANY, INC.


W. D. McRorie

WDM/lld



a. Steel pipe railings shall be fabricated from standard-weight steel pipe, zinc-coated where indicated, having a nominal inside diameter as indicated. Assemblies shall be shop primed for paint finish.

7.9.2 Ornamental railings shall conform to the details shown and shall be complete with all accessories and fastenings for a complete installation.

(a) Ferrous metal components shall be of malleable iron or carbon steel as standard with the manufacturer. Cast iron will be permitted for decorative elements only. Finish of ferrous metal parts shall be smooth unless indicated otherwise and shall be prime coated for enamel finish.

(b) Extruded aluminum components shall be alloy 6063 T5 or T6 as standard with the manufacturer. Cast aluminum parts shall be alloy 214 and aluminum sheet shall be alloy 5005. Exposed surfaces of aluminum shall be given a satin finish and a clear anodic coating having a minimum thickness of .0004 inch.

7.10 Aluminum brackets for attaching wood handrails to walls shall be alloy 6063 T5 or T6 extruded aluminum or alloy 214 cast aluminum. Bolt holes for anchoring brackets to walls shall be countersunk for flush mounting of handrails. Holes to receive handrail bolts shall be drilled and tapped to receive machine bolts and shall be aligned with handrail bolt holes.

7.10.1 Aluminum brackets shall have a AA-M10-C22-A42 color anodized finish in accordance with the requirements of NAAMM's "Metal Finishes Manual". Finish color shall be black. Finish shall match in appearance or fall within the two extremes of color range of the approved samples.

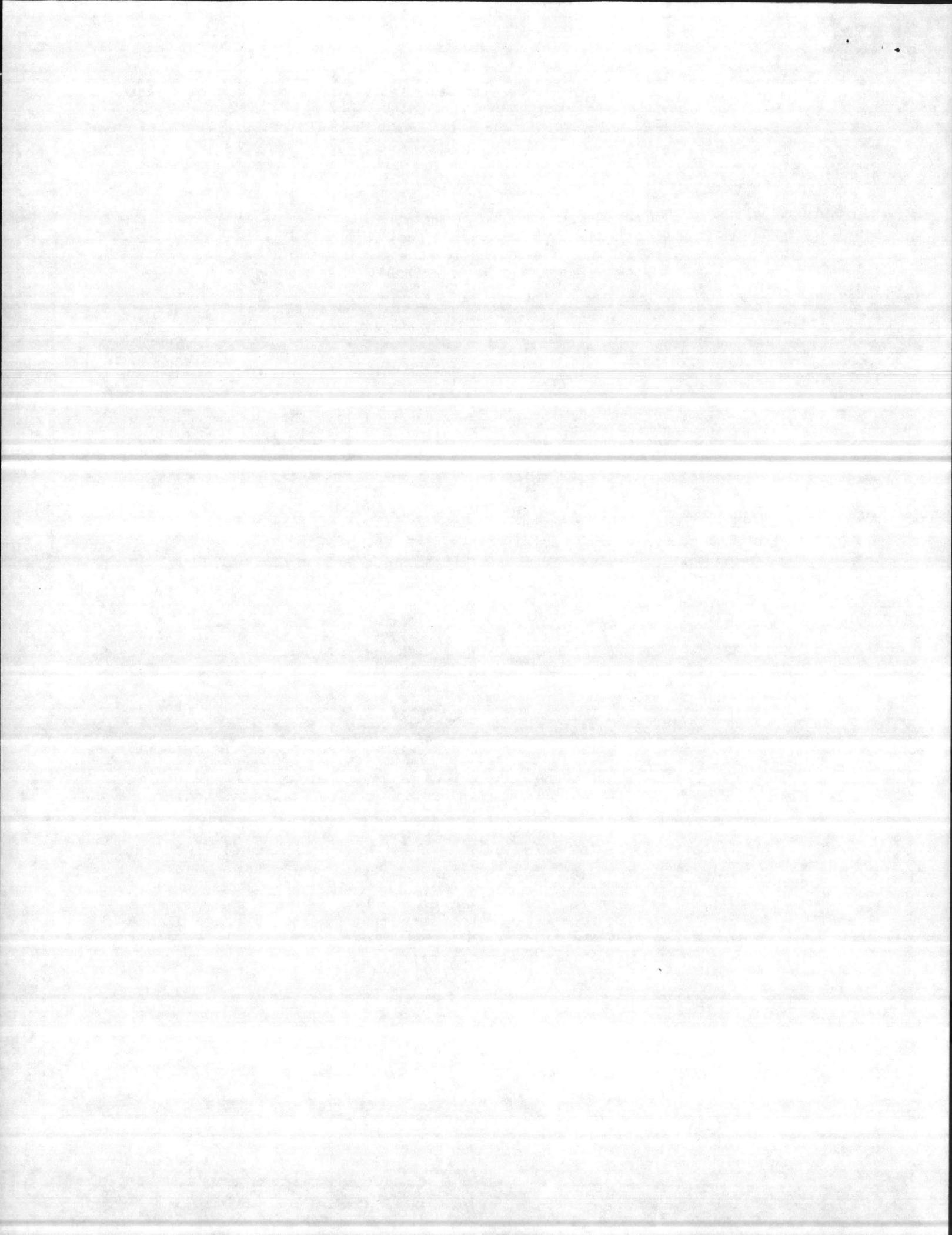
7.11 Brackets for gas cylinders shall consist of structural steel wall brackets, eye bolts conforming to ASTM A489, Type 1, and No. 1 straight link machine chains. Chains shall be equipped with spring clasps on one end for attaching to eye bolts.

7.12 Supports for X-ray machines shall consist of steel channels, fittings and bolts designed to withstand a load of 70 pounds per square foot. Channels shall be cold formed from low carbon steel strip. Fittings shall be flash press made from hot rolled, pickled and oiled steel plates or strip. Spring-mounted gripping nuts and steel screws shall be carbon steel conforming to ASTM A307. Track covers shall be stainless steel. All items shall be galvanized by the hot-dip process.

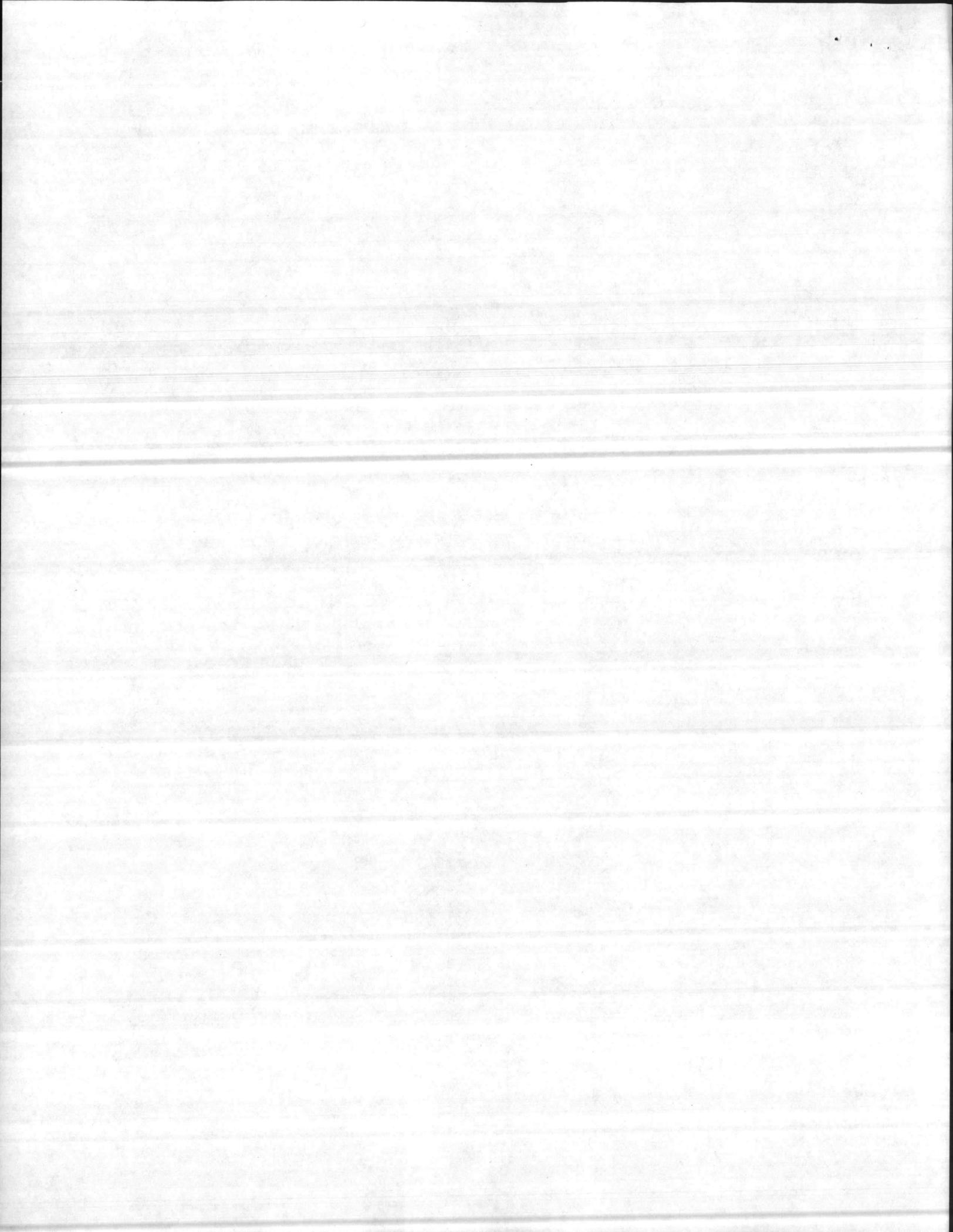
7.13 Access panels in walls shall be flush type, fabricated of carbon steel sheet, 16 gage for frames and 14 gage for doors. Doors shall operate on concealed spring hinges which will allow doors to open to 175 degrees. Doors shall be locked with flush, screwdriver operated locks with case-hardened steel cam. A removable access panel not less than 12 inches by 12 inches shall be installed directly below each valve, flow indicator, damper, air splitter, etc. that is located above the ceiling or in the wall, and that would otherwise not be accessible.

05-77-7526
05500 - 7

METAL FABRICATIONS SECTION



Check Spec's
and contract - I
do not believe access
panels were part of
our contract requirements





CARDINAL

Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803 - 254-9064

PLEASE ADDRESS REPLY TO:

P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

February 28, 1983

Worsham Sprinkler
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

MAR - 2 1983

ME 3-2

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Access Panels

Gentlemen:

We have purchased and installed access panels for your account.

The aforementioned was performed to cover the voids in plaster and drywall ceilings under valves required for the sprinkler system.

Our contract with you is for a complete sprinkler system designed by your firm. Thus we had no idea as to the size and quantity of access panels required.

A back charge will be issued in the near future for the cost of access panels.

*See
WSC
letter
3-8-83*

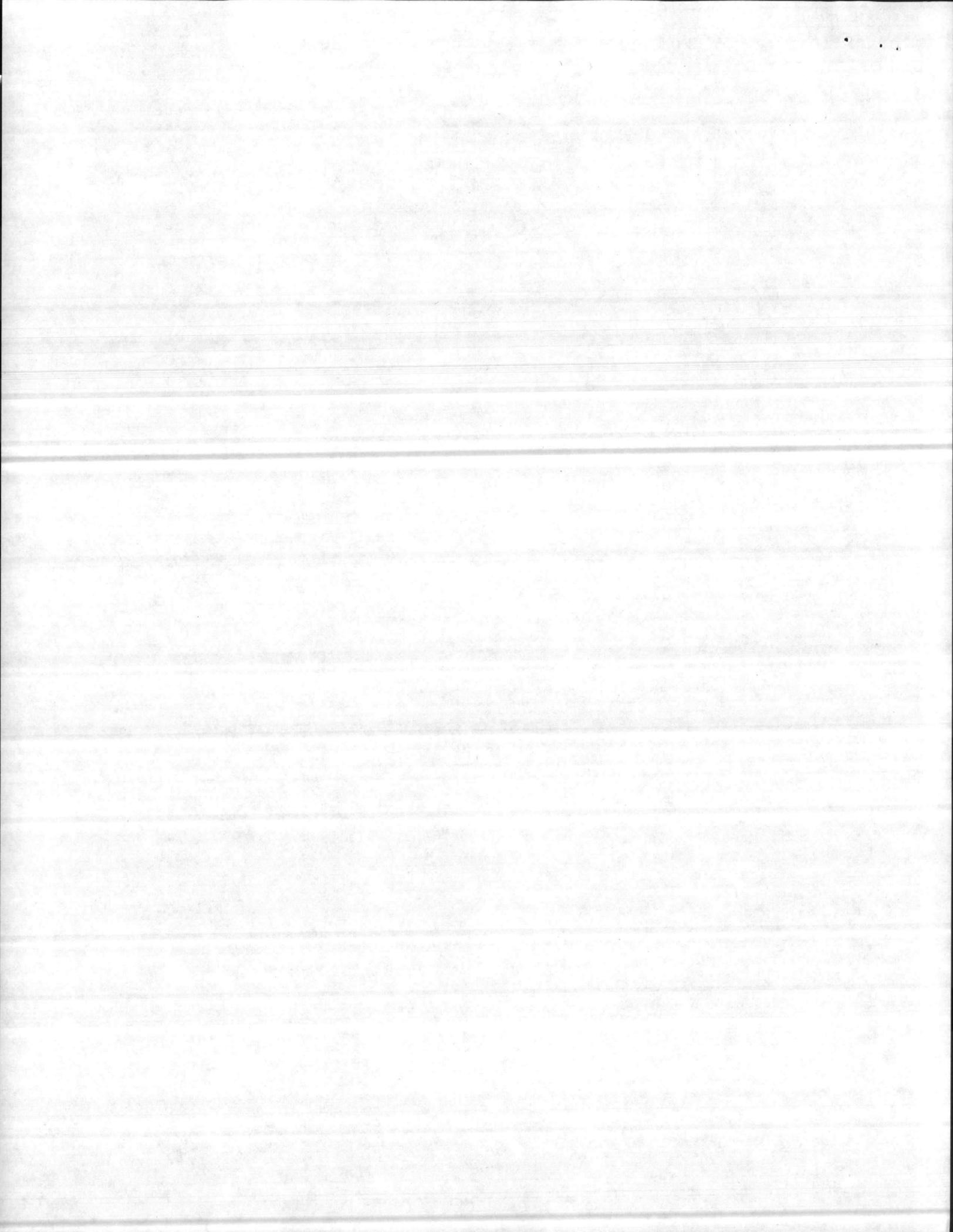
Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
John Eckhart
Project Engineer

JE:km

cc: Dallas Office
Columbia Office



February 28, 1983

Worsham Sprinkler
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Access Panels

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Our contract with you is for a complete sprinkler system designed by your firm. Thus we had no idea as to the size and quantity of access panels required.

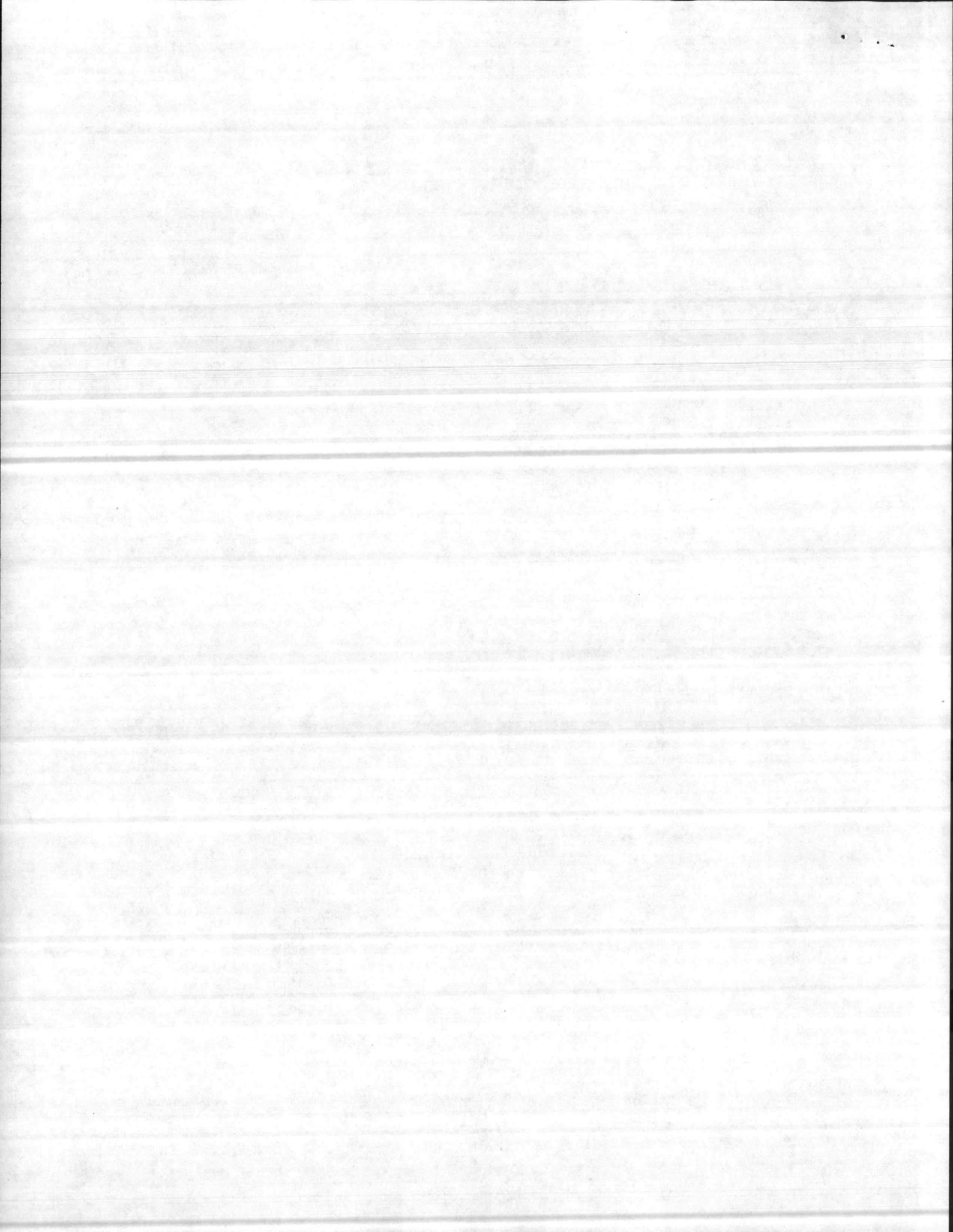
A back charge will be issued in the near future for the cost of access panels.

Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
Project Engineer

JE:km
cc: Dallas Office
Columbia Office





CARDINAL

Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803-254-9064

PLEASE ADDRESS REPLY TO:

P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

March 3, 1983

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Damage to Ceiling Tile

Gentlemen:

We have received all the invoices for the replacement of ceiling tile on the New Naval Regional Medical Center at Camp Lejeune.

A back charge will be forthcoming for the tile damaged by your work and/or rework.

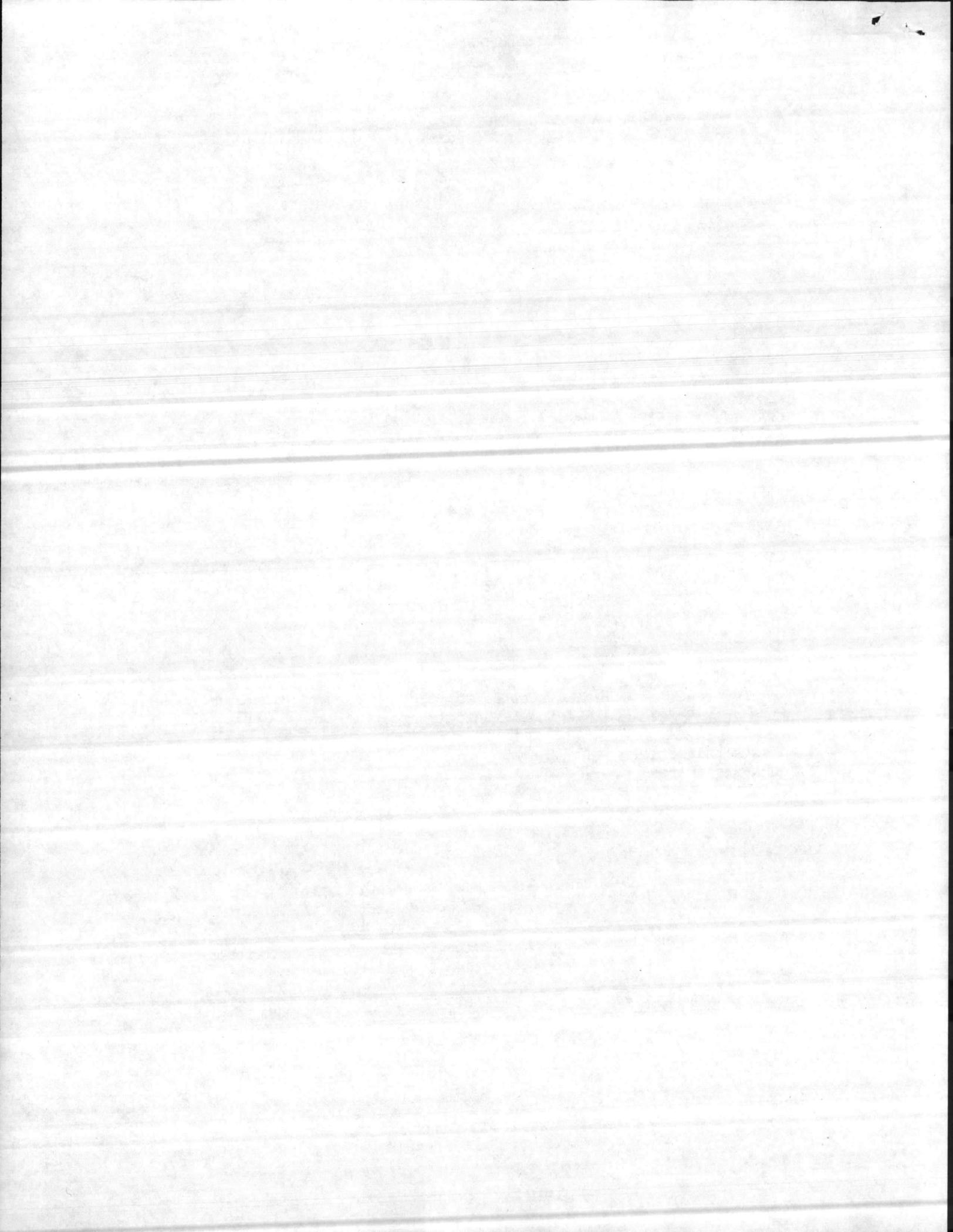
Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
John Eckhart
Project Engineer

REC. MAR - 4 1983		
To	Int	Date
<i>ORE 3-4</i>		
<i>Letter. Please forward to Actna chs. Hendon.</i>		

JE:km
cc: Dallas Office
Columbia Office



March 3, 1983

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Damage to Ceiling Tile

Gentlemen:

We have received all the invoices for the replacement of ceiling tile on the New Naval Regional Medical Center at Camp Lejeune.

A back charge will be forthcoming for the tile damaged by your work and/or rework.

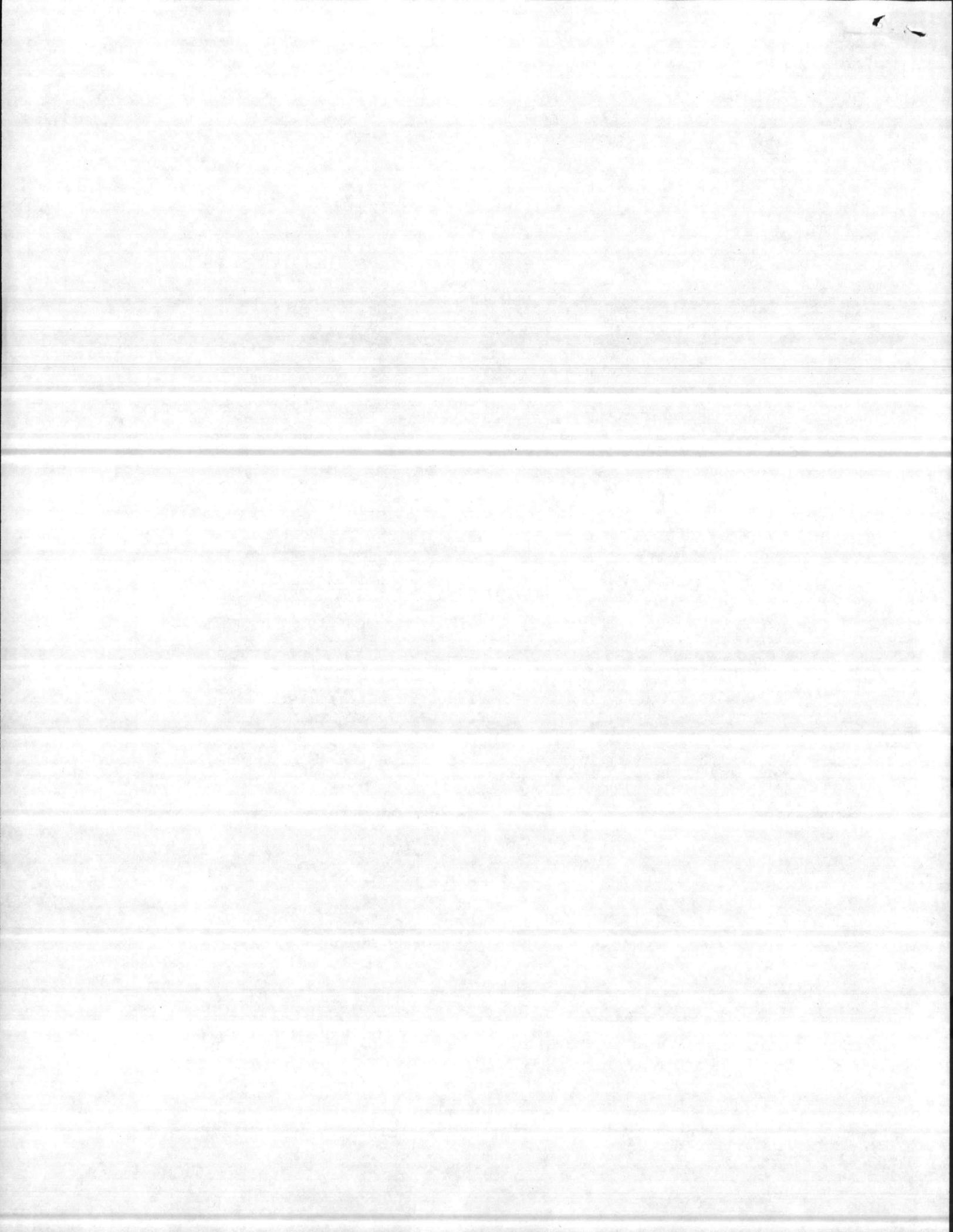
Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
Project Engineer

JE:km

cc: Dallas Office
Columbia Office



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

February 25, 1983

Cardinal Contracting Company
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: John Eckhart

Re: Naval Regional Medical Center
Camp Lejeune, NC

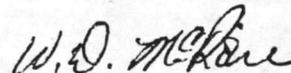
Subj: Automatic Sprinklers
Inspection and Test

Gentlemen:

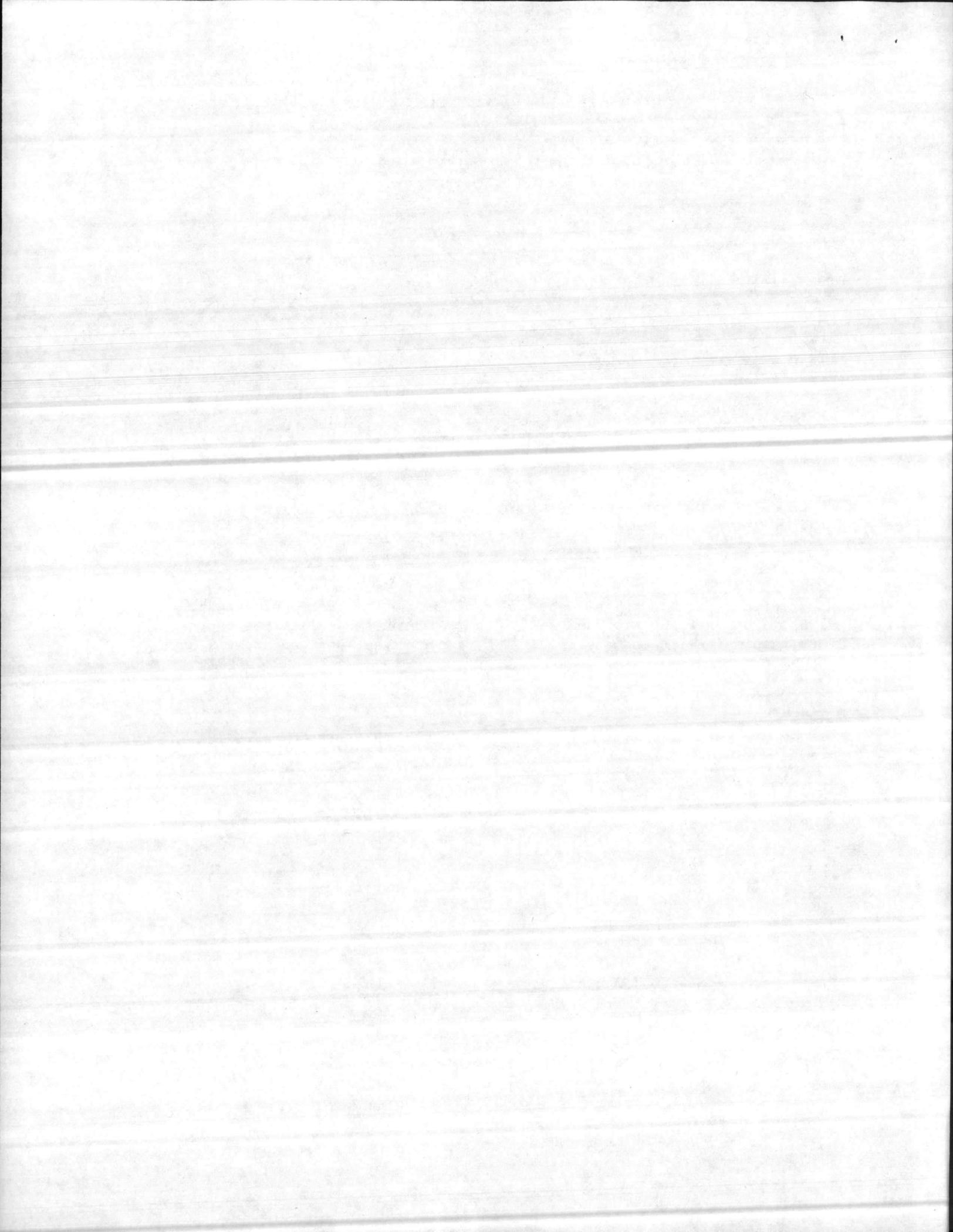
With reference to the Department of the Navy's letter of January 25, 1983, subject inspection and test, Items A through D, all items that are our responsibility and are required by our contract portion of work have been corrected.

Sincerely,

WORSHAM SPRINKLER COMPANY, INC.


W. D. McRorie

WDM/ld
cc: Bill Mangum





	PCR	INT	DATE
R/C			
RJD			
JR			
AY			
JJ			

DEPARTMENT OF THE NAVY
ATLANTIC DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
NORFOLK, VIRGINIA 23511

TELEPHONE NO.
444-9949
IN REPLY REFER TO:
408:EPT:jmf
N62470-77-C-7526
25 January 1983

From: Commander, Atlantic Division, Naval Facilities Engineering Command
To: Resident Officer in Charge of Construction, Naval Regional Medical Center Field Office, Camp Lejeune, North Carolina 28542

Subj: Contract N62470-77-C-7526, Naval Regional Medical Center, Camp Lejeune, North Carolina

1. An inspection and test of the fire protection systems installed under the subject contract was conducted during the period 10-19 January 1983. The following comments are offered:

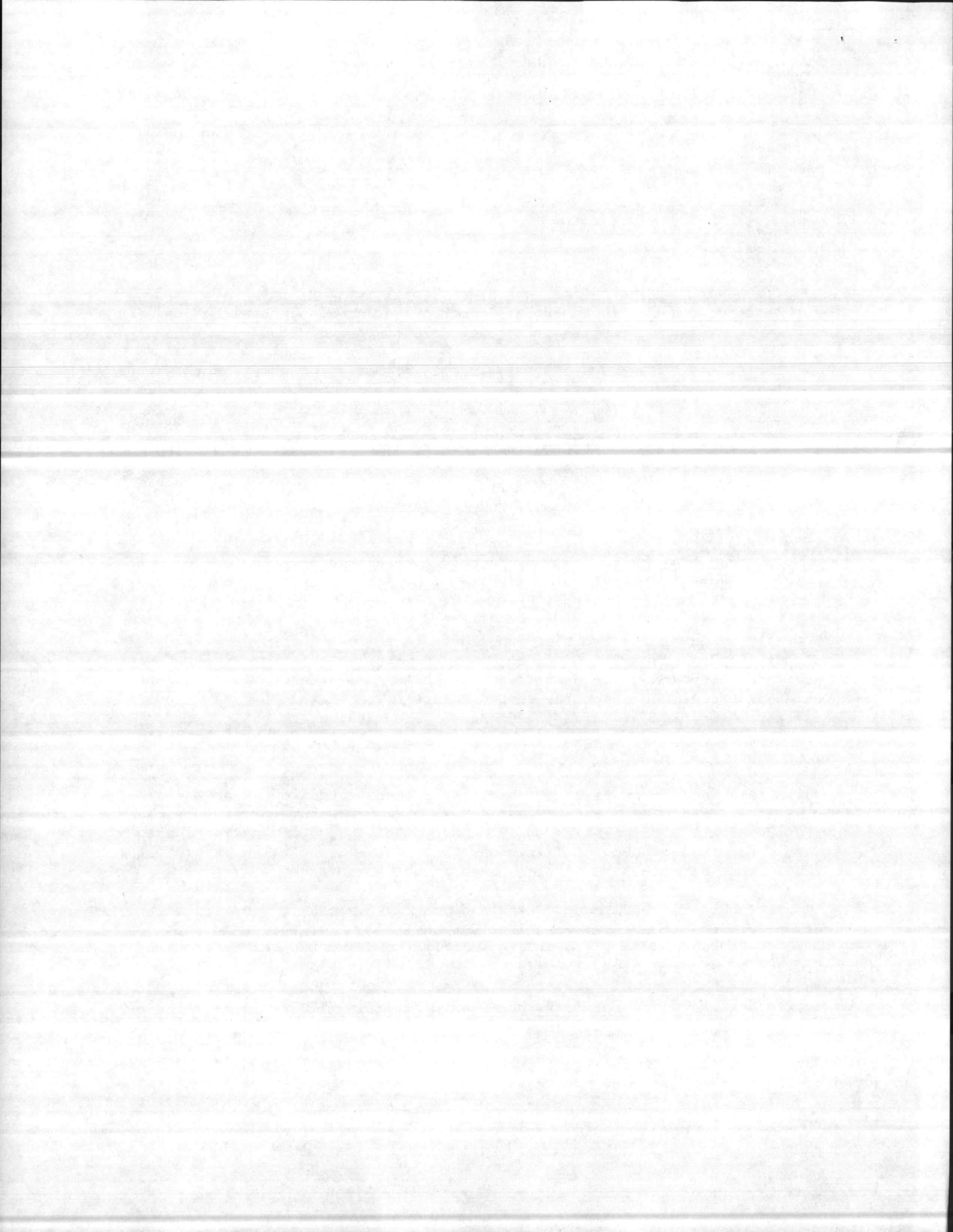
a. Fire Pumps: Pumps ran and produced satisfactorily. Although the specification required the diesel engine-driven pump to be the lead pump, this was changed during the testing so that the electric-driven pump is now the lead pump, in conformance with Navy practice. Electric pump controller was changed during testing from automatic-start/automatic-stop to automatic-start/manual-stop as required by specifications.

NO { (1) Each of the two fire pump controllers is required by NFPA-20 (Sections 7-5.2.4 and 9-5.2.4) to be provided with a sequential timing device to preclude the possibility of both pumps starting simultaneously. This has not been provided. Contractor's shop drawings (Transmittal No. 787-B and 788-A) were "Approved As Noted" on 6 August 1980, subject to the provision, among other items, of the sequential starting provision. Sequential timing devices must be provided.

b. Range Hood Extinguishing Systems: Although scheduled in advance for 0830 on 11 January 1983, these three systems were not ready for test by the completion of all other testing on 19 January 1983. Remote manual release stations, required by the specifications, had not been installed prior to the scheduled test date. These stations have now been provided.

IS { (1) Provide permanently attached, engraved plastic identification signs on wall at each remote manual actuation station for the range hood extinguishing systems identifying the specific hood and type of system controlled by each system. Provide similar identification for each hood "wash-down" remote manual actuating station. Without such identification actuation of the wrong system in the wrong hood is inevitable in an emergency.

(2) Arrange for a future inspection and test of the three range hood extinguishing systems when these systems are fully complete in all respects. Advise the contractor that the test must cause all components of the system to function, except for actual discharge of the "Carbaloy" extinguishing agent. Compressed nitrogen shall be used in lieu of "Carbaloy" for test purposes.



c. Sprinkler System:

NO { (1) Sprinkler coverage at the lowest level of each stair enclosure is deficient. Sprinkler protection at this level is required by NFPA-13. It is believed that one additional sprinkler head, properly located, in each such stair enclosure will provide adequate protection.

YES { (2) Provide one sprinkler under the low ceiling area, next to stair entrance door, inside the west end stairway, 4th floor, Area "G". This sprinkler head is shown on approved shop drawings but is not in place.

NO { (3) Provide an air pressure supervisory switch on each preaction sprinkler system. This switch must be located in each system above the rubber-faced air check valve and connected to the EMCS so that a loss of system air pressure will be registered by the EMCS. Required by Section 15514-4.4 of the specifications.

NO { (4) Provide an air pressure supervisory switch on each dry pipe sprinkler system, set at 25⁺ PSI, and connected to the EMCS as required by Section 15514-4.4 of the specifications. The purpose of this device is to give a warning, prior to the tripping of the dry pipe valve, of a loss of air pressure within the system.

(5) Correct the condition whereby the EMCS registers only a visual alarm on an unusual fire pump condition but does not register a pump running alarm. NFPA-20 in this instance requires:

(5.1) The electric pump shall signal the EMCS when the pump has operated into a running condition.

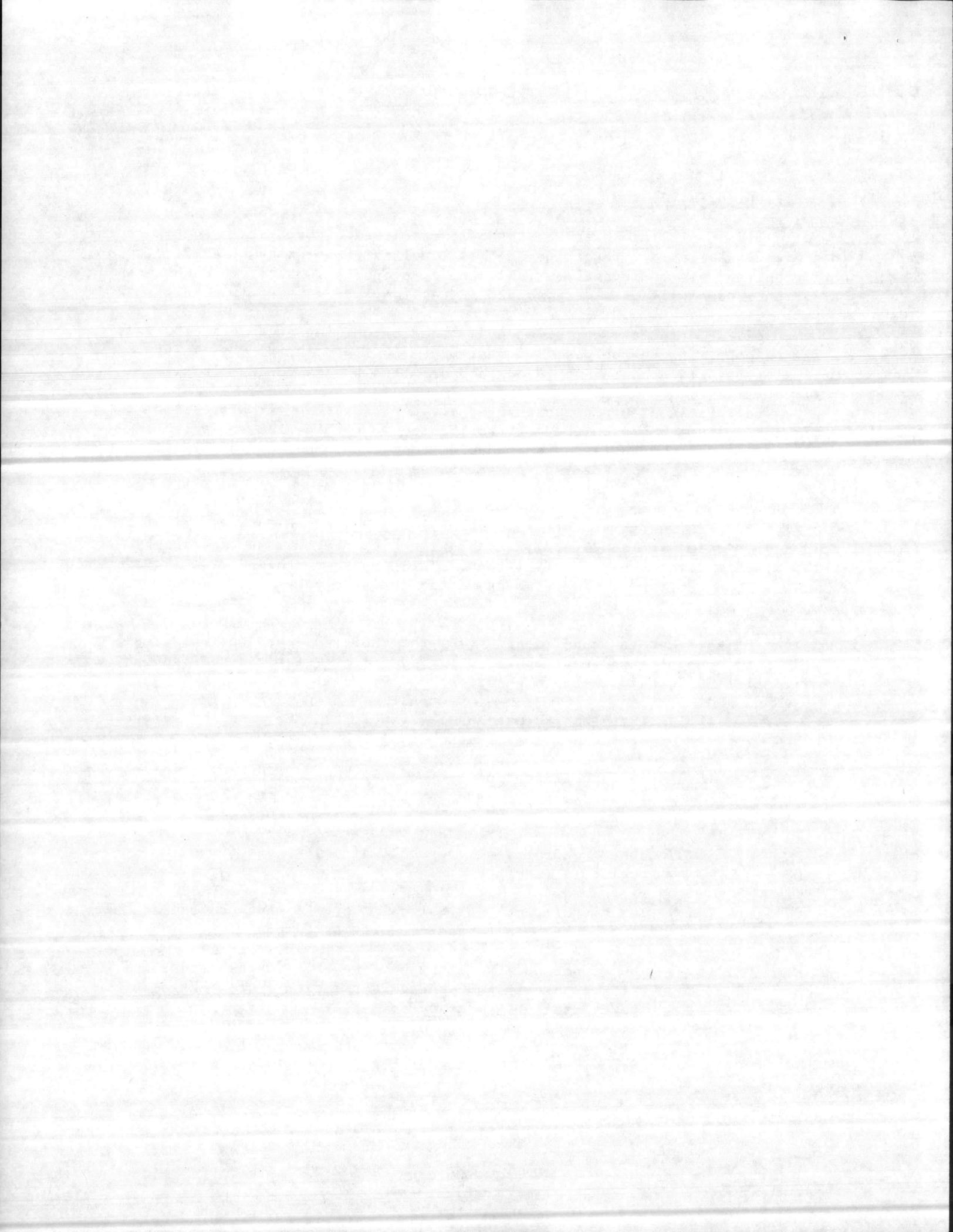
(5.2) The electric pump shall signal the EMCS when there is a loss of line power on the line side of the motor starter, in any phase.

(5.3) The diesel-driven pump shall signal the EMCS when the engine is running.

(5.4) The diesel pump shall signal the EMCS that controller main switch has been turned to "off" or "manual".

(5.5) The diesel pump shall signal the EMCS in the event of low oil pressure in the engine lubrication system; high engine jacket coolant temperature; failure of engine to start automatically; engine shut-down from overspeed; and battery failure. A common trouble signal can be used for these five trouble conditions.

NOTE: Comment by the Johnson Controls representative implied that the above circuits exist, at least in part, but are not functioning.



MOOSE CREEK

YES

(6) Provide sprinklers under ducts over 48-
required by NFPA-13, in Mechanical Equipment Rooms. 1
nd floor; under the long duct on the north wall of Lo
oom; and Room 009 on Lower Level.

NO

(7) Readjust the air maintenance device regul
sprinkler systems to maintain system supervisory pressu
re of present 60 PSI.

YES

(8) Readjust the air maintenance device regula
tives to maintain system air pressure at 40 PSI in lieu
excessive air pressure will damage the valves.

YES

(9) Provide an approved water pressure gage on
preaction valve as is required by NFPA-13.

YES

the
NFPA

(10) Provide an approved water pressure gage on t
reaction valve controlling third floor ICU, Area "H",
13.

YES

the t
check
after

(11) Provide a drain valve or petcock in the alarm
dry pipe valves, between the alarm pressure switch
valve, so that trapped pressure on the alarm switch ca
each test or actuation.

O

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wall in
sump vit

(12) No Inspector's Test Valve is provided on the di
ling the loading dock area along the northerly side of
ded that the required inspector's test valve be provi
ch line adjacent to the Boiler Room, extended through
the heated area and arranged to discharge into the e
in the Boiler Room.

S

M-113, lo
above the
Section 1
prevent me

(13) The Inspector's Test Valve on the dry pipe system
ated just east of the Area "H" breezeway is approxima
floor. Relocate this valve to 6-feet above the floor
14-8. of the specifications, and properly anchor this
mechanical injury.

S

(14) have been
M-208A).

(14) In addition to the previous comment (Item c.(1)),
provided on either level of Stair No. 9, Area "D" (Room
sprinklers are required by NFPA-13, Section 4-4.8.3.

(15)

(shielded ro
drawings.

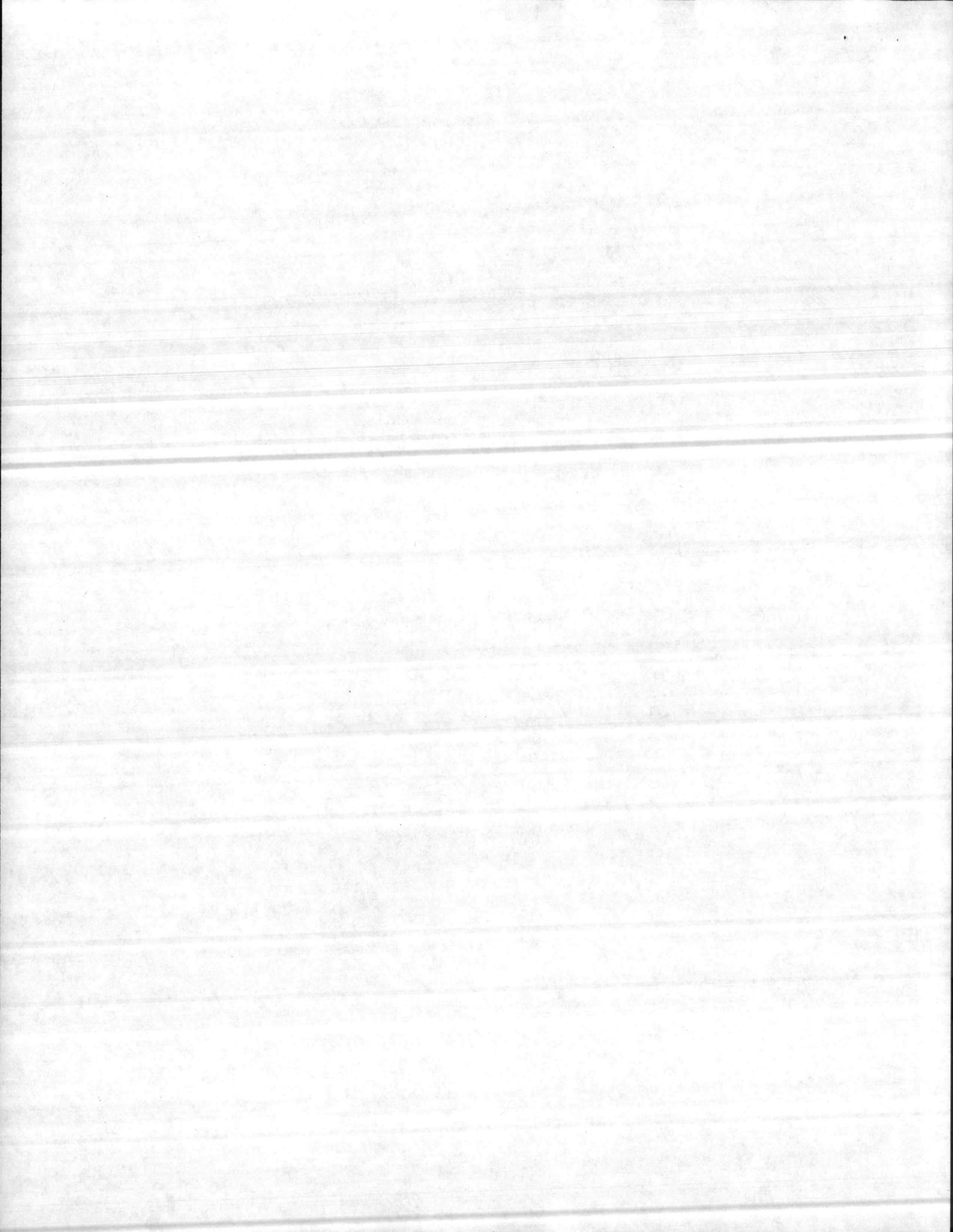
No sprinklers have been provided in the two EEG Test
(rooms), first floor, Area "A", although shown on the app

(16)

north side of
shop drawings

Provide sprinklers (dry pendent type) in the walk-in
warehouse portion of Area "F", Level 1, as shown on a

Dry pendants on order
will install on delivery



NO (17) The heat responsive device coverage in the transformer room on the lower level of Area "E" is greatly deficient, even though installed as shown on the contract drawings. Due to the high ceiling, the maze of conduit under the ceiling, and the fact that there is no necessity for this area to be protected by a preaction type of sprinkler system, it would appear to be simpler and less expensive to accomplish the following:

- NO
- (17.1) Remove the preaction sprinkler valve and its associated 3-inch check valve from the riser (above the O.S. & Y valve) in Mechanical Room M-009, Lower Level, Area "D". Replace these items with a flanged spool-piece of proper length and provide a vane-type waterflow alarm device in the riser.
 - (17.2) Remove the deluge release panel associated with this preaction system and the electrical connection between this panel and the fire alarm panel associated with this preaction system.
 - (17.3) Disconnect the heat responsive device circuit from the HAD's in the ceiling and connect this circuit to the new waterflow alarm device. Leave the disconnected HAD's in place.
 - (17.4) Disconnect and cap the air supply line to the preaction valve.

d. Fire Alarm System:

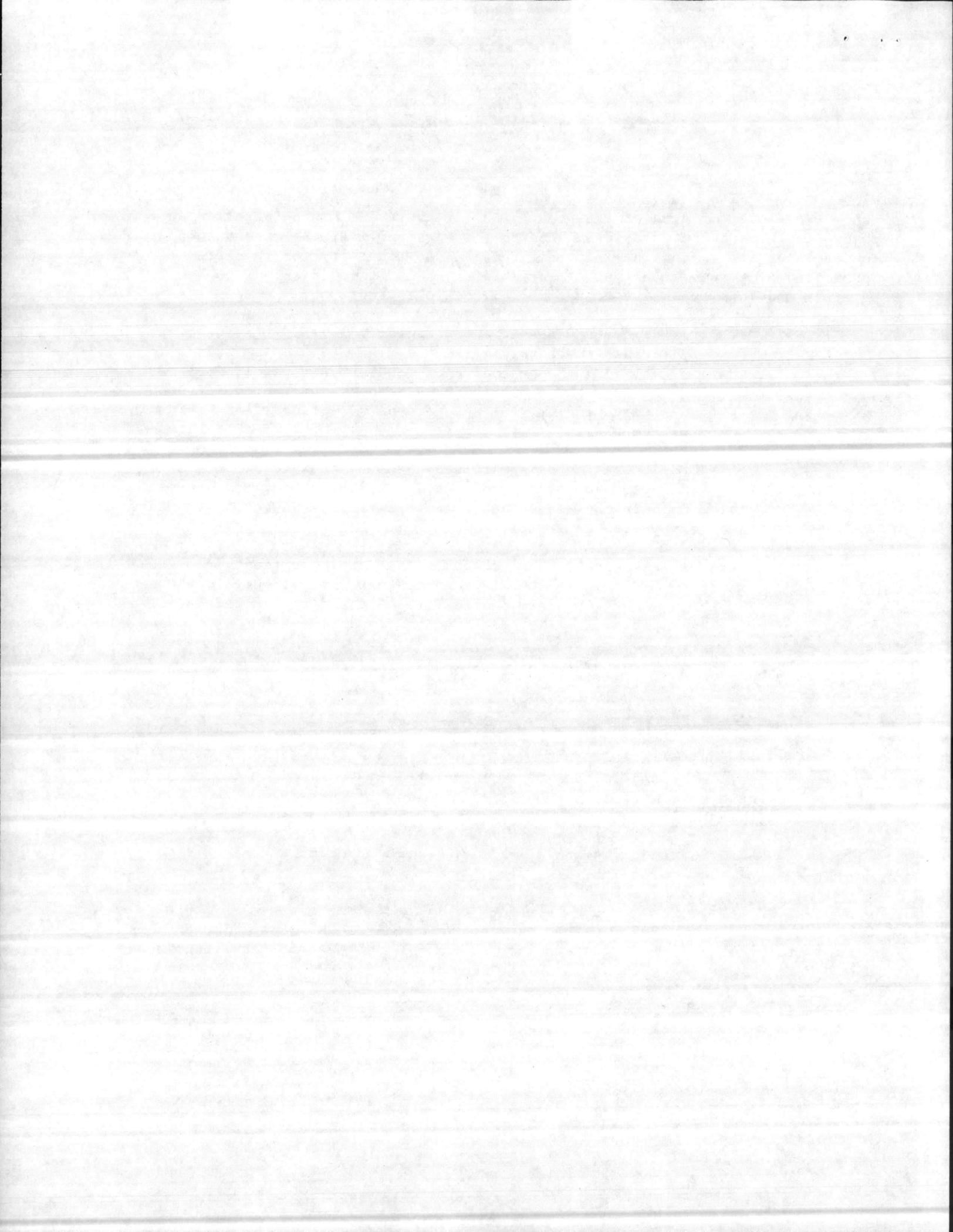
O (1) Properly identify and label, with permanently affixed engraved plastic labels, each zone on each fire alarm panel by area and/or device or system. Present system of zone numbering which requires reference to a data book is unsatisfactory.

NO (2) Provide an additional fire alarm manual station at the exit door at the rear of the library on first floor of Wing "G".

ES (3) Rewire the 2 smoke detectors on second floor of Area "D", adjacent to ME Room M-209, so that they are on the Area "D" zone. Smoke doors in this end of the corridor were relocated during construction resulting in these 2 detectors being in an incorrect zone.

NO (4) Add one detector in corridor ceiling, first floor of Area "B", north side, in front of Room W-140, where detectors are now 50-feet apart.

NO (5) Add one detector on ceiling of waiting room extension, where an office was relocated during construction, OB/GYN Clinic, adjacent to Room 126B, first floor, Area "B", south side.



408:EPT:jmf
N62470-77-C-7526
25 January 1983

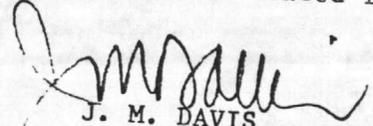
YES

(6) Provide a connection from the center terminal of the bottom terminal strip in the fire alarm master box, located in the main computer command center, to either a buried water pipe, or to a driven ground rod. Resistance to ground shall not exceed 10 ohms. This connection is absolutely essential for proper functioning of this fire alarm box.

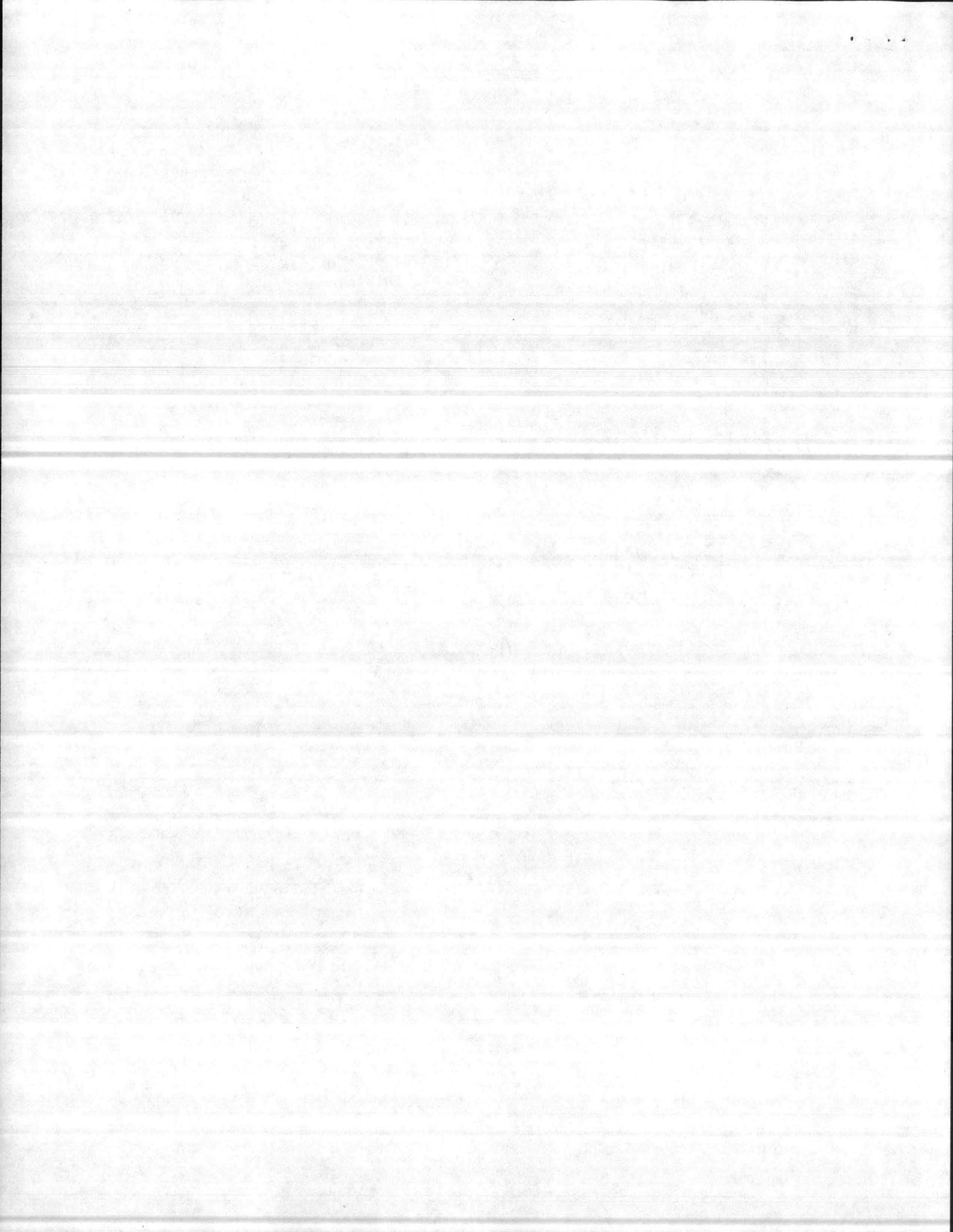
NO

2. A "smoking vestibule" is provided at the west end of Area "G" on the second, third and fourth floors. No heat is provided in these areas and the areas are protected by wet-pipe sprinkler systems. A large louvered opening, about 6'x12' is provided in the exterior (west) wall of each vestibule, exposing the sprinkler system to freezing. The replacement of the ordinary sprinklers by dry pendent types is not deemed an acceptable solution, and since it appears unlikely that patients will use these areas for their designed purpose, it is recommended that these louvered areas be insulated and permanently closed off.

3. While the above list may appear lengthy, considering the complexity of the subject building this is a short list, and is indicative of a very difficult task well done. It is not believed that correction of the listed items will either delay or preclude occupancy of this facility. Andy Young, Jim Rave, and the others who were involved should be commended for their efforts.


J. M. DAVIS
By direction

Cecil A Langley



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

WARRANTY FOR MATERIAL AND WORKMANSHIP

This is to certify that WORSHAM SPRINKLER COMPANY, INC. has faithfully performed work under contract for the installation of the fire protection system at the Naval Regional Medical Center, Camp Lejeune, NC

Final acceptance of this installation was given on January 21, 1983.

WORSHAM SPRINKLER COMPANY, INC. guarantees that the material, equipment, and workmanship furnished under this contract are entirely free from defects, and will repair or replace at its own expenses any material, equipment or workmanship in which defects may develop within one year after above said date.

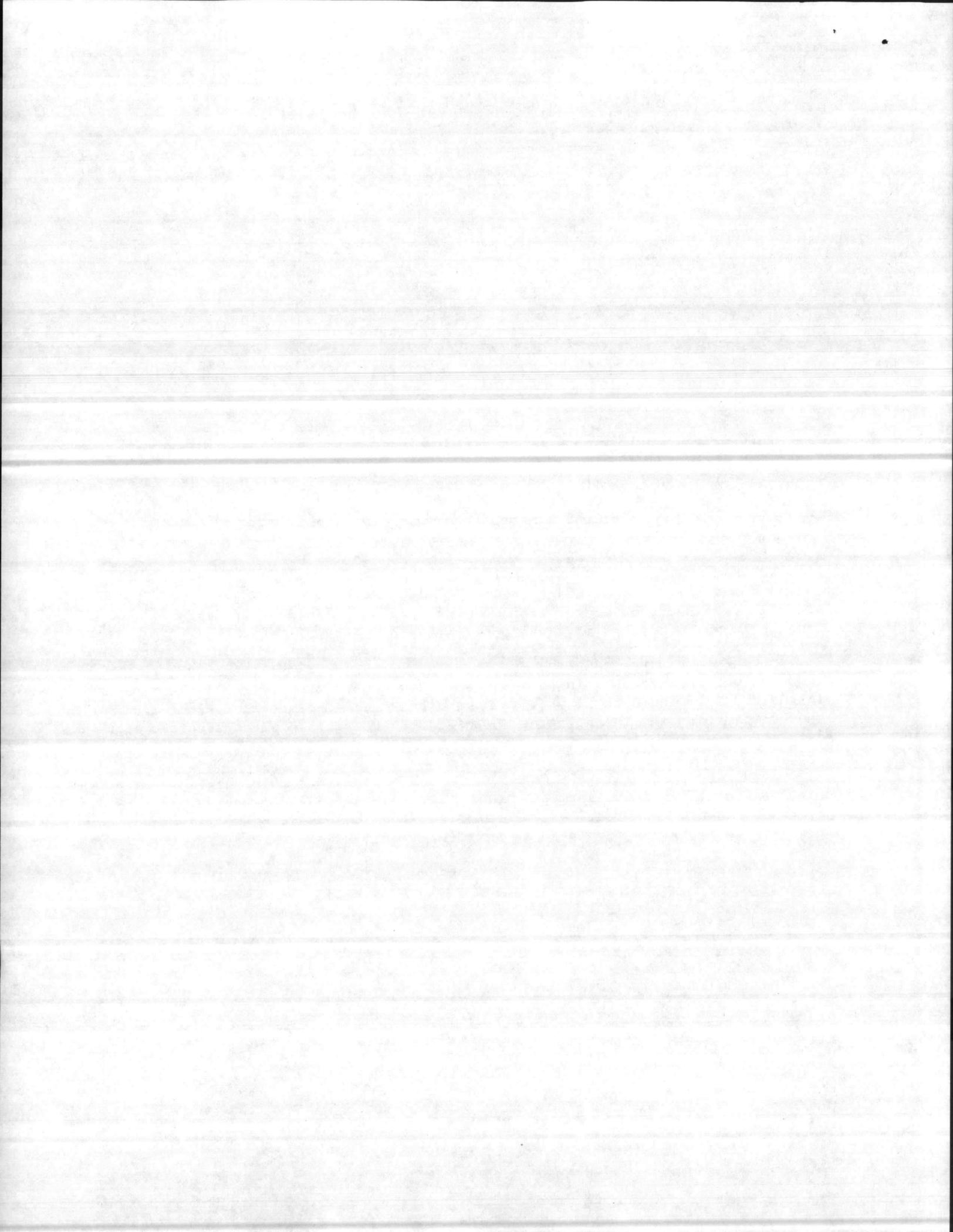
WORSHAM SPRINKLER COMPANY, INC. also guarantees that all material, equipment and workmanship used in this installation, but not specifically mentioned in the drawings and specifications, are the best of their respective kind, and the construction and installation are in accordance with the best accepted standard practices in all details.

Should WORSHAM SPRINKLER COMPANY, INC. be instructed to place in service any portion of its installation prior to completion and acceptance of the entire project, the one-year period of warranty for that portion will begin on the date that portion is placed in service.

WORSHAM SPRINKLER COMPANY, INC.

February 11, 1983
Date

W. D. McBride





DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO.
919-353-3455
IN REPLY REFER TO
AEY:jj
N62470-77-C-7526

DEC 16 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Fire Protection System

Gentlemen:

This is in response to your correspondence of November 30, 1982 pertaining to the formal inspection and acceptance test of the subject system.

The formal inspection and acceptance test of the entire fire protection system shall be conducted by the Fire Protection Engineer beginning January 10, 1983 through January 21, 1983 for ten (10) working days.

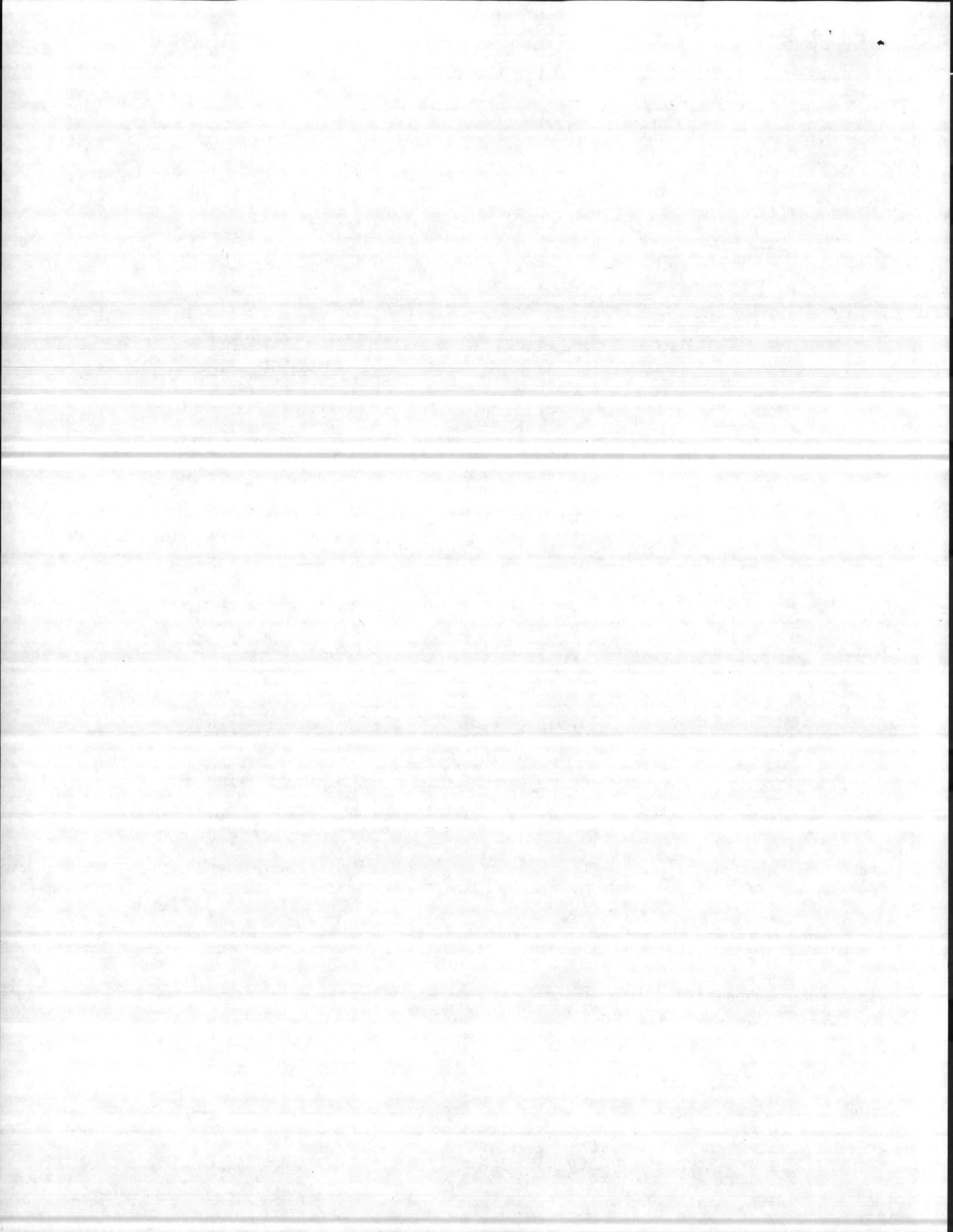
Please provide in the near future the certificate that is specified under Section 15514.

If there are any questions, please contact this office.

Sincerely,


R. J. DEGON
CDR, CEC, USN
Deputy

Copy to:
LANTDIV (Code 05)





CARDINAL

Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803 - 254-9064

PLEASE ADDRESS REPLY TO:
P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

January 5, 1983

Worsham Sprinkler
P.O. Box 525
Kernersville, NC 27284

Attention: Bill McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Warranty and Warranty Information

Gentlemen:

Enclosed you will find correspondence from the Deputy Resident Officer in Charge of Construction dated December 14, 1982, subject as above.

Please review the attached and by return mail provide all warranty and warranty information applicable to your contract.

Yours very truly,

CARDINAL CONTRACTING COMPANY, INC.

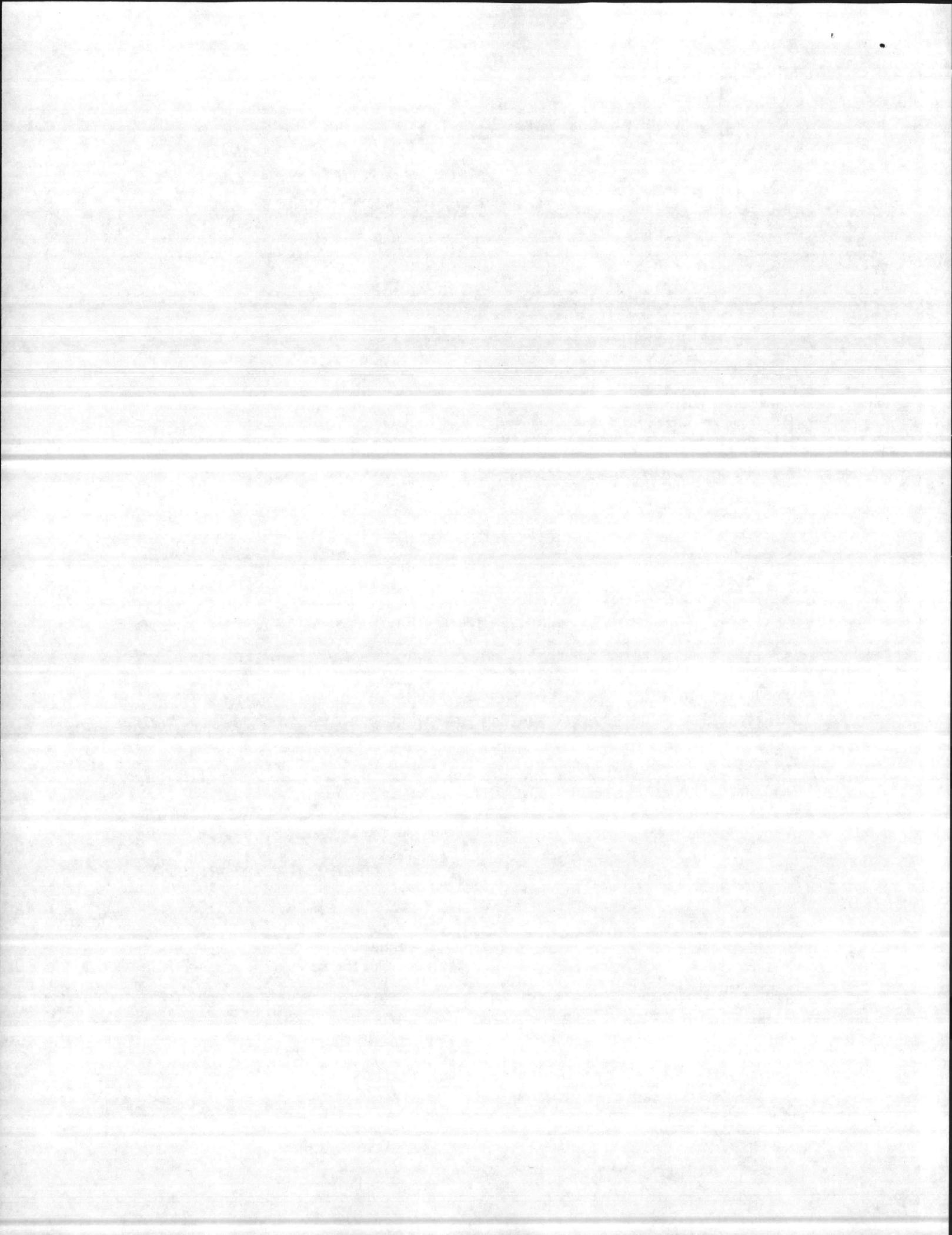
John Eckhart
John Eckhart
Project Engineer

REC. JAN - 7 1983

JE:km
Enclosure
cc: Dallas Office
Columbia Office

Tommy -
The date of acceptance
needs to be pulled to me or this
in on attached warranty if needed
John

Stamp: FILE





DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO.
919-353-3455
IN REPLY REFER TO:
RJD:jj
N62470-77-C-7526

DEC 14 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Warranty and Warranty Information

Gentlemen:

General Provision 65 of the subject contract provides that work performed under this contract is to be warranted to conform to contract requirements and to be free of any defect in equipment, material or design furnished, or workmanship by the contractor, subcontractors, and suppliers for a period of one (1) year from useable completion. Also express or implied warranties also apply.

For the latter, your attention is directed to Specification 01011.14 which requires that written guarantees be provided for all equipment and appliances provided under the contract. This written guarantee is to include the name, address, and telephone number of the nearest representatives who will honor the guarantee and perform required services during the warranty period, also provided for is the tagging of all warranty items in a specified manner and format.

In addition to the above it is requested that you provide the name, address, and telephone numbers of the representatives who will perform warranty work under the general provision of the contract for the various trades involved. This will facilitate warranty work during the various warranty periods.

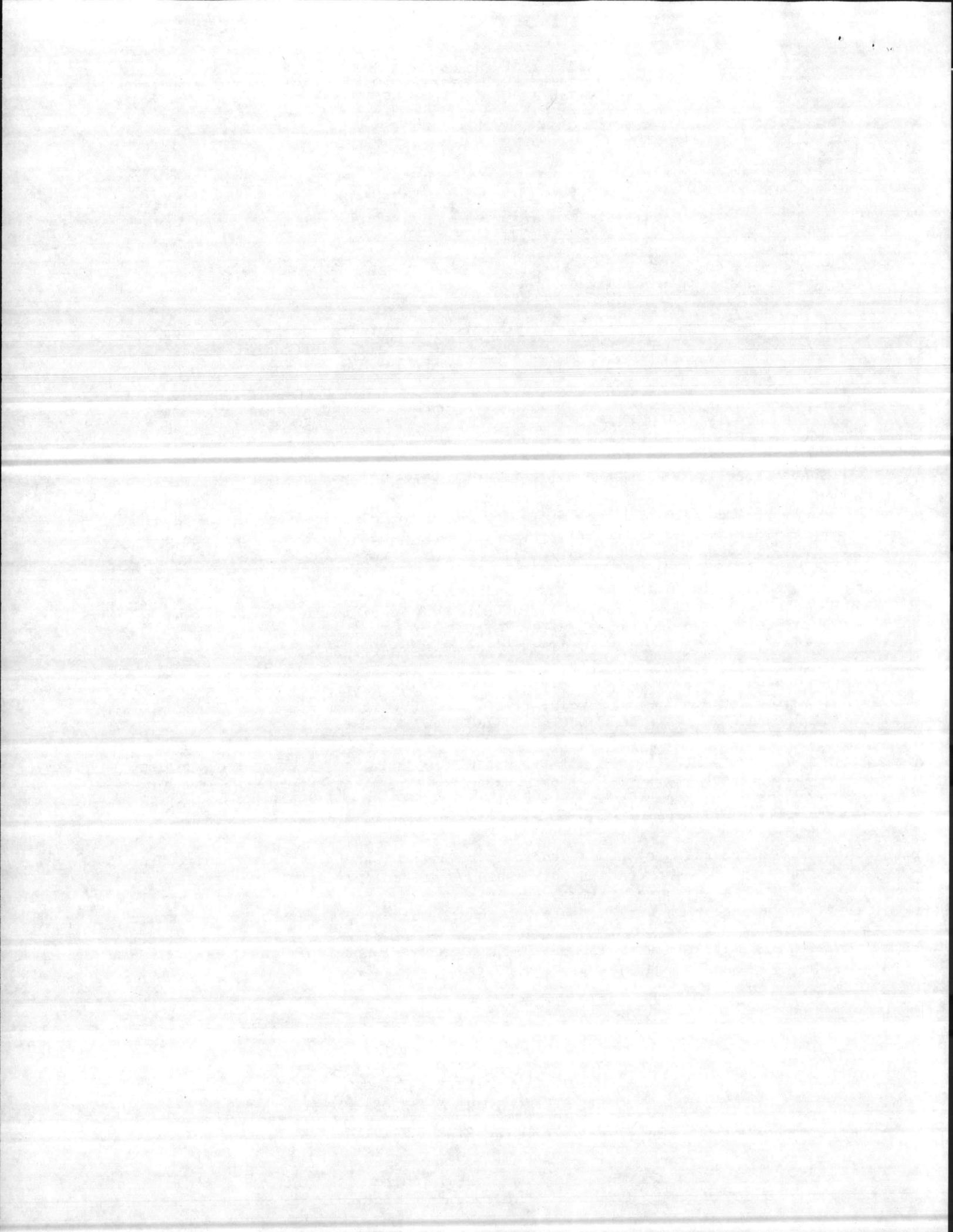
While the general provisions generally require a one (1) year warranty, there are more specific warranty requirements described in several specification sections. These, as a minimum, are described in the attached list. Appropriate arrangements for warranty work under these sections should be arranged.

Your prompt action on these warranty matters is requested. Completion of the contract and final payment cannot be affected until warranty arrangements are completed.

Sincerely,

R. J. DEGON
CDR, CEC, USN
Deputy

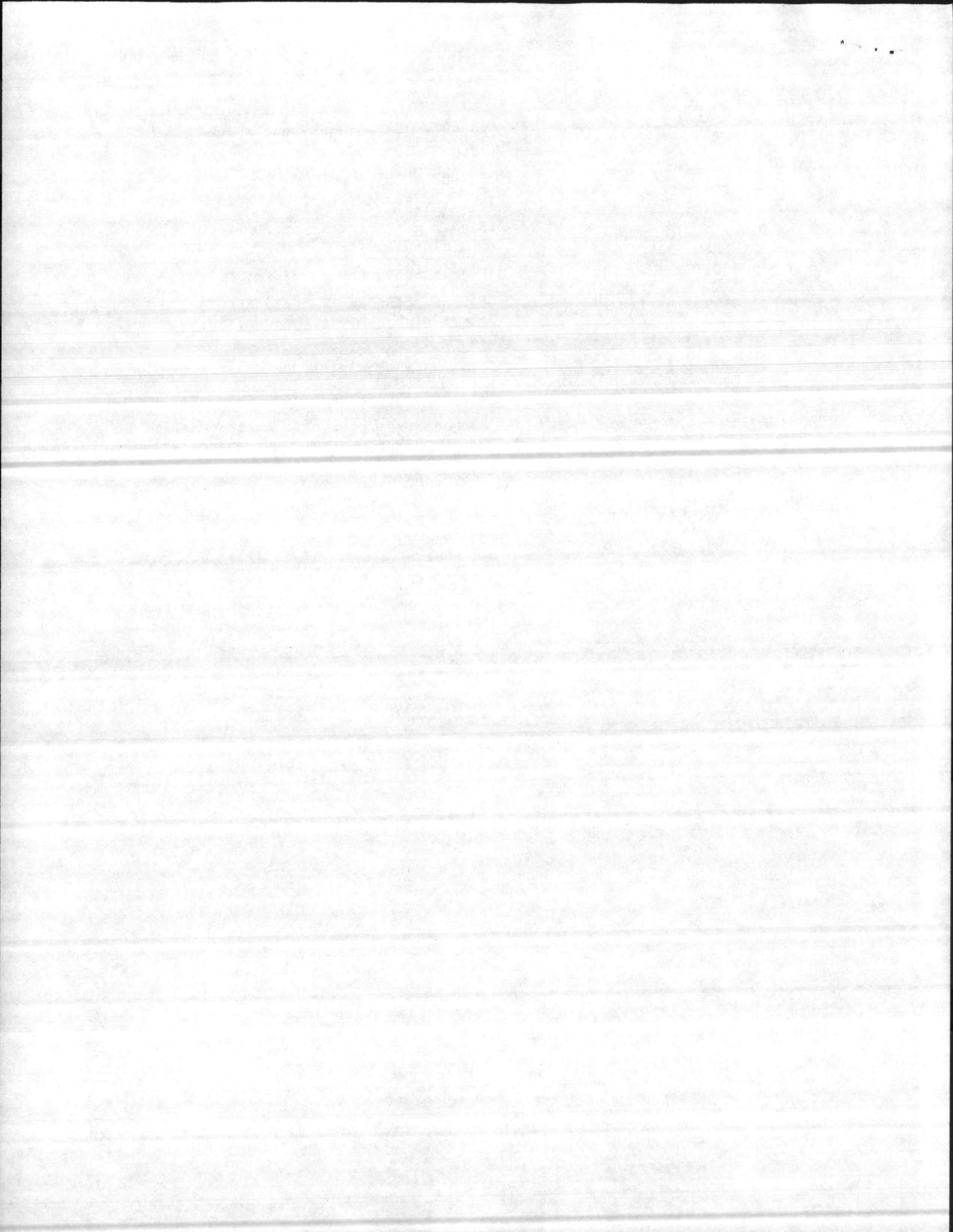
Copy to:
LANTDIV (Code 05)



Specification

Requires

02831.16.1	LAUREL LAKE	Replace defective trees, shrubs, and ground cover within one (1) year of acceptance.
08810.3.5	WAIKEL/LABERGE	10 year guarantee of hermetic seal on glass
13712.2.2	UNIVERSAL SHIELDING	5 year guarantee in radio frequency shielded enclosure.
13750.2.2	BAC-LAY	5 year guarantee on radiation shielding.
14200.6	OTIS	1 year maintenance including 24 hour emergency service and weekly examinations.
14220.4.3	OTIS	1 year maintenance including 24 hour emergency service and weekly examinations.
15401.10.10	WALDINGER	Limited 5 year warranty on booster pumps.
15907.3.6	WALDINGER	Correct reported deficiencies in air and water balancing for a period of 120 days after building acceptance. \$120,000 retainage.
¹⁶⁷³⁰ 16370 .7.8	BRYANT/STARK	24 hour repair service for 1 year on sound system.
16740.5.8	BRYANT/STARK	24 hour repair service for 1 year on area paging/public address system
16760.5.8	BRYANT/STARK	24 hour repair service for 1 year on Security system
16770.15	BRYANT/STARK	24 hour repair service for 1 year service for 1 year on broadband and antenna system.
16790.9.8	BRYANT/STARK	24 hour repair service for 1 year on inter-com system





	PK	INT	DATE
RXC			
RJD			
JR			
AY			
JJ			

DEPARTMENT OF THE NAVY
ATLANTIC DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
NORFOLK, VIRGINIA 23511

TELEPHONE NO.
444-9949
IN REPLY REFER TO:
408:EPT:jmf
N62470-77-C-7526
25 January 1983

REC. FEB - 4 1983

To: [Signature] Date: 2/4

T.F. [Signature]

OM all work finished per [Signature]

From: Commander, Atlantic Division, Naval Facilities Engineering Command
To: Resident Officer in Charge of Construction, Naval Regional Medical Center Field Office, Camp Lejeune, North Carolina 28542

Subj: Contract N62470-77-C-7526, Naval Regional Medical Center, Camp Lejeune, North Carolina

1. An inspection and test of the fire protection systems installed under the subject contract was conducted during the period 10-19 January 1983. The following comments are offered:

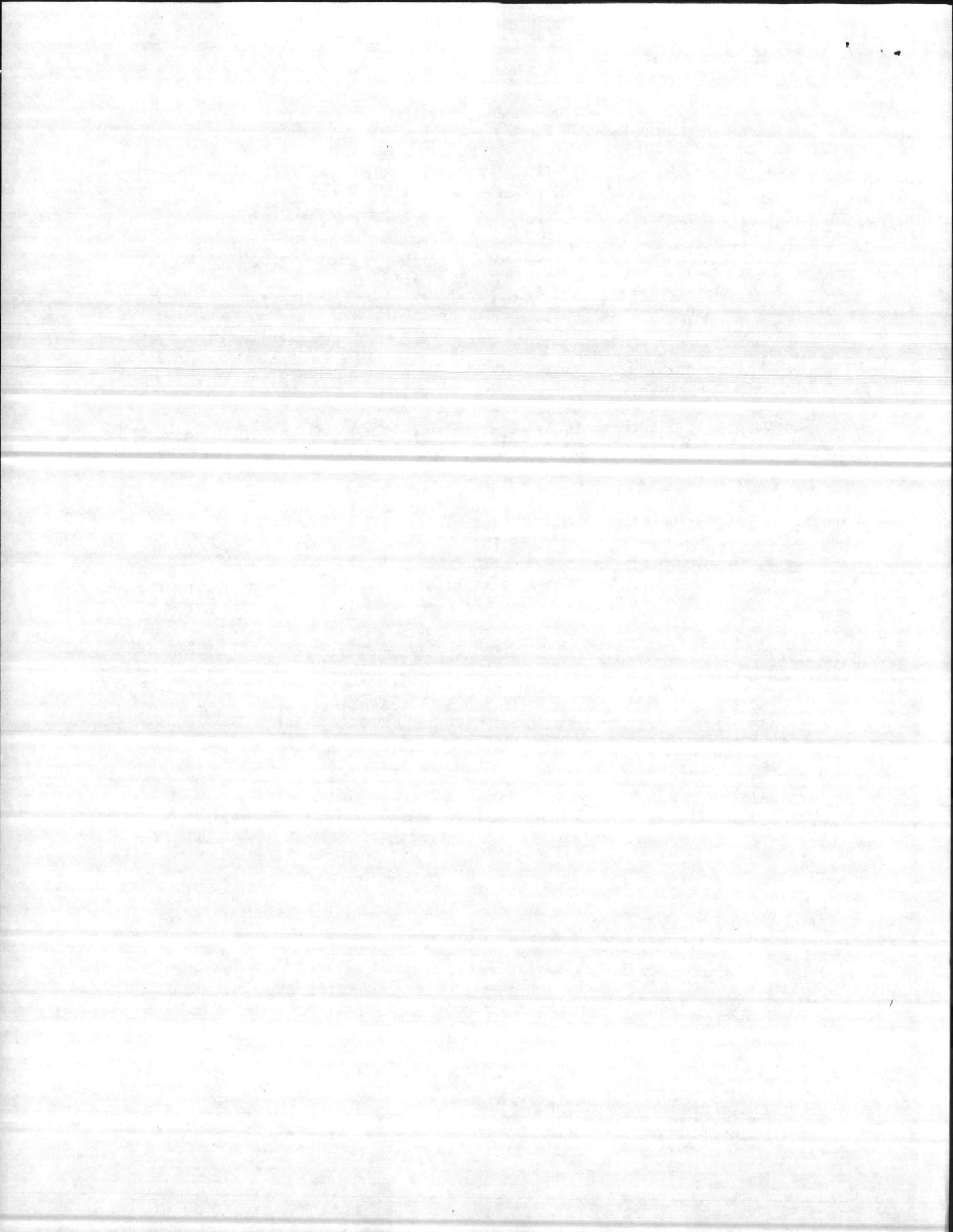
a. Fire Pumps: Pumps ran and produced satisfactorily. Although the specification required the diesel engine-driven pump to be the lead pump, this was changed during the testing so that the electric-driven pump is now the lead pump, in conformance with Navy practice. Electric pump controller was changed during testing from automatic-start/automatic-stop to automatic-start/manual-stop as required by specifications.

NO { (1) Each of the two fire pump controllers is required by NFPA-20 (Sections 7-5.2.4 and 9-5.2.4) to be provided with a sequential timing device to preclude the possibility of both pumps starting simultaneously. This has not been provided. Contractor's shop drawings (Transmittal No. 787-B and 788-A) were "Approved As Noted" on 6 August 1980, subject to the provision, among other items, of the sequential starting provision. Sequential timing devices must be provided.

b. Range Hood Extinguishing Systems: Although scheduled in advance for 0830 on 11 January 1983, these three systems were not ready for test by the completion of all other testing on 19 January 1983. Remote manual release stations, required by the specifications, had not been installed prior to the scheduled test date. These stations have now been provided.

CS { (1) Provide permanently attached, engraved plastic identification signs on wall at each remote manual actuation station for the range hood extinguishing systems identifying the specific hood and type of system controlled by each system. Provide similar identification for each hood "wash-down" remote manual actuating station. Without such identification actuation of the wrong system in the wrong hood is inevitable in an emergency.

(2) Arrange for a future inspection and test of the three range hood extinguishing systems when these systems are fully complete in all respects. Advise the contractor that the test must cause all components of the system to function, except for actual discharge of the "Carbaloy" extinguishing agent. Compressed nitrogen shall be used in lieu of "Carbaloy" for test purposes.



c. Sprinkler System:

NO { (1) Sprinkler coverage at the lowest level of each stair enclosure is deficient. Sprinkler protection at this level is required by NFPA-13. It is believed that one additional sprinkler head, properly located, in each such stair enclosure will provide adequate protection.

YES { (2) Provide one sprinkler under the low ceiling area, next to stair entrance door, inside the west end stairway, 4th floor, Area "G". This sprinkler head is shown on approved shop drawings but is not in place.

NO { (3) Provide an air pressure supervisory switch on each preaction sprinkler system. This switch must be located in each system above the rubber-faced air check valve and connected to the EMCS so that a loss of system air pressure will be registered by the EMCS. Required by Section 15514-4.4 of the specifications.

NO { (4) Provide an air pressure supervisory switch on each dry pipe sprinkler system, set at 25⁺ PSI, and connected to the EMCS as required by Section 15514-4.4 of the specifications. The purpose of this device is to give a warning, prior to the tripping of the dry pipe valve, of a loss of air pressure within the system.

(5) Correct the condition whereby the EMCS registers only a visual alarm on an unusual fire pump condition but does not register a pump running alarm. NFPA-20 in this instance requires:

(5.1) The electric pump shall signal the EMCS when the pump has operated into a running condition.

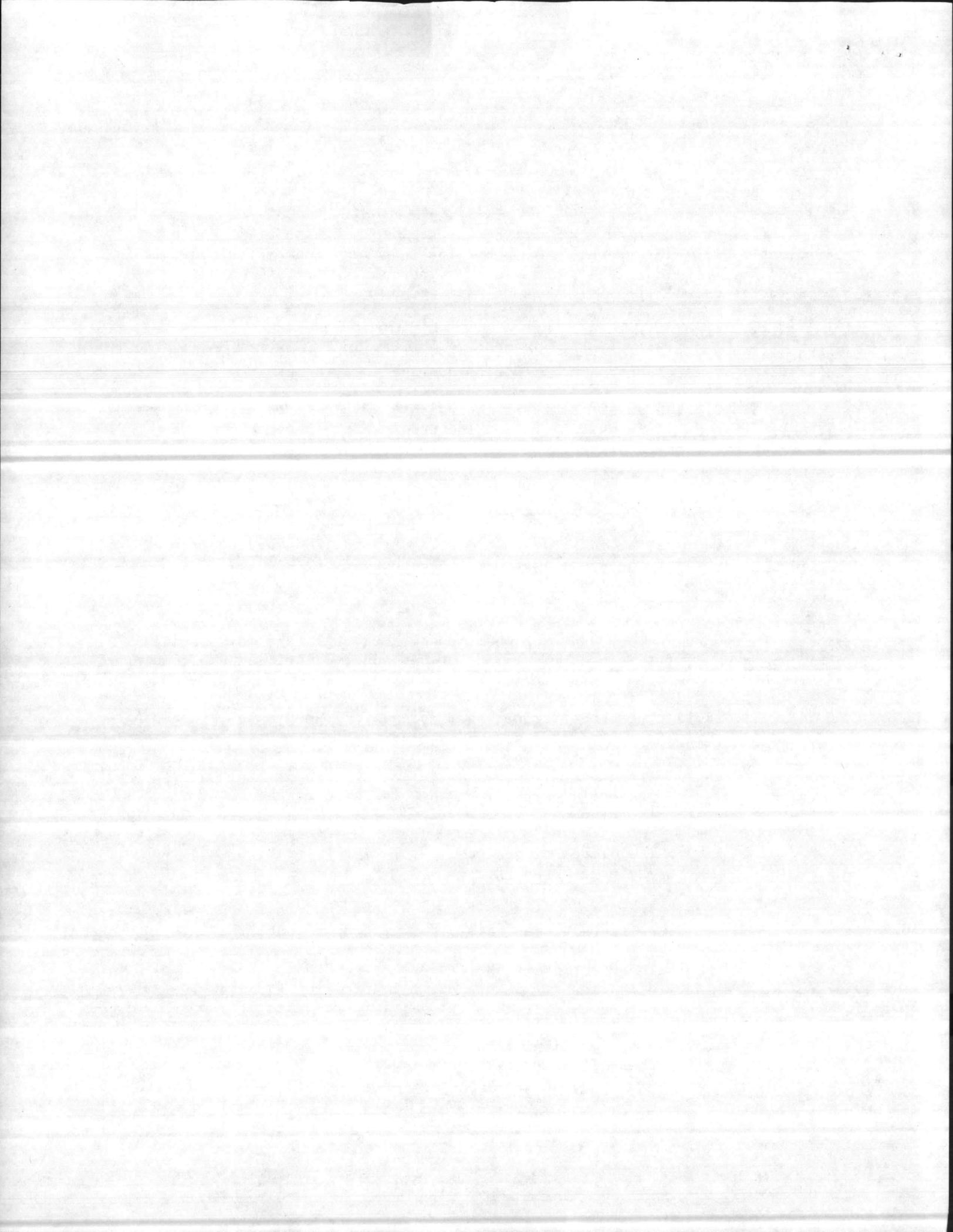
(5.2) The electric pump shall signal the EMCS when there is a loss of line power on the line side of the motor starter, in any phase.

(5.3) The diesel-driven pump shall signal the EMCS when the engine is running.

(5.4) The diesel pump shall signal the EMCS that controller main switch has been turned to "off" or "manual".

(5.5) The diesel pump shall signal the EMCS in the event of low oil pressure in the engine lubrication system; high engine jacket coolant temperature; failure of engine to start automatically; engine shut-down from overspeed; and battery failure. A common trouble signal can be used for these five trouble conditions.

DONE { NOTE: Comment by the Johnson Controls representative implied that the above circuits exist, at least in part, but are not functioning.



YES (6) Provide sprinklers under ducts over 48-inches in width, as is required by NFPA-13, in Mechanical Equipment Rooms. Examples are Room M-209, 2nd floor; under the long duct on the north wall of Lower Level Transformer Room; and Room 009 on Lower Level.

NO (7) Readjust the air maintenance device regulators on all preaction sprinkler systems to maintain system supervisory pressure at 20 to 30 PSI in lieu of present 60 PSI.

O (8) Readjust the air maintenance device regulators on both dry pipe valves to maintain system air pressure at 40 PSI in lieu of present 60 PSI. Excessive air pressure will damage the valves.

ES (9) Provide an approved water pressure gage on the system side of each preaction valve as is required by NFPA-13.

ES (10) Provide an approved water pressure gage on the supply side of the preaction valve controlling third floor ICU, Area "H", as required by NFPA-13.

YES (11) Provide a drain valve or petcock in the alarm line of each of the two dry pipe valves, between the alarm pressure switch and the alarm line check valve, so that trapped pressure on the alarm switch can be relieved after each test or actuation.

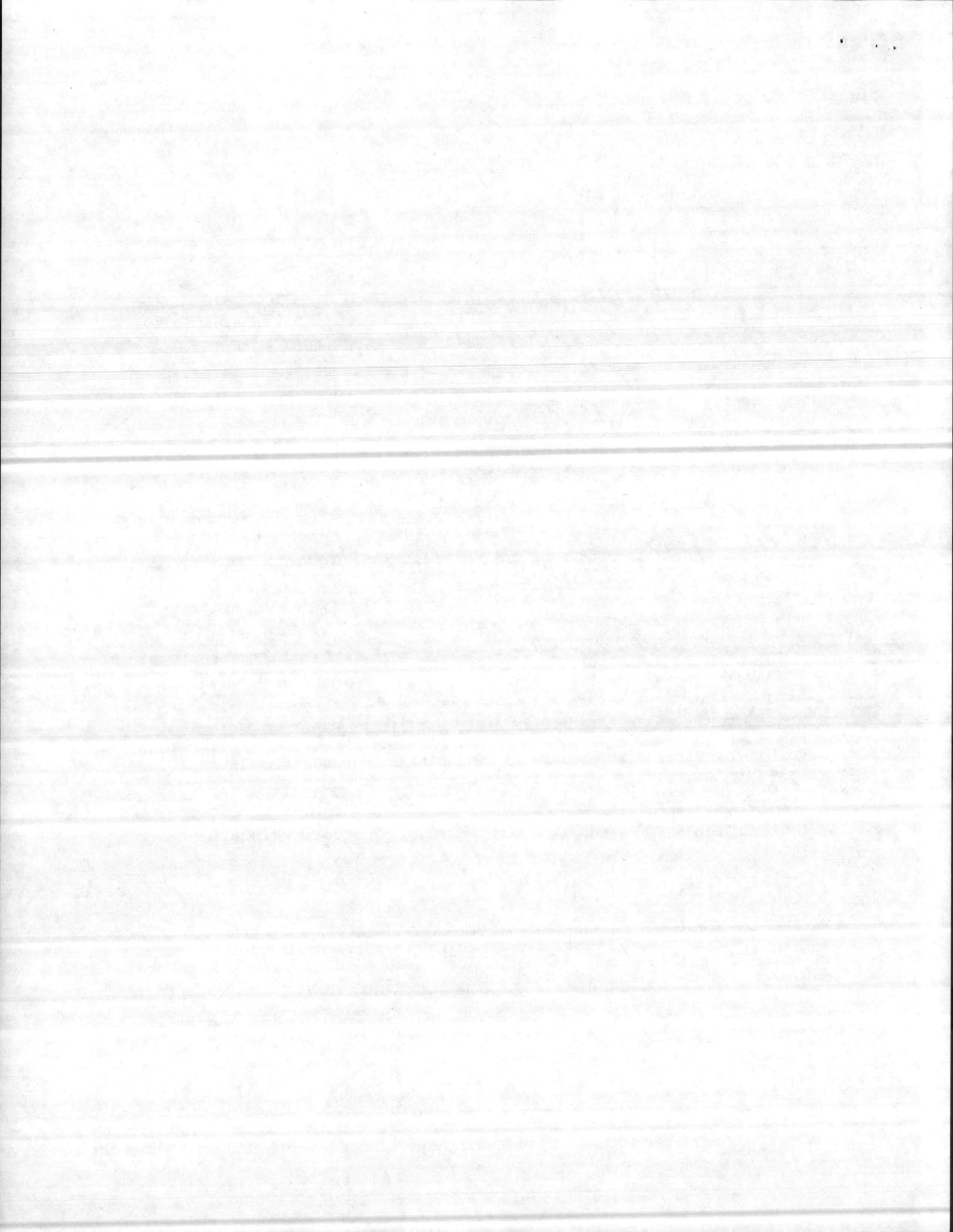
NO (12) No Inspector's Test Valve is provided on the dry pipe system controlling the loading dock area along the northerly side of Area "E". It is recommended that the required inspector's test valve be provided at the end of the branch line adjacent to the Boiler Room, extended through the Boiler Room wall into the heated area and arranged to discharge into the existing drain sump within the Boiler Room.

ES (13) The Inspector's Test Valve on the dry pipe system in ME Room M-113, located just east of the Area "H" breezeway is approximately 12-feet above the floor. Relocate this valve to 6-feet above the floor as required by Section 15514-8. of the specifications, and properly anchor this line to prevent mechanical injury.

ES (14) In addition to the previous comment (Item c.(1)), no sprinklers have been provided on either level of Stair No. 9, Area "D" (Rooms M-108A and M-208A). Sprinklers are required by NFPA-13, Section 4-4.8.3.

O (15) No sprinklers have been provided in the two EEG Testing Rooms (shielded rooms), first floor, Area "A", although shown on the approved shop drawings.

ES (16) Provide sprinklers (dry pendent type) in the walk-in freezer, north side of warehouse portion of Area "F", Level 1, as shown on approved shop drawings.



NO (17) The heat responsive device coverage in the transformer room on the lower level of Area "E" is greatly deficient, even though installed as shown on the contract drawings. Due to the high ceiling, the maze of conduit under the ceiling, and the fact that there is no necessity for this area to be protected by a preaction type of sprinkler system, it would appear to be simpler and less expensive to accomplish the following:

- NO
- (17.1) Remove the preaction sprinkler valve and its associated 3-inch check valve from the riser (above the O.S. & Y valve) in Mechanical Room M-009, Lower Level, Area "D". Replace these items with a flanged spool-piece of proper length and provide a vane-type waterflow alarm device in the riser.
 - (17.2) Remove the deluge release panel associated with this preaction system and the electrical connection between this panel and the fire alarm panel associated with this preaction system.
 - (17.3) Disconnect the heat responsive device circuit from the HAD's in the ceiling and connect this circuit to the new waterflow alarm device. Leave the disconnected HAD's in place.
 - (17.4) Disconnect and cap the air supply line to the preaction valve.

d. Fire Alarm System:

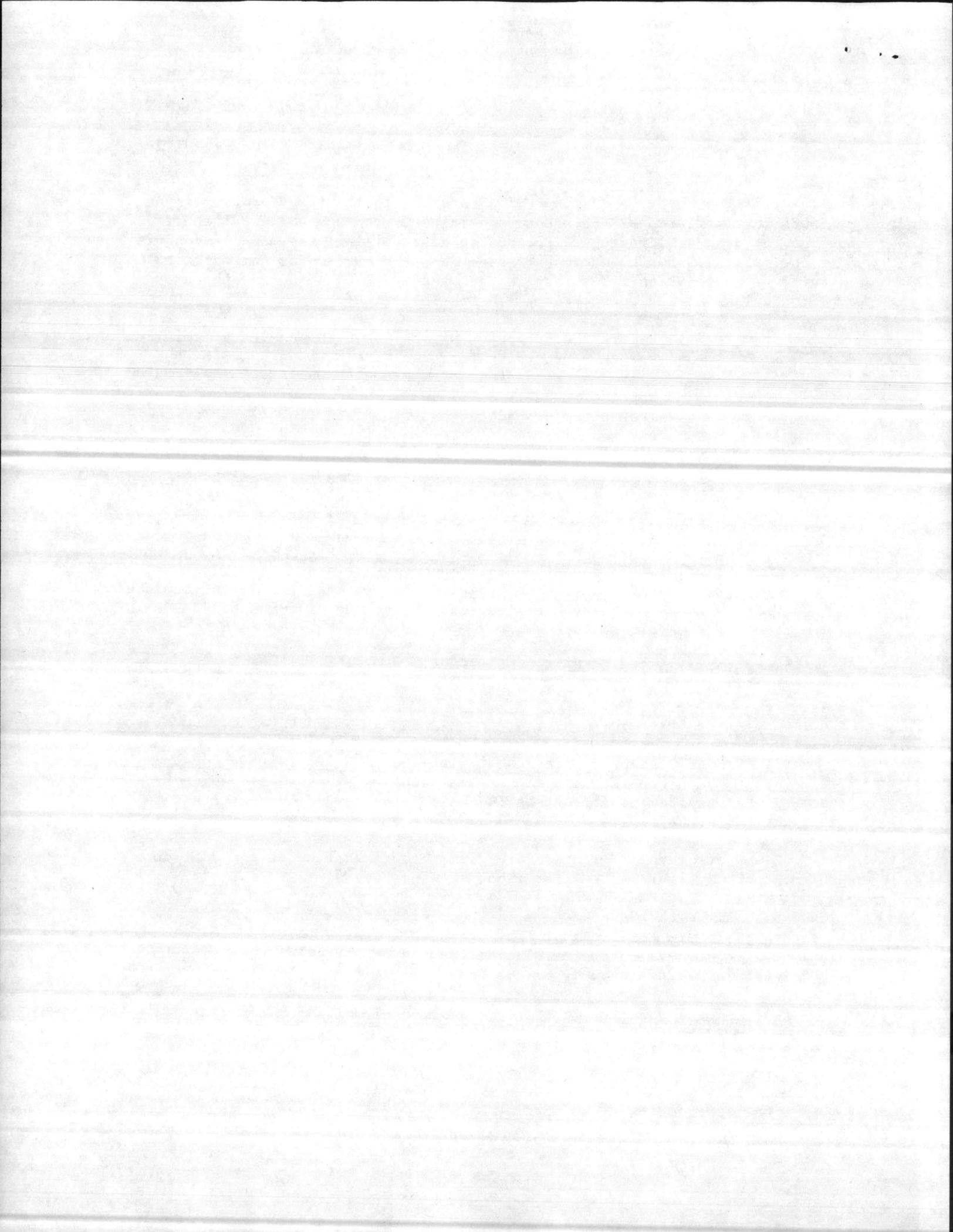
IO (1) Properly identify and label, with permanently affixed engraved plastic labels, each zone on each fire alarm panel by area and/or device or system. Present system of zone numbering which requires reference to a data book is unsatisfactory.

NO (2) Provide an additional fire alarm manual station at the exit door at the rear of the library on first floor of Wing "G".

ES (3) Rewire the 2 smoke detectors on second floor of Area "D", adjacent to ME Room M-209, so that they are on the Area "D" zone. Smoke doors in this end of the corridor were relocated during construction resulting in these 2 detectors being in an incorrect zone.

NO (4) Add one detector in corridor ceiling, first floor of Area "B", north side, in front of Room W-140, where detectors are now 50-feet apart.

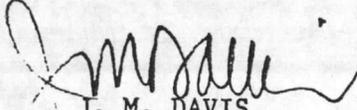
IO (5) Add one detector on ceiling of waiting room extension, where an office was relocated during construction, OB/GYN Clinic, adjacent to Room 126B, first floor, Area "B", south side.



YES { (6) Provide a connection from the center terminal of the bottom terminal strip in the fire alarm master box, located in the main computer command center, to either a buried water pipe, or to a driven ground rod. Resistance to ground shall not exceed 10 ohms. This connection is absolutely essential for proper functioning of this fire alarm box.

NO { 2. A "smoking vestibule" is provided at the west end of Area "G" on the second, third and fourth floors. No heat is provided in these areas and the areas are protected by wet-pipe sprinkler systems. A large louvered opening, about 6'x12' is provided in the exterior (west) wall of each vestibule, exposing the sprinkler system to freezing. The replacement of the ordinary sprinklers by dry pendent types is not deemed an acceptable solution, and since it appears unlikely that patients will use these areas for their designed purpose, it is recommended that these louvered areas be insulated and permanently closed off.

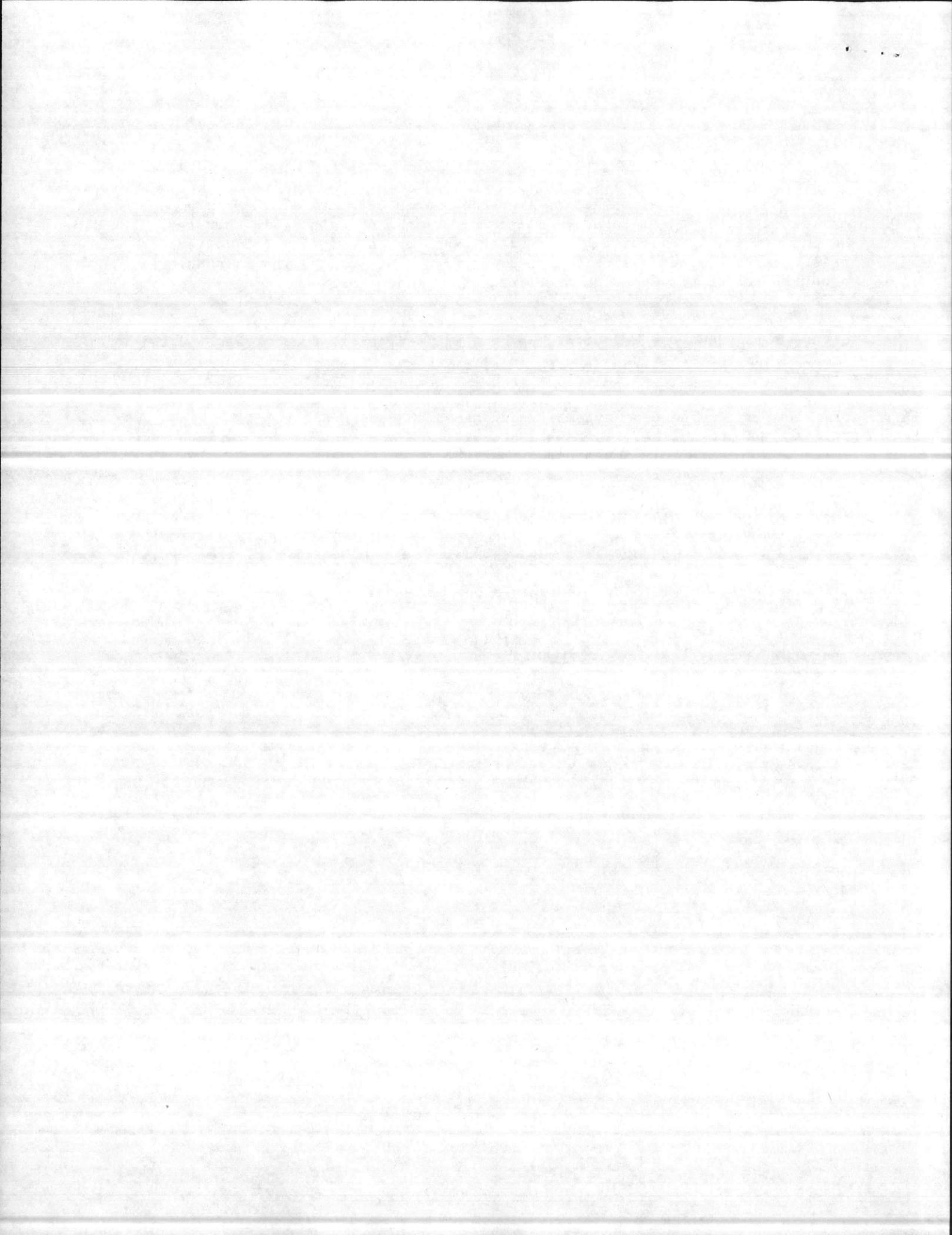
3. While the above list may appear lengthy, considering the complexity of the subject building this is a short list, and is indicative of a very difficult task well done. It is not believed that correction of the listed items will either delay or preclude occupancy of this facility. Andy Young, Jim Rave, and the others who were involved should be commended for their efforts.


J. M. DAVIS
By direction

Cecil A Langley

RT # 1 Box 231D

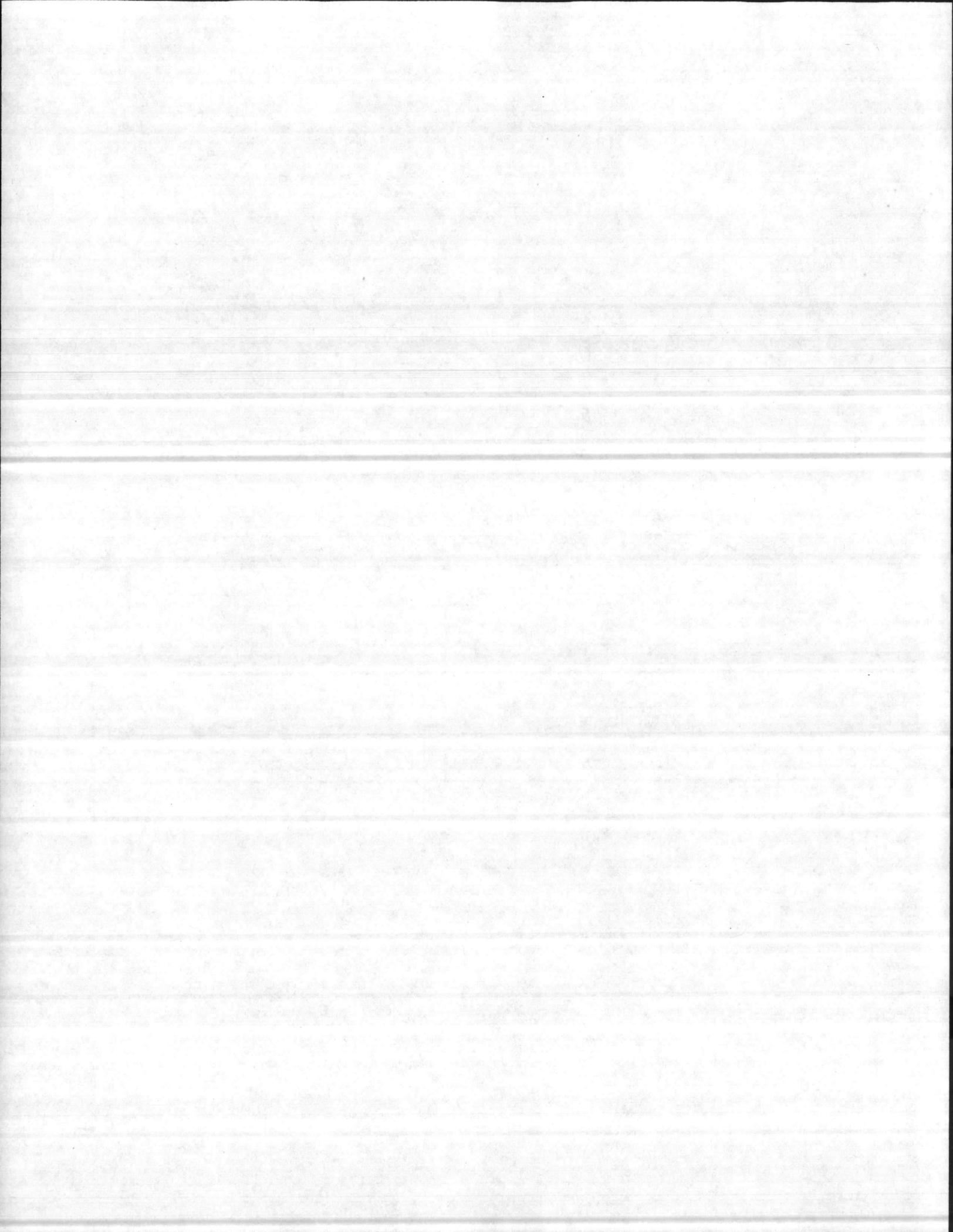
GANNON N.C. 27529



1-20-83

Cecil Langley spent 8 hours
Showing Fire Department personnel
the Water Control Valves, & RAINS,
Deluge Valves & Dry pipe valves
in the Hospital Area at E L N C

R. H. Kearney
Fire Capt



CECIL LANGELY on 1-20-83 AND 1-19-83

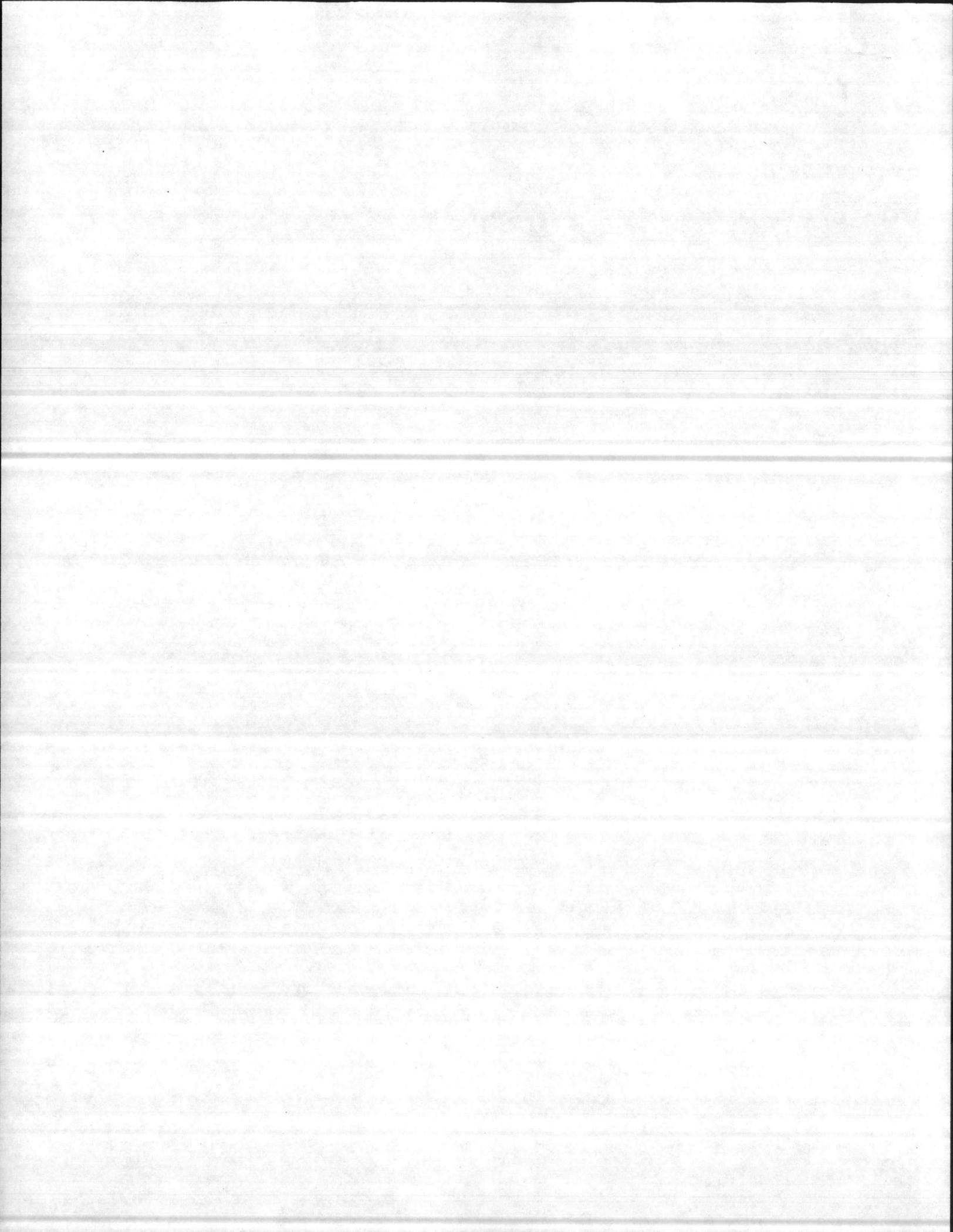
SHOWED ALLAN W. SIMPSON 8 hrs of

INSTRUCTION ON SPRINKLER SYSTEM AND

FIRE PUMPS.

1-20-83

Allan W. Simpson



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

January 18, 1983

Cardinal Contracting Company, Inc.
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: John Eckhart

Re: Naval Regional Medical Center
Camp Lejeune, NC

Gentlemen:

With reference to your letter of December 13, 1982, Subject "Training", we reply as follows:

We will accomplish the required eight hours' training per Specifications 15516.14 on January 20, 1983, beginning at 8:30 AM. The training will be conducted by our field supervisor on this project, Cecil Langley. Cecil is to meet with the Navy representative, Allen Simpson, and with a fire department representative at the same time in the fire pump room.

If you have any questions, please do not hesitate to contact us.

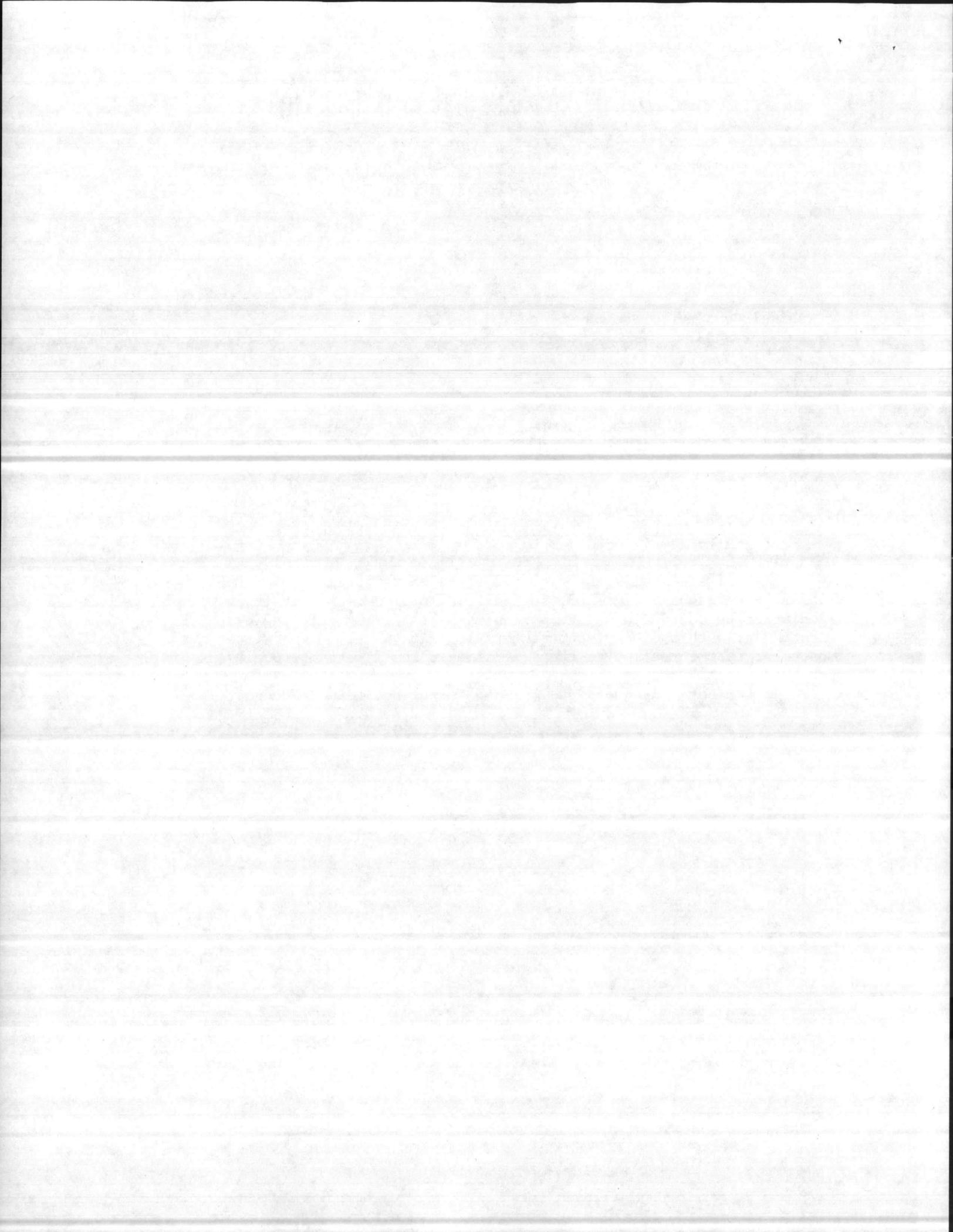
Sincerely,

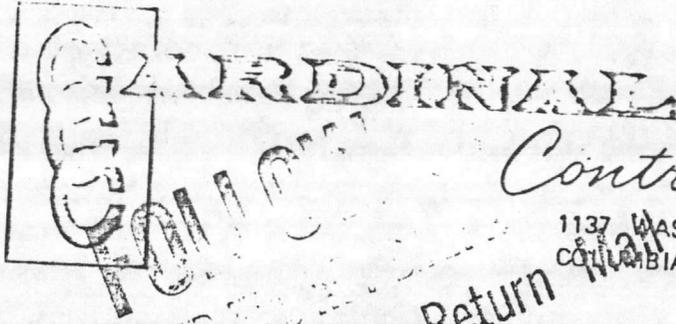
WORSHAM SPRINKLER COMPANY, INC.

W. D. McRorie

WDM/lid

cc: Cecil Langley
Bill Mangum





Cardinal Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803-254-9064

JAN 18 1983

PLEASE ADDRESS REPLY TO:
P.O. BOX 8408
CAMP LEJEUNE, N.C. 28542

**THIS LETTER IS RETURNED
Kindly Reply By Return Mail**

December 13, 1982

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: Bill McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Training

Gentlemen;

Enclosed you will find correspondence from the Deputy Resident Officer in Charge of Construction dated December 10, 1982, subject as above.

By return mail, please provide dates for accomplishing the training required, completing all requirements prior to the end of January, 1983.

Yours very truly,

CARDINAL CONTRACTING COMPANY, INC.

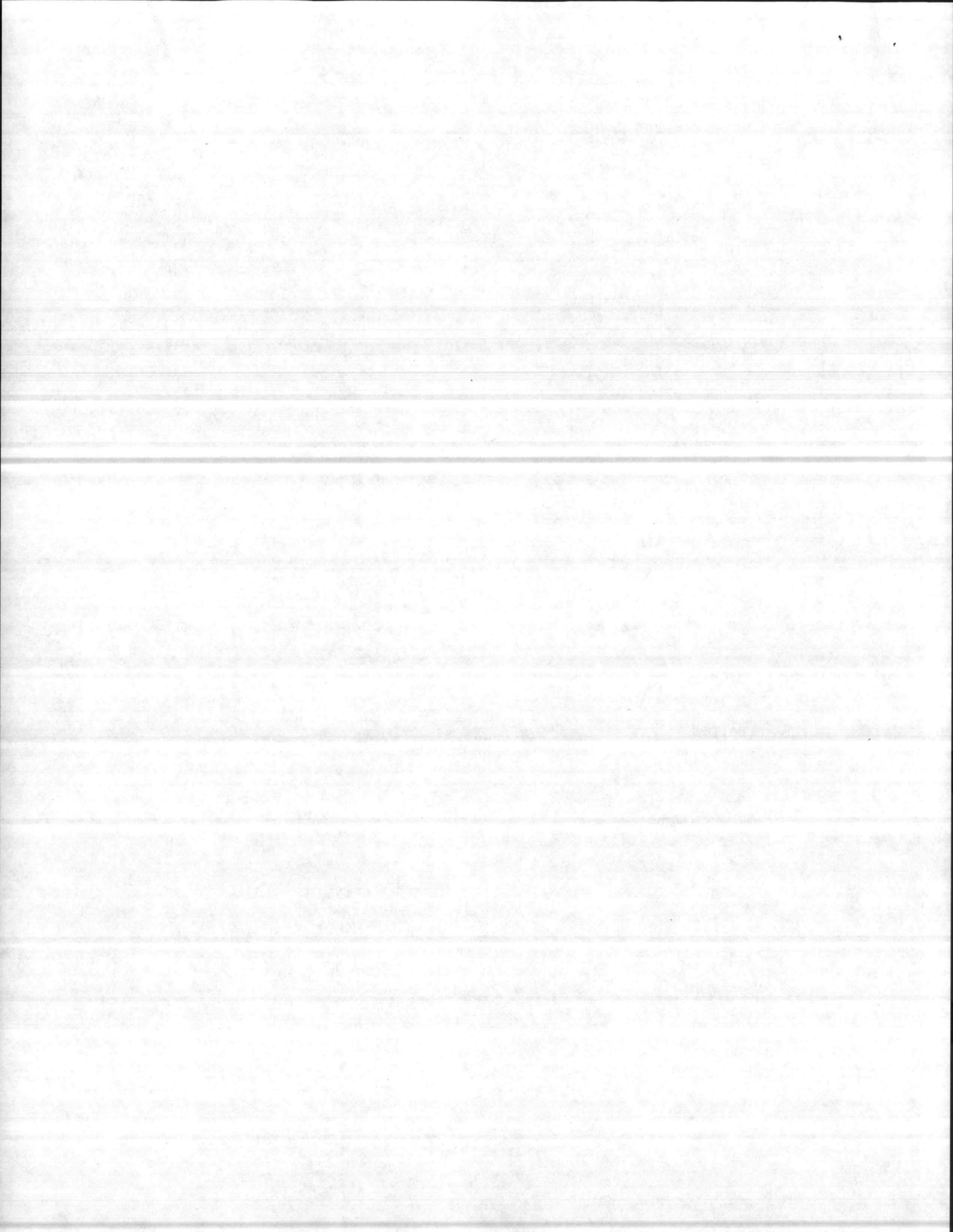
John Eckhart
Project Engineer

JE:km

Enclosure

cc: Dallas Office
Columbia Office

*Follow up
12/29/82
1/14/83*





DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO
919-353-3455
IN REPLY REFER TO
RJD:jj
N62470-77-C-7526
DEC 10 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Training

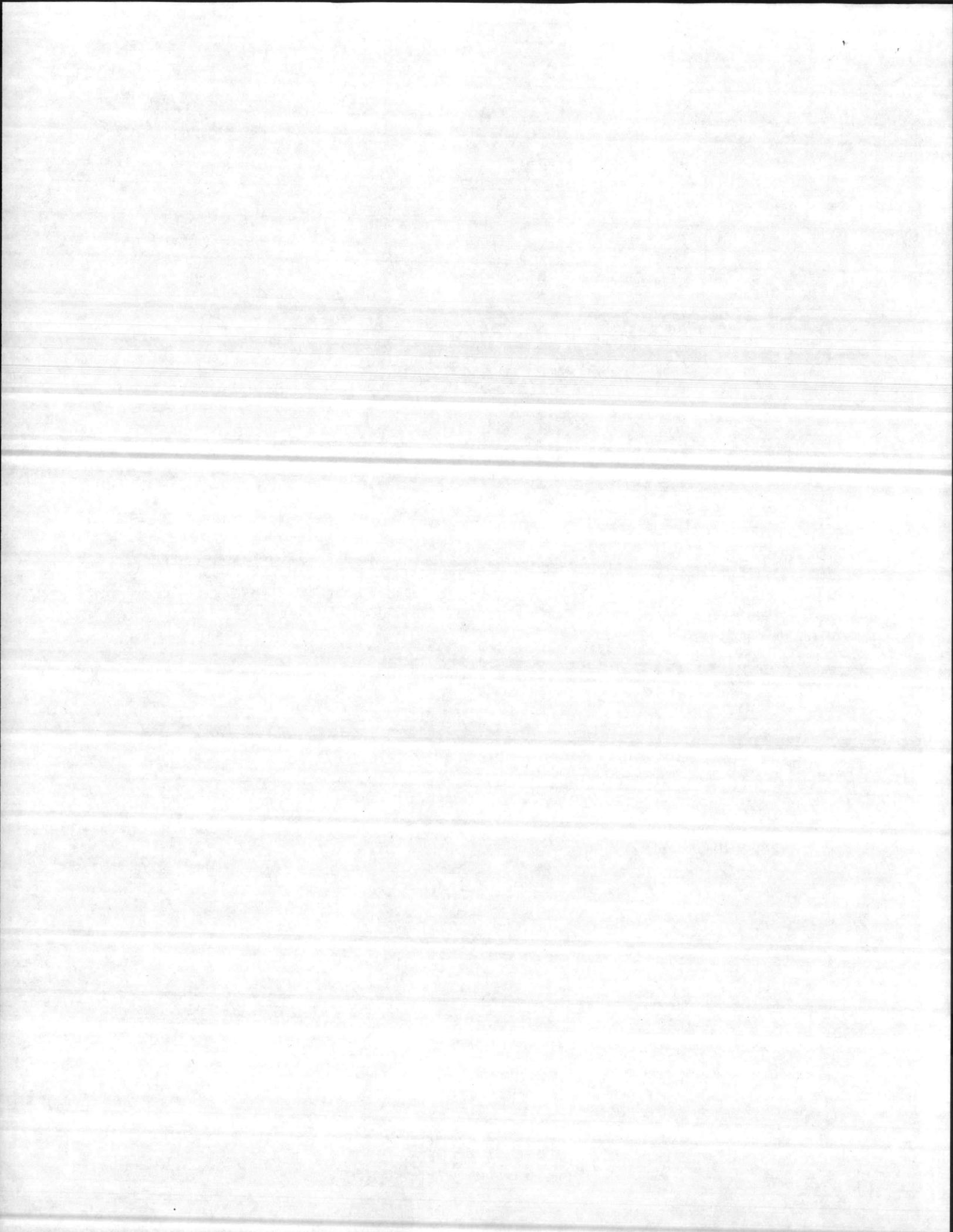
Gentlemen:

Under the various specification sections of the contract, training of designated hospital employees is required. Now that useable completion has been achieved, the training should be conducted at the earliest possible convenience between now and the end of January 1983. The attached list provides a summary of the minimum training required by the contract. You are requested to coordinate these requirements with your subcontractors. The actual scheduling for the training can be accomplished at the weekly meeting with the customer.

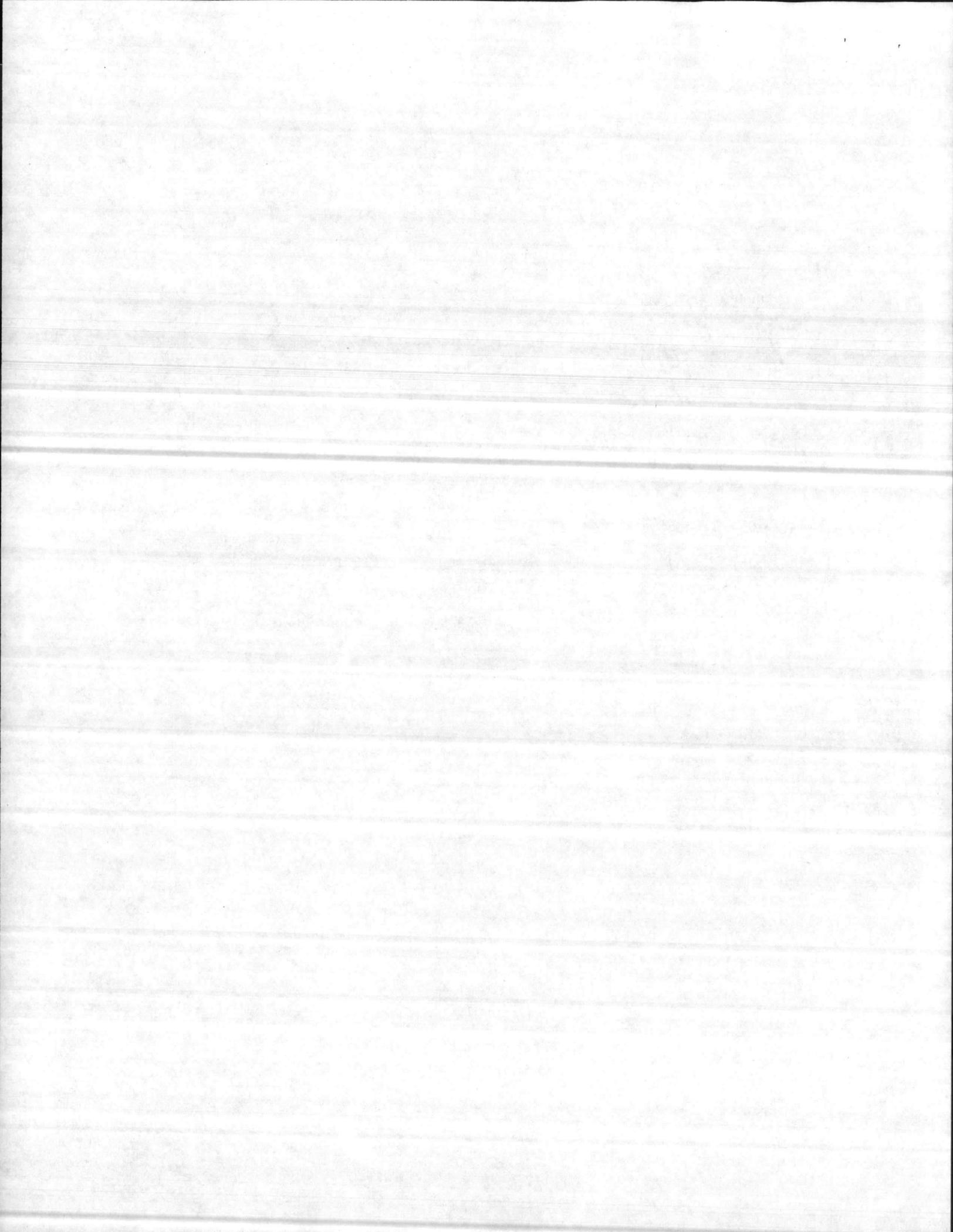
Sincerely,

R. J. DEGON
CDR, CEC, USN
Deputy

Copy to:
LANTDIV (Code 05)



<u>Spec. Section</u>	<u>Training Required</u>
11400.14 <i>Sootical Scale</i>	Sufficient to instruct required personnel on all equipment
11868.6.1 <i>Advanced Combustion</i>	Instruct in proper operation.
15011.6 <i>Waldinger</i>	Provide instruction after acceptance as specified in each section of mechanical spec
15350.4.7.3 <i>EAST COAST</i>	8 hours of instruction.
15401.10.11 <i>Waldinger</i>	Instruct operating personnel
15516.14 <i>Worsham</i>	8 hours of instruction
15652.29 <i>Waldinger</i>	Instruction on chillers and cooling tower
16011.6 <i>BRYANT/STARR</i>	Instruction after acceptance as specified in each section of electrical spec
16201.6.2 <i>BRYANT/STARR</i>	2 - 40 hour weeks
16492.5 <i>BRYANT/STARR</i>	3 - 2 hour sessions
16721.4.4 <i>BRYANT/STARR</i>	Instruct designated personnel
16730.7.9 <i>BRYANT/STARR</i>	Demonstrate to designated staff
16740.5.9 <i>BRYANT/STARR</i>	Demonstrate to designated staff
16760.5.9 <i>BRYANT/STARR</i>	Demonstrate to designated staff
16790.9.9 <i>BRYANT/STARR</i>	Demonstrate to designated staff



pink



CARDINAL

FOLLOW UP Contracting Co., Inc.
1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803-254-9064

THIS LETTER HAS NOT BEEN ANSWERED
Kindly Reply By Return Mail

PLEASE ADDRESS REPLY TO:
P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

December 13, 1982

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: Bill McRorie

BME
Bil Mangum
Check Specs
15516.14
I will notify Cardinal
we will do this
1-27-83 @ 9:00 PM

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: "Training"

See WSC
letter 1-14-83

Send Cecil copy of Specs
Gentlemen; *15516.14*

Enclosed you will find correspondence from the Deputy Resident Officer in Charge of Construction dated December 10, 1982, subject as above.

By return mail, please provide dates for accomplishing the training required, completing all requirements prior to the end of January, 1983.

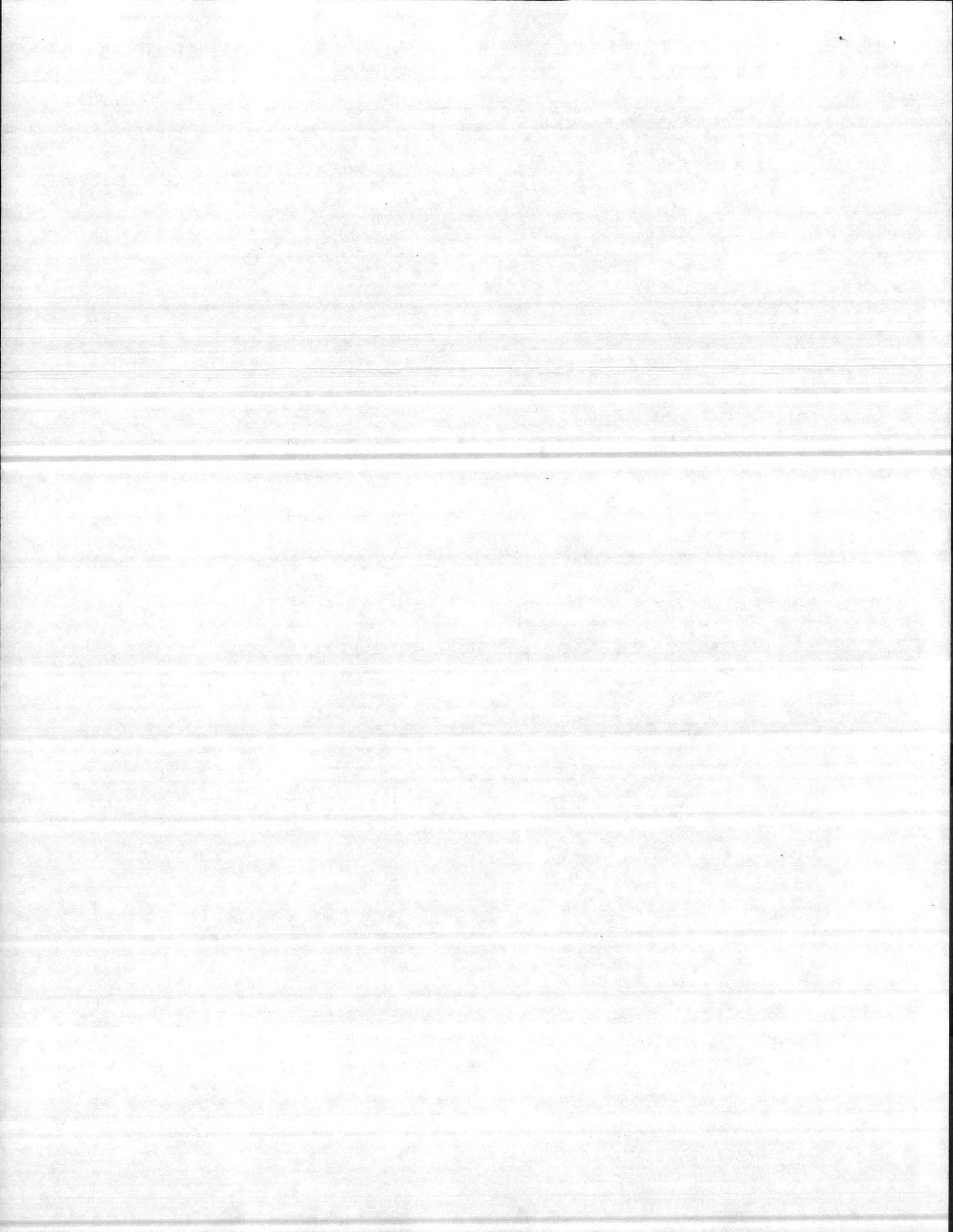
Yours very truly,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
Project Engineer

JE:km
Enclosure
cc: Dallas Office
Columbia Office

Follow up
12/29/82





DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO.
919-353-3455
IN REPLY REFER TO
RJD:jj
N62470-77-C-7526
DEC 10 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Training

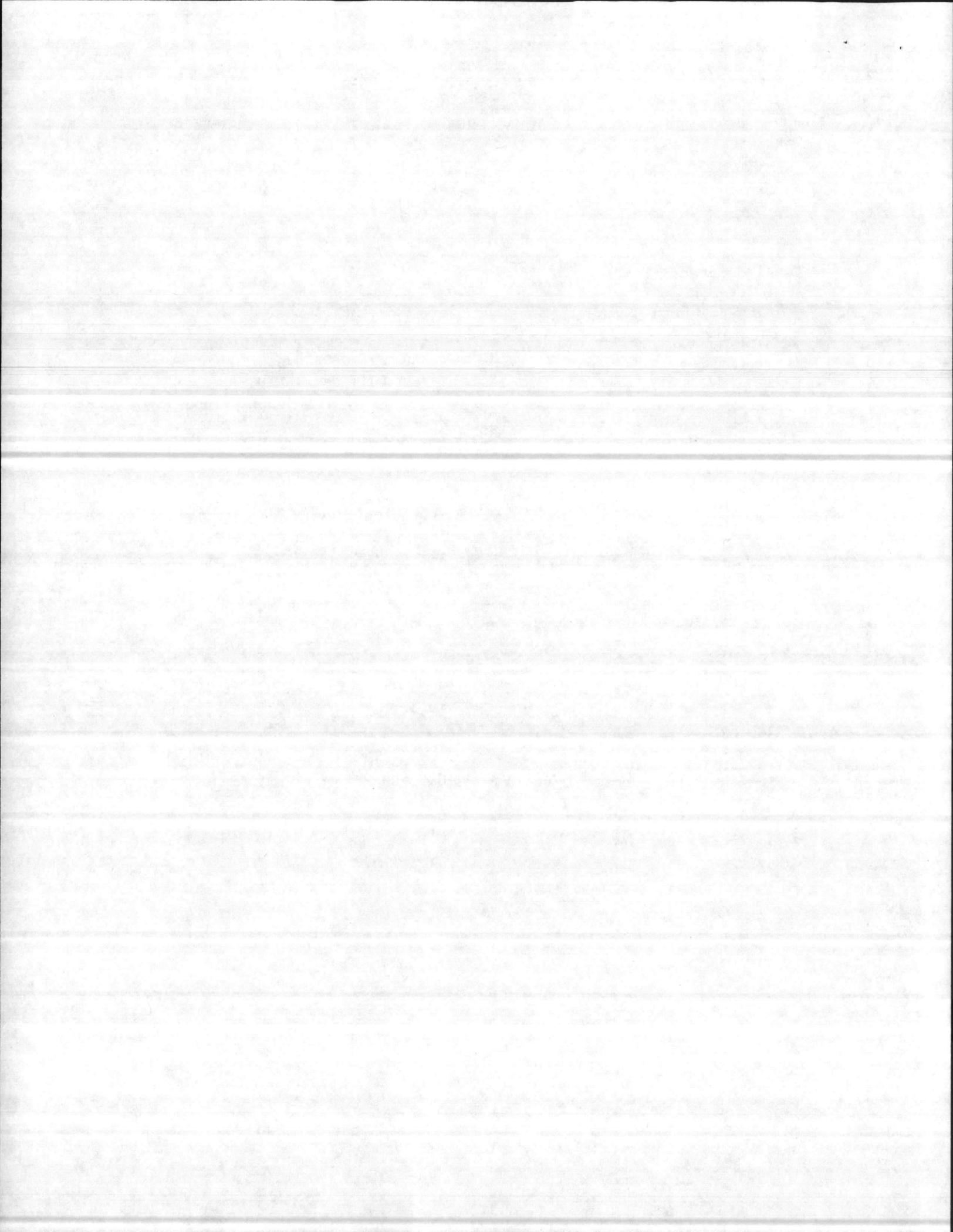
Gentlemen:

Under the various specification sections of the contract, training of designated hospital employees is required. Now that useable completion has been achieved, the training should be conducted at the earliest possible convenience between now and the end of January 1983. The attached list provides a summary of the minimum training required by the contract. You are requested to coordinate these requirements with your subcontractors. The actual scheduling for the training can be accomplished at the weekly meeting with the customer.

Sincerely,

R. J. DEGON
CDR, CEC, USN
Deputy

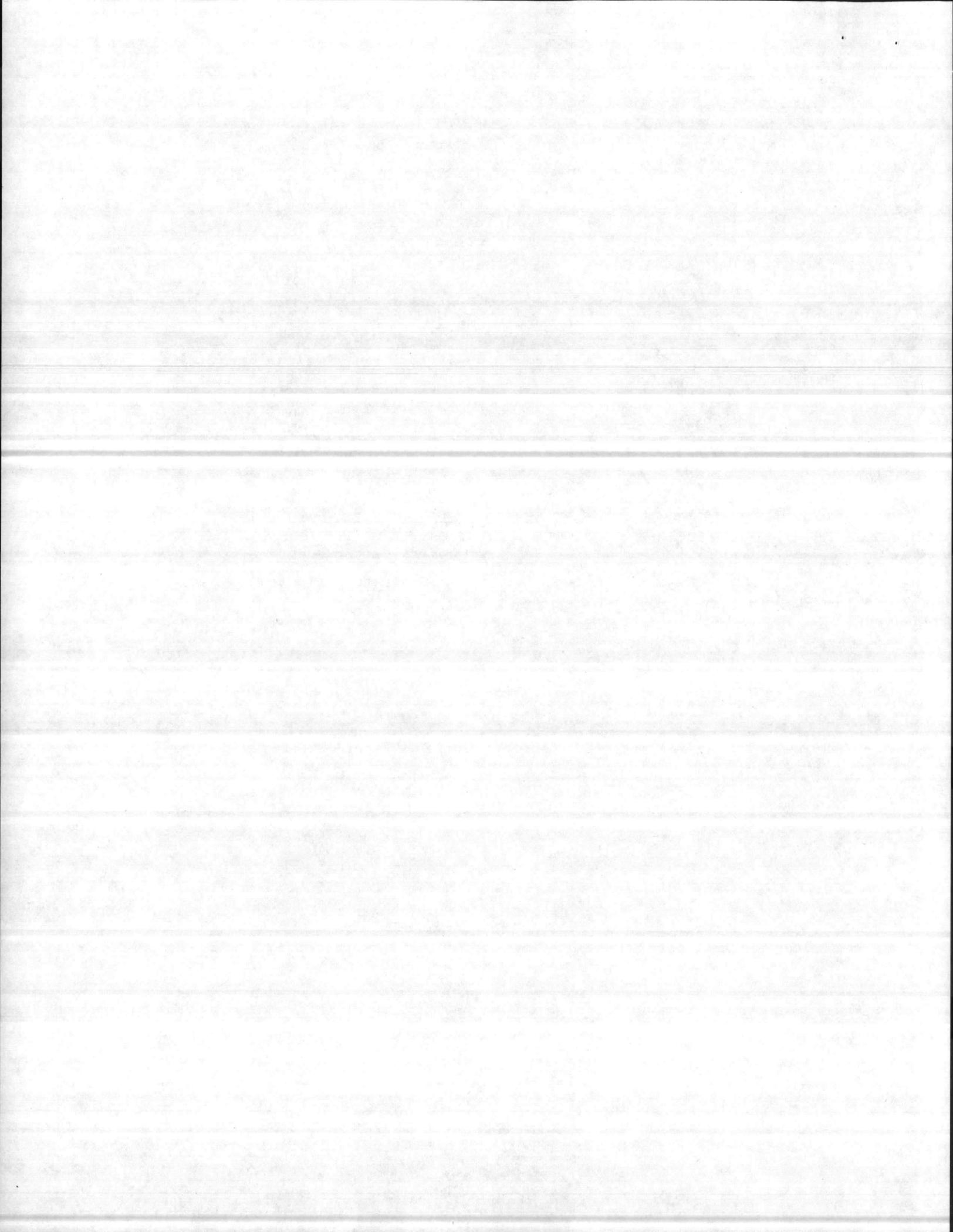
Copy to:
LANTDIV (Code 05)



Spec. Section

Training Required

11400.14	SOUTHERN SCALE	Sufficient to instruct required personnel on all equipment
11868.6.1	ADVANCED COMBUSTION	Instruct in proper operation.
15011.6	WALDINGER	Provide instruction after acceptance as specified in each section of mechanical spec
15350.4.7.3	EAST COAST	8 hours of instruction.
15401.10.11	WALDINGER	Instruct operating personnel
15516.14	WORSHAM	8 hours of instruction
15652.29	WALDINGER	Instruction on chillers and cooling tower
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16721.4.4	BRYANT/STARR	Instruct designated personnel
16730.7.9	BRYANT/STARR	Demonstrate to designated staff
16740.5.9	BRYANT/STARR	Demonstrate to designated staff
16760.5.9	BRYANT/STARR	Demonstrate to designated staff
16790.9.9	BRYANT/STARR	Demonstrate to designated staff



DEC 21 1982

REC. 12-21-82	CARDINAL	
To	Int.	Date
BM		12-21
We need to copy to Cecil and go over this with him.		
FILE		

Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803-254-9064

PLEASE ADDRESS REPLY TO:
P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

December 13, 1982

Cecil

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: Bill McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
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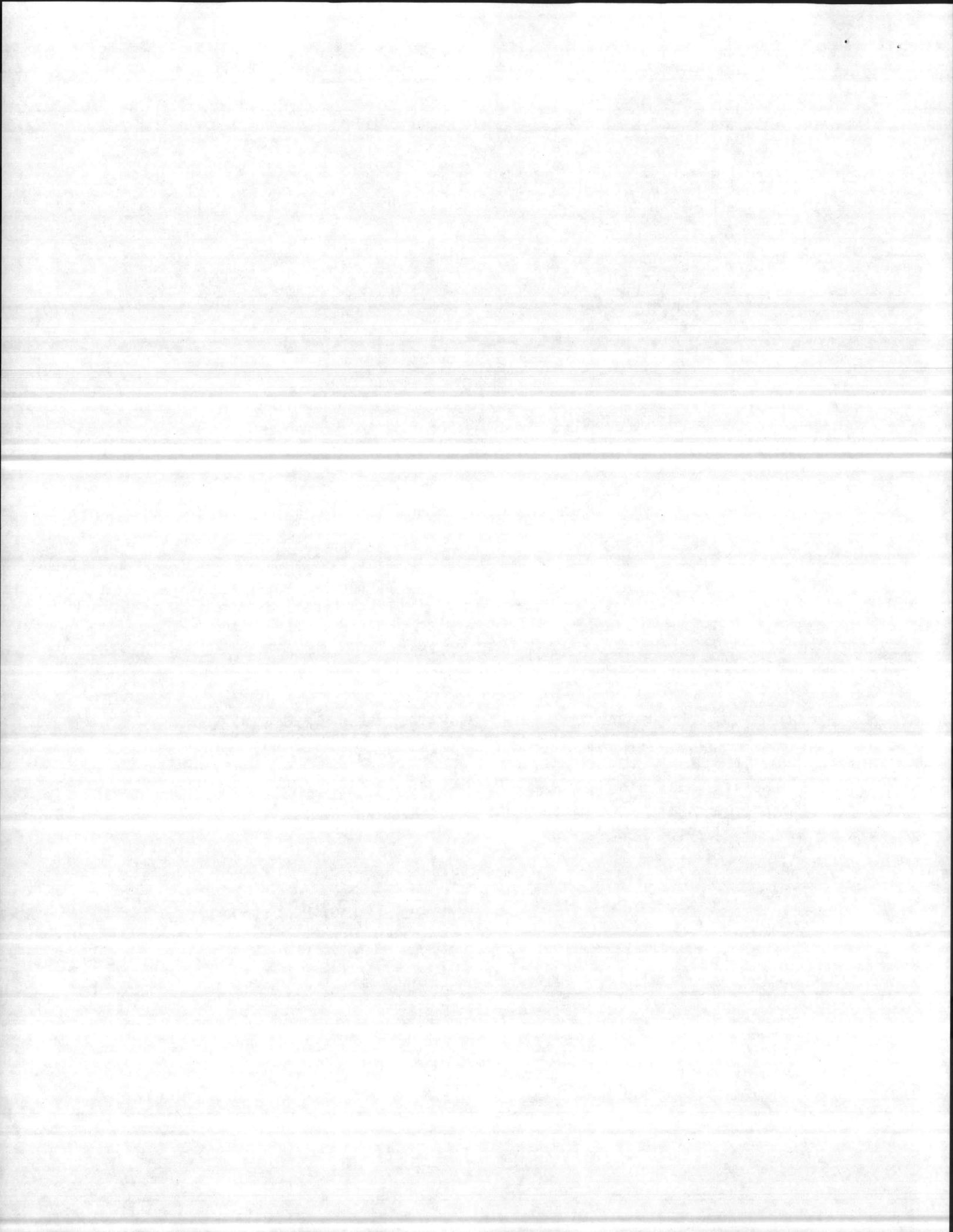
By return mail, please provide dates for accomplishing the training required, completing all requirements prior to the end of January, 1983.

Yours very truly,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
John Eckhart
Project Engineer

JE:km
Enclosure
cc: Dallas Office
Columbia Office

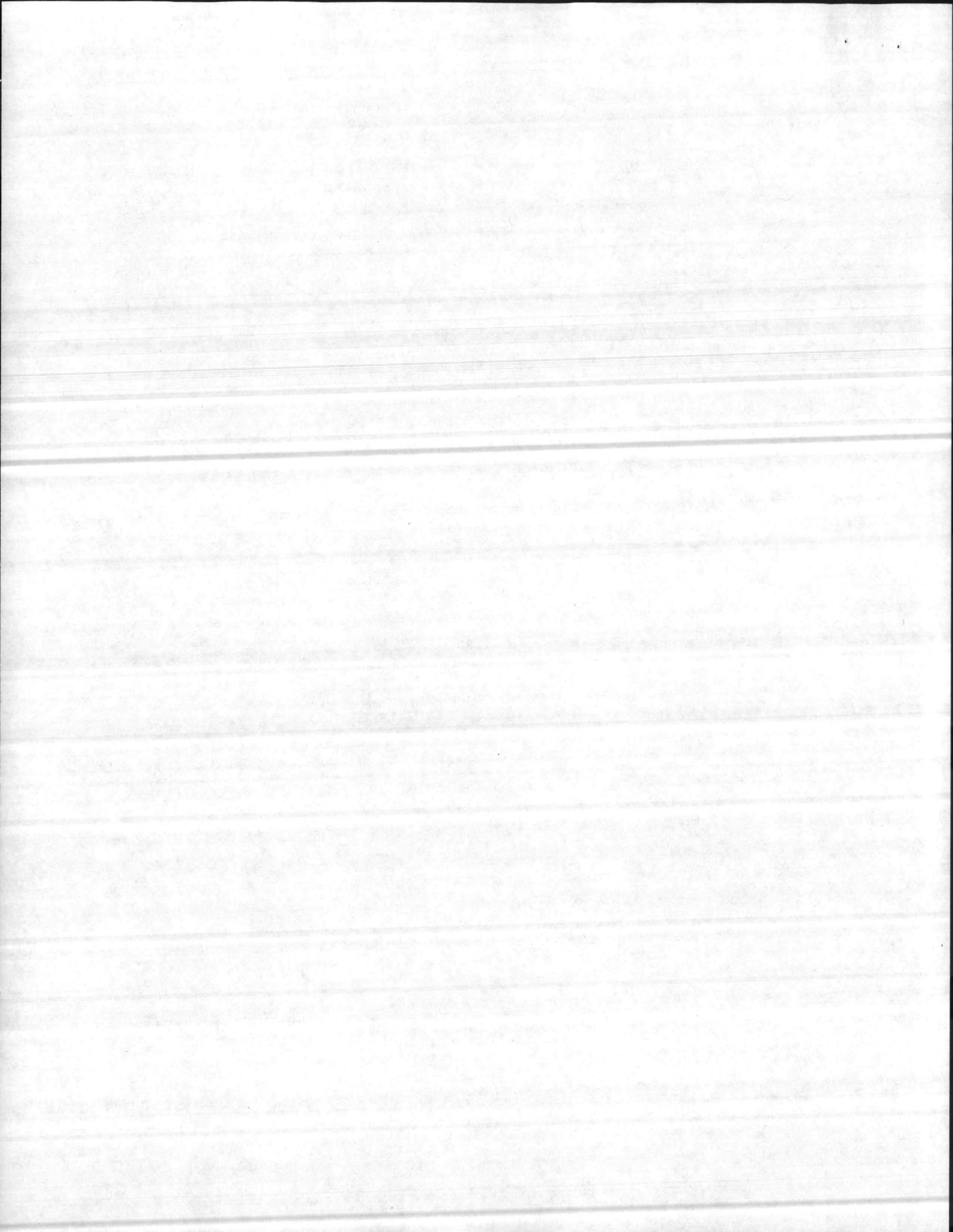


12/10/32

AEY

BASEMENT D, E

- M-009 DELUGE & DRY POINT AIRLINE, 6" x 26" COVERPLATE - ELECT. BOX
ANCHOR PIPING, PAINT PIPING
- E005 INSPECTOR STATION - PAINT PIPING
- E005B FIRE PUMP RA - INSPECTOR STATION - REANCHOR PIPING
- M005 HOSE CABINET - PAINT TRIM, KICK-OUT VALVE, PAINT PIPING
LEVEL 2 - E & F
- M110C - INSPECTOR STATION - OKAY
- M110 - DELUGE - PAINT AIR LINE, ANCHOR PIPING
- E154 - ANTI-FREEZE LOOP - PAINT STRAP
- E167 (NEAR) HOSE CABINET - TRIM, DOOR, 2 1/2 x 1 1/2 HOSE, PAINT PIPING
WALL PLATE, CLEAN UP
- E167 INSPECTOR TEST - PAINT, ANCHOR
- M109A - HOSE CABINET - KICK OUT VALVE, CLEAN UP
- S118 - INSPECTOR STATION - ANCHOR PIPING
- M205 - INSPECTOR STATION (2C) - WALL PLATE, TIGHTEN UP ANCHOR
- M-207 - DELUGE Sys. - COMPLETE DRY PIPE DRAIN, PAINT AIR LINE GREEN
- M-208 - DELUGE Sys. - ANCHOR AIR LINE, REROUTE PRESS. SW. CONNECT TO
BEHIND SPRINKLER PIPING.
- M209A - HOSE CABINET - KICK OUT VALVE





DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO.
919-353-3455
IN REPLY REFER TO
RJD:jj
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DEC 10 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Training

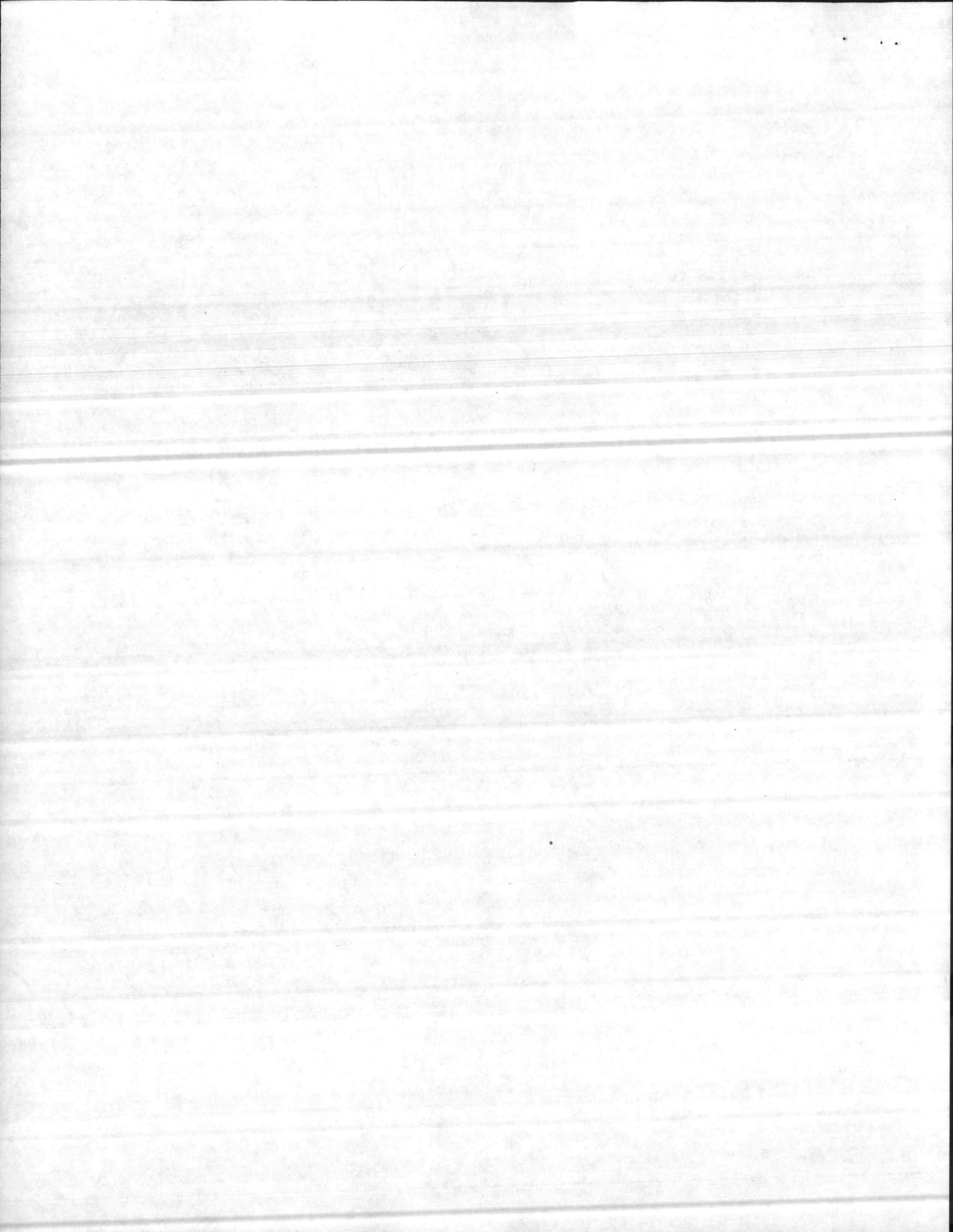
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Sincerely,

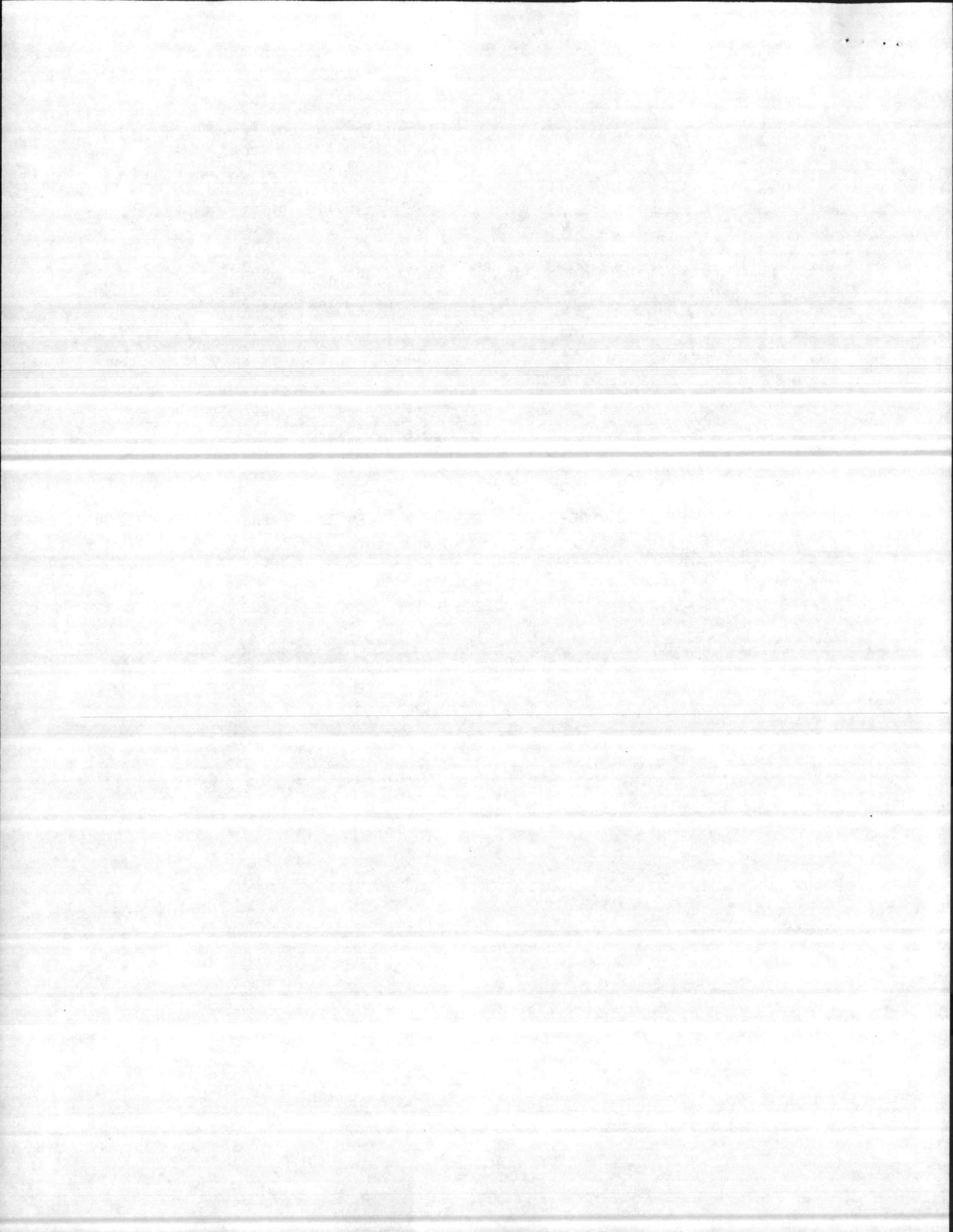
R. J. DEGON
CDR, CEC, USN
Deputy

Copy to:
LANTDIV (Code 05)



Spec. SectionTraining Required

11400.14	SOUTHERN SCALE	Sufficient to instruct required personnel on all equipment
11868.6.1	ADVANCED Combustion	Instruct in proper operation.
15011.6	WALDINGER	Provide instruction after acceptance as specified in each section of mechanical spec
15350.4.7.3	EAST COAST	8 hours of instruction.
15401.10.11	WALDINGER	Instruct operating personnel
15516.14	WORSHAM	8 hours of instruction
15652.29	WALDINGER	Instruction on chillers and cooling tower
16011.6	BRYANT/STARR	Instruction after acceptance as specified in each section of electrical spec
16201.6.2	BRYANT/STARR	2 - 40 hour weeks
16492.5	BRYANT/STARR	3 - 2 hour sessions
16721.4.4	BRYANT/STARR	Instruct designated personnel
16730.7.9	BRYANT/STARR	Demonstrate to designated staff
16740.5.9	BRYANT/STARR	Demonstrate to designated staff
16760.5.9	BRYANT/STARR	Demonstrate to designated staff
16790.9.9	BRYANT/STARR	Demonstrate to designated staff



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

January 14, 1983

Cardinal Contracting Company
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: John Eckhart

*Contract file
punch list items*

Re: Naval Regional Medical Center
Camp Lejeune, NC

Gentlemen:

With reference to your letter of December 23, 1982, all punch list items are now complete on Level 2, Level 4, and Basement areas G & H.

If you have any questions, please do not hesitate to contact us.

Sincerely,

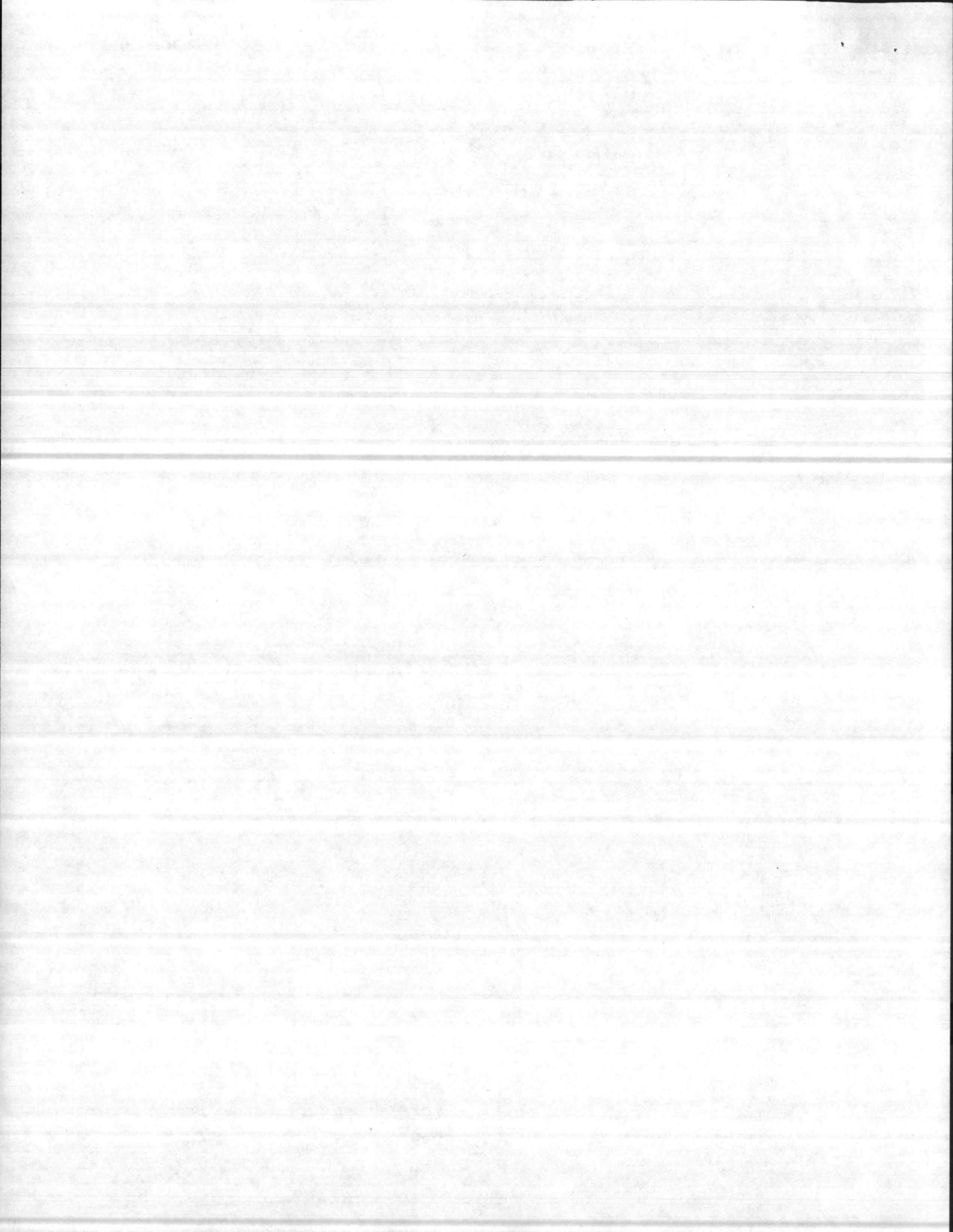
WORSHAM SPRINKLER COMPANY, INC.

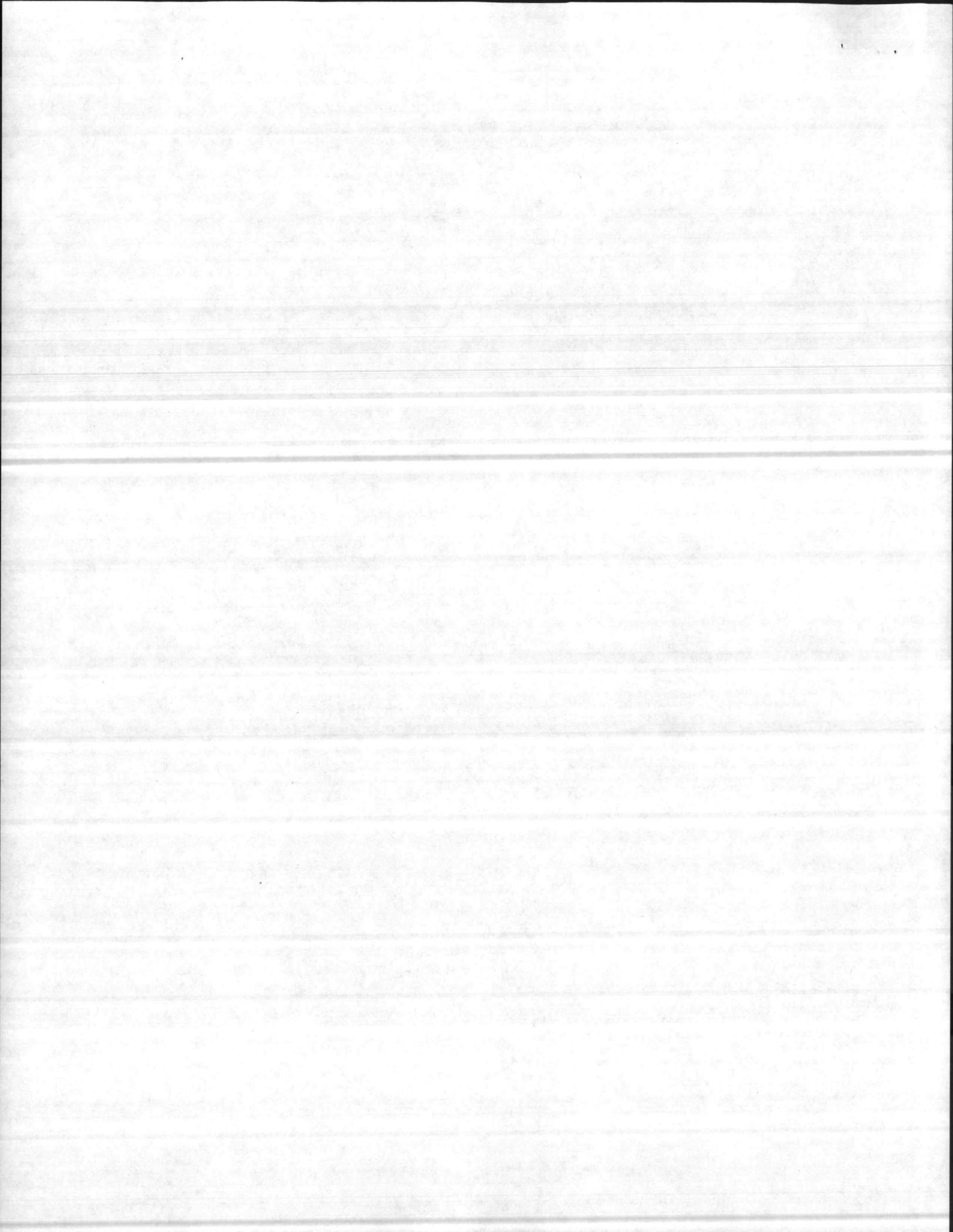
W. D. McRorie

W. D. McRorie

WDM/ld

cc: Cecil Langley
Bill Mangum







DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO.
919-353-3455
IN REPLY REFER TO:
AEY:jj
N62470-77-C-7526
DEC 21 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Sprinkler System

Gentlemen:

On December 16 and 17, 1982, your sprinkler system contractor and Mr. A. Young (ROICC, NRMCC) inspected the subject system to determine what work remains to be completed.

The remaining work is noted on the enclosed sheets and should be completed prior to the formal inspection and acceptance test.

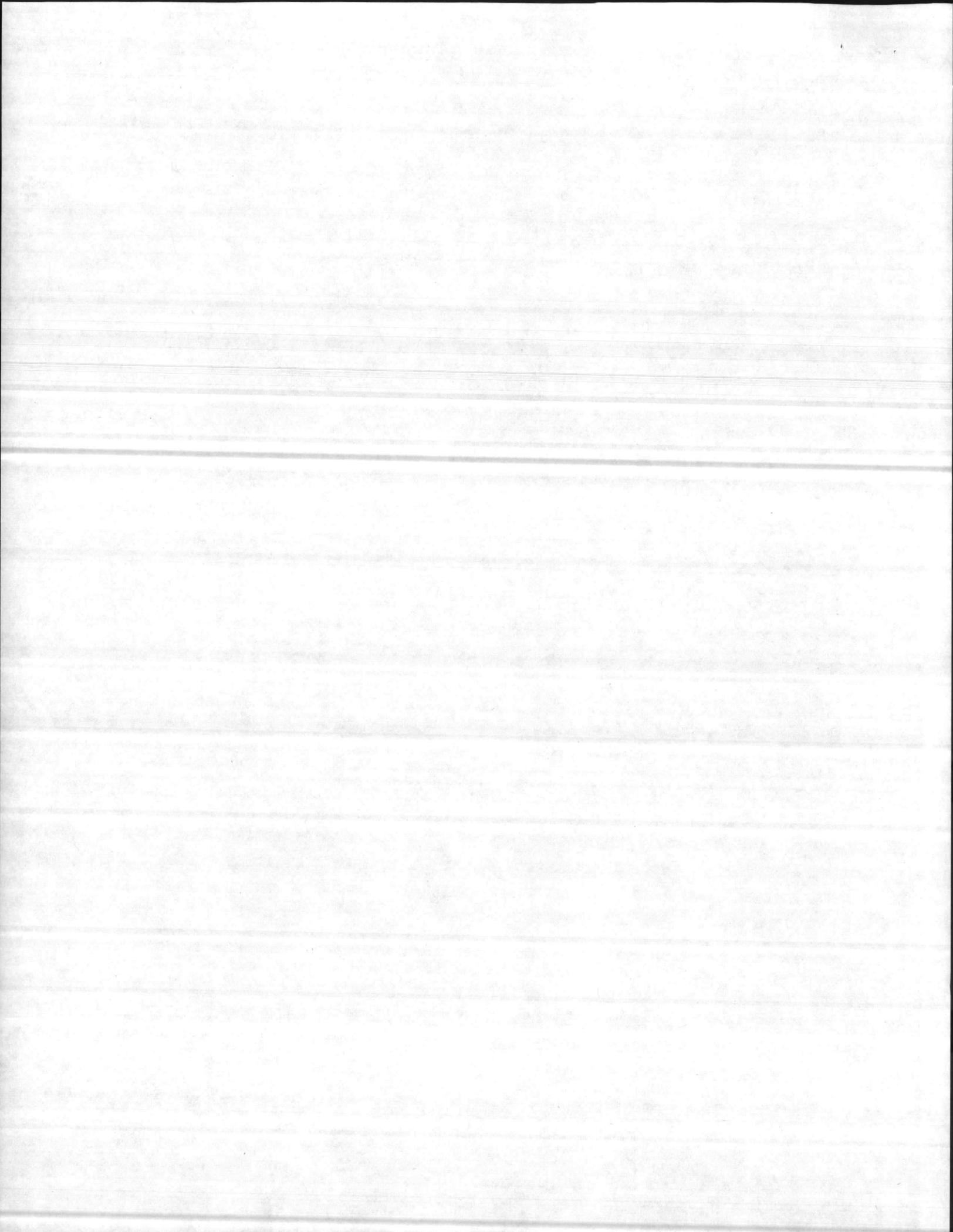
If there are any questions please contact this office.

Sincerely,

R. J. DEGON
CDR, CEC, USN
Deputy

Enclosure

Copy to:
LANTDIV (Code 05) w/o encl

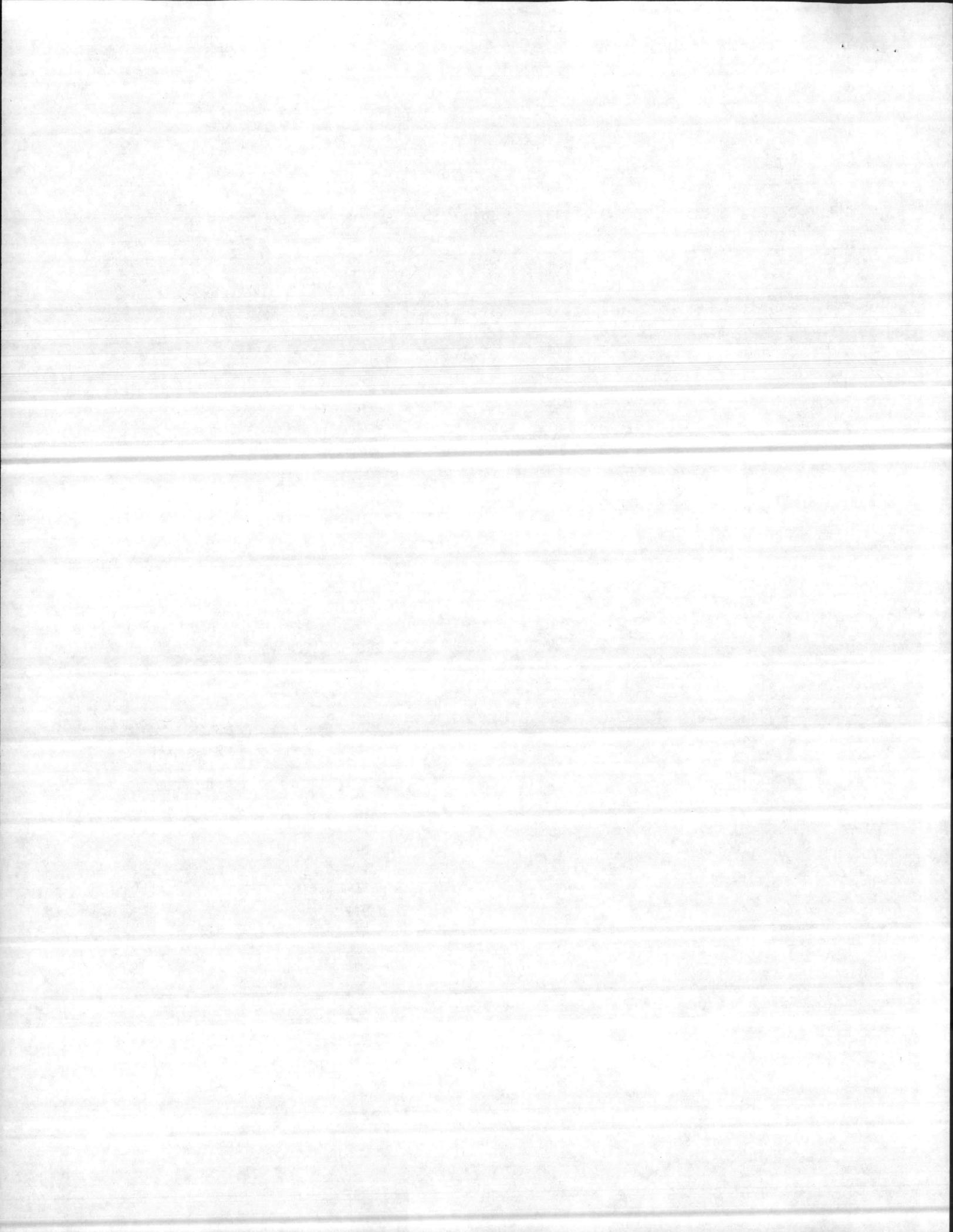


12/16/82

PUNCH LIST - SPRINKLER SYSTEM

GENERAL COMMENTS

1. Complete installation of identification signs at each valve and alarm device.
2. Affix design data name plates to riser of each system.
3. Install cabinet for spare sprinkler heads and head wrench in fire pump room.
4. Submit the certificate similiar to that specified in NFPA-13.



Level 2, Area G & H

Room M215 - Hose Cabinet

clean up
air line - wall plate, seal floor penetration

N240A - Inspector Station

wall plates, paint, anchor piping

N291 - Inspector Station - anchor

deluge system - 4" wall plate, 3/4" wall plate, 45° elbow grd fault trouble
on panel, anchor valve, paint air line

M231A - Hose cabinet

wall plate, clean up

C289 - Deluge

repair velocity check, wall plates, paint air line, paint sprinkler piping,
fill cup, valve wheel, hose valve

N273B - Okay

M214 - Hose cabinet

kickout valve, clean up, wall plate

N206 - Inspector station

wall plate, paint

N261 - Hose cabinet

clean up, needs access panel for divisional valve

Level 1 - Area G & H

M114 - Hose cabinet

kick back valve, glass and handle, clean up, wall plate

N123 - Inspector station

wall plate and anchor

M112 - Inspector station - anchor, wall plate

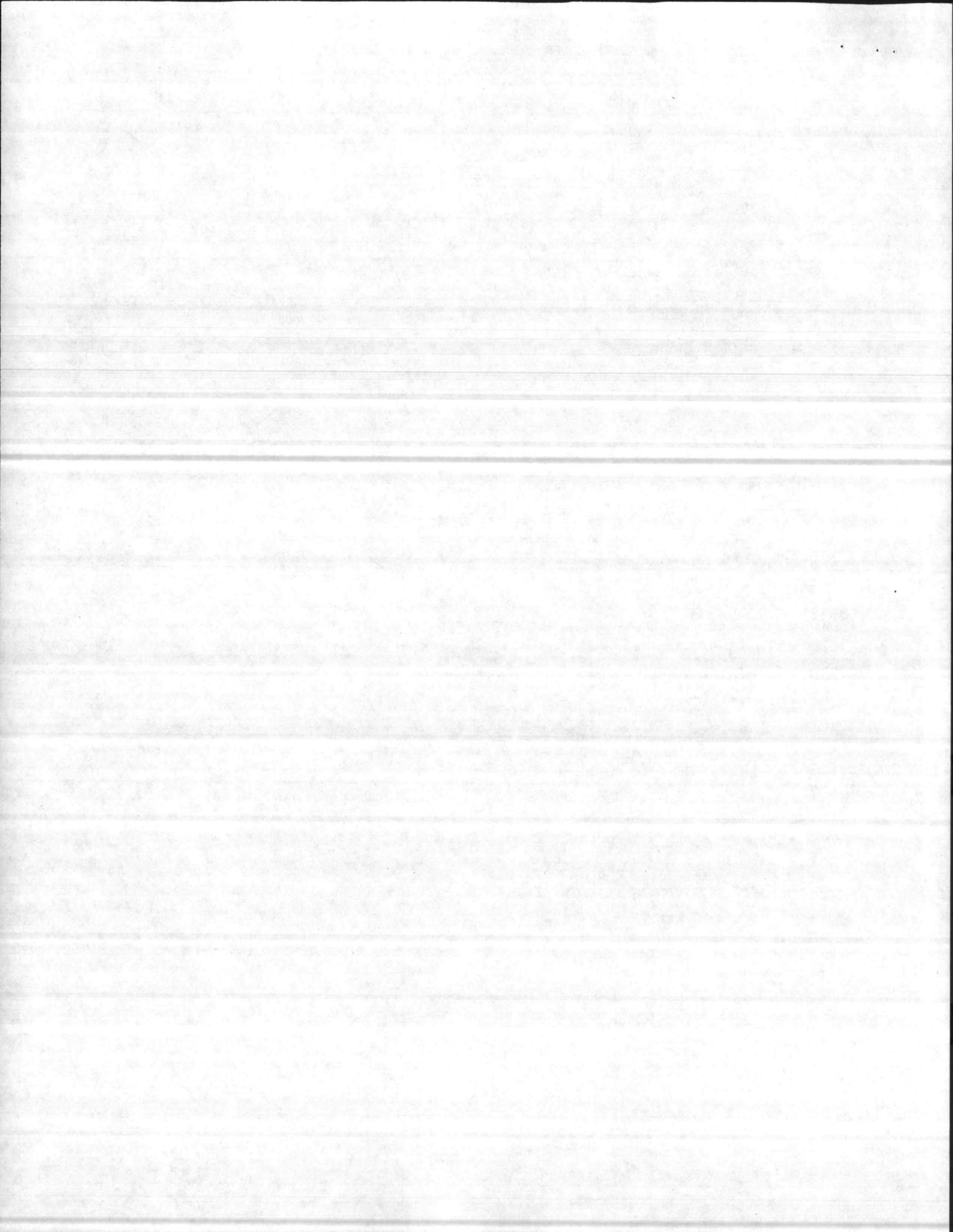
N147 - Dry pipe, Hose Valve

anchor piping, paint air line wall plates
Hose Cabinet - clean up, paint piping

M114 - Inspector station - paint piping, anchor piping

M113A

replace cabinet, wall plate, paint piping



Level 4, Area G & HRoom M-415A

hose cabinet - clean out cabinet
paint 4" pipe

N-472

Anchor inspection station

M413A

hose cabinet, wall plate - clean up

N-452

Inspector - Okay

M-414

Hose cabinet - kick out hose valve, clean up

N-446

Inspector station - wall plates, wall anchor

N-443 (Stairwell)

Repair hose cabinet and clean up

Level 3, Area G & HRoom N363

Hose cabinet - wall plate, clean up

N306D

Inspectors station - paint, wall plate, anchor

M314

hose cabinet - kickout valve, wall plate, clean up

N375

Inspector station - anchor

M313A

Hose cabinet - wall plate, clean up

N393

Inspector station - wall plate, anchor

Deluge system - 3" wall plate, need green airline 1½"-45° elbow - drain line

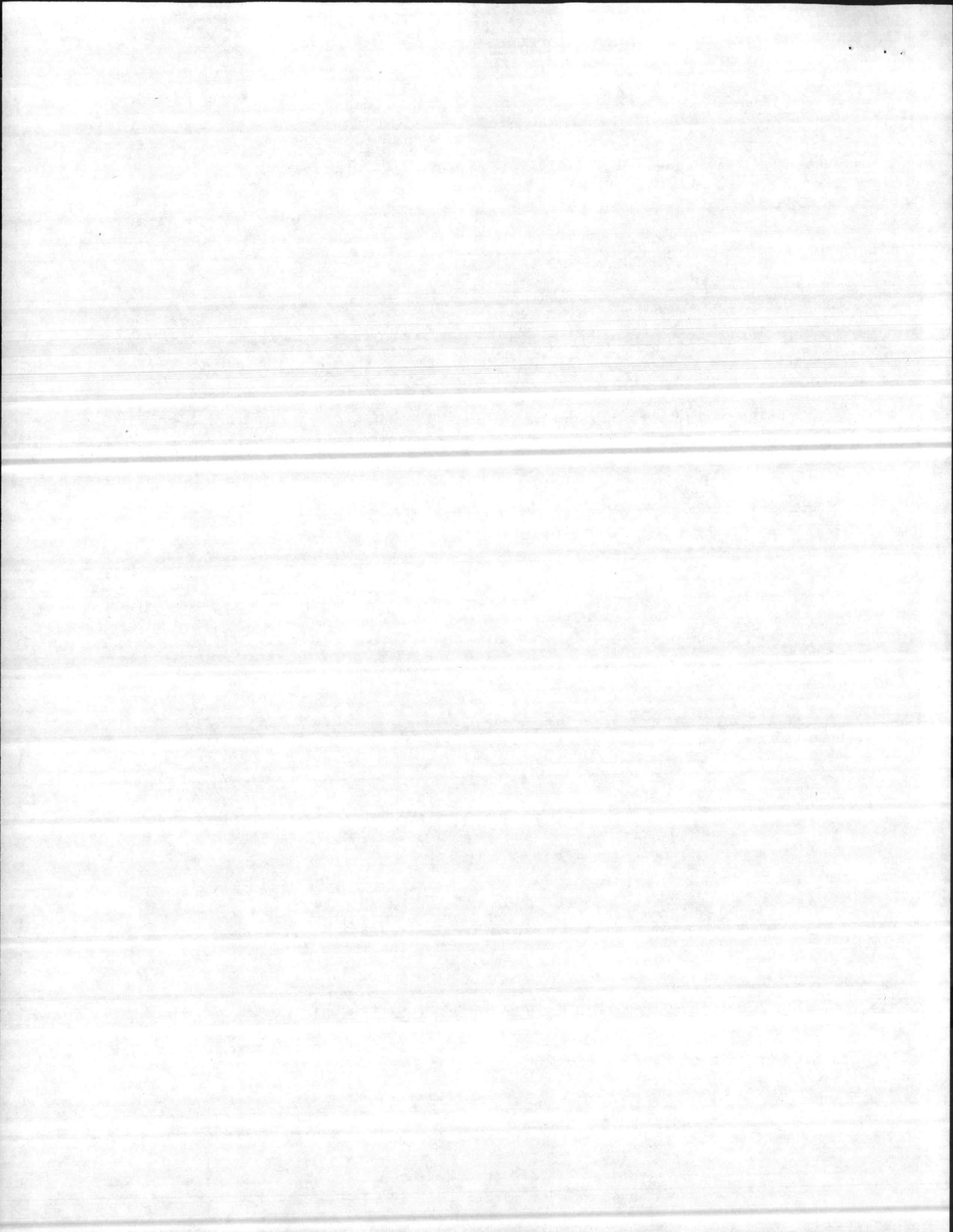
M315

hose cabinet - clean up

air line - paint, wall plate, seal floor penetration

N-339

Inspection station - paint piping



BASEMENT HStairwayN-35

hose cabinet - paint piping, clean up, anchor glass

M013 - Inspector Station

anchor piping, paint piping

anti-freeze loop - pipe stand, fill cup, finish painting

N021 - Inspector Test - paint piping, wall plate

M014 - Hose cabinet - paint piping, paint trim, handle

NO. 12 Stairway - paint sprinkler piping (overhead) at bottom of stairway

BASEMENT D, E

M009 - Deluge and Dry point airline, 6"x6" coverplate - electric box
anchor piping, paint piping

E005 - Fire Pump Room - Inspector station - reanchor piping

M005 - Hose cabinet - paint trim, kickout valve, paint piping

LEVEL 1 - E & F

M110C - Inspector station - Okay

M110 - Deluge - paint air line, anchor piping

E154 - Anti-freeze loop - paint strap

E167 - (near) hose cabinet - trim, door, 2½/1½ hose, paint piping wall plate, clean up
Inspector Test - paint, anchor

M109A - Hose Cabinet - kick out valve, clean up

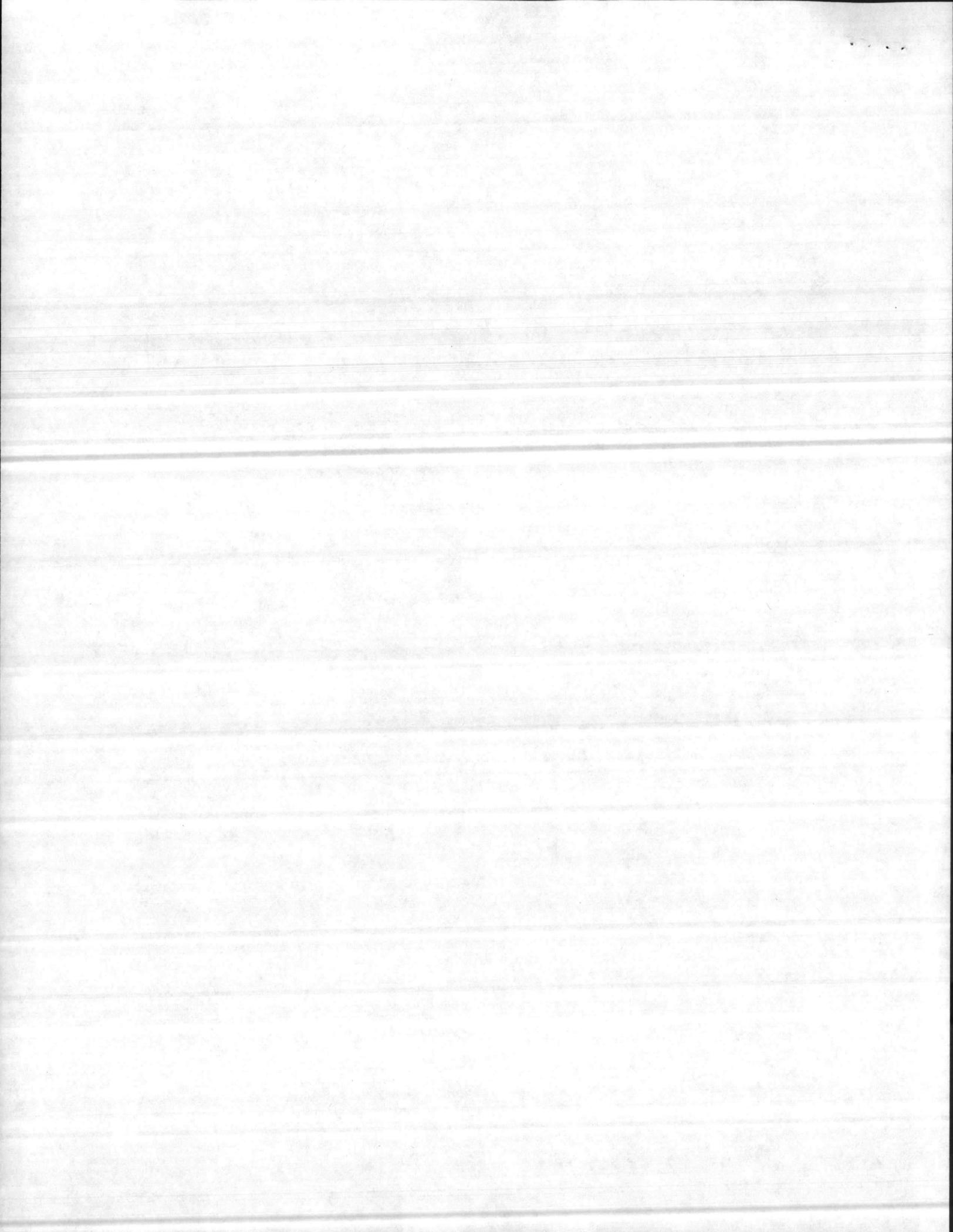
S118 - Inspector Station - anchor piping

M205 - Inspector Station (2C) wall plate, tighten up anchor

M207 - Deluge System - complete dry pipe drain, paint air line green

M208 - Deluge System - anchor air line, reroute press. sw. conduct to behind
sprinkler piping

M209A - Hose cabinet - kick out valve



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

January 13, 1983

Aetna Life and Casualty
Casualty and Surety Division
2309 West Cone Boulevard
Drawer A-1
Greensboro, NC 27405

Re: Water Damage Claim
Camp Lejeune, NC

Subj: Instrument Air Control System
December 4, 1982

Gentlemen:

We have attached a report of an accident at the Naval Regional Medical Center in Camp Lejeune, NC. Our foreman, Cecil Langley, has informed us that this accident was in no way the responsibility or fault of Worsham Sprinkler Company.

We are filing this report to make you aware of a possible claim. If you wish to talk with Cecil Langley, please call the office at 919-996-4191, and we will have him call you as soon as we can get in touch with him on the jobsite.

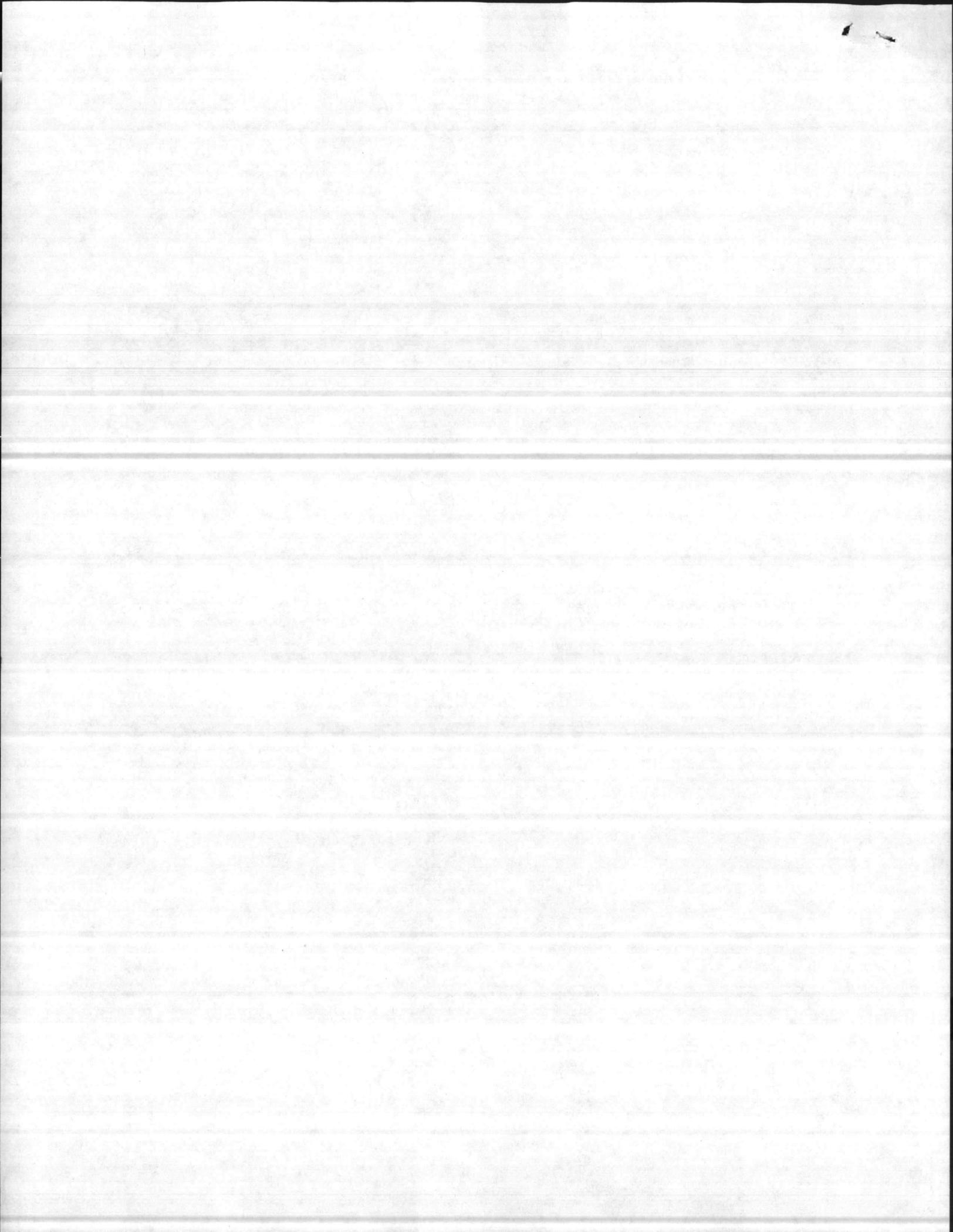
Sincerely,

WORSHAMSPRINKLER COMPANY, INC.



W. D. McRorie

WDM/ld

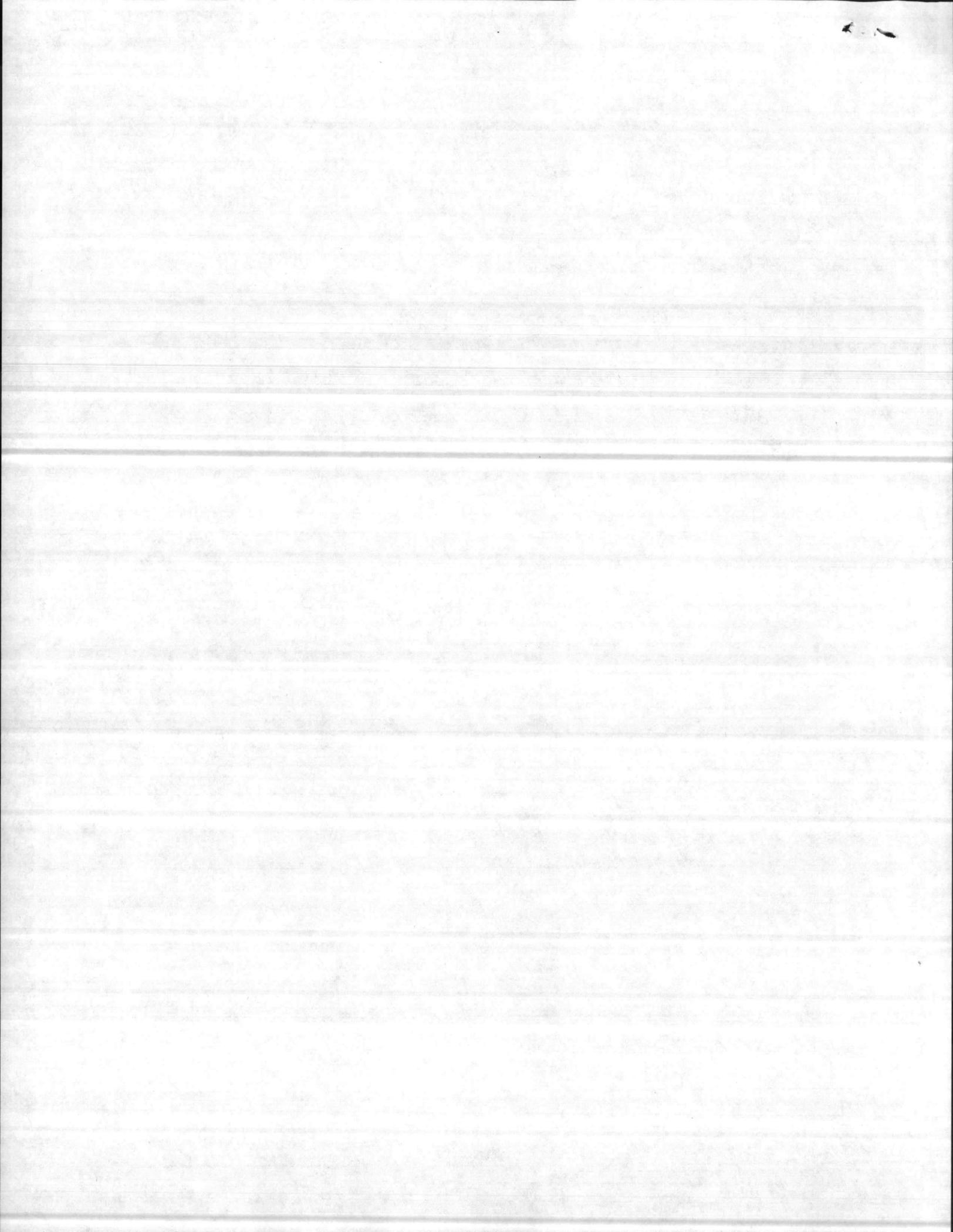




Auto Other Liability Accident Notice

(Inc. Section II Package Policies)

PRODUCER	1 PRODUCER, ADDRESS & PHONE <i>Johnson and Higgins Three Girard Plaza Philadelphia Pa.</i>		(For company use)		CLAIM NO.	
	2 PRODUCER CODE <i>3260</i>		COMPANY <i>Petra C&S</i>		PREVIOUSLY REPORTED? <i>in person to Bill Wornack</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INSURED	3 FULL POLICY NUMBER (Including symbols) <i>04C150 7715RA</i>		POLICY DATES <i>5/26/82-83</i>		MISCELLANEOUS INFORMATION (Site & location codes, etc.) <i>TWC SITE CODE 03-604</i>	
	4 FULL NAME(S) AS APPEARS ON POLICY <i>The Weiland Co/Worsham Sprinkler Co.</i>		5 ADDRESS <i>W.S.C. - P.O. Box 575 Kernersville NC 27284</i>		ZIP <i>27284</i>	BUSINESS PHONE <i>919-996-4191</i>
ACCIDENT	6 WHERE CAN INSURED BE CONTACTED? <i>Same as 5.</i>		WHEN? <i>8:00 AM TO 5:00 PM</i>		POLICE DEPT. TO WHOM REPORTED? <i>None</i>	
	7 DATE & TIME OF ACCIDENT OR LOSS <i>12-4-82</i>		LOCATION OF ACCIDENT (including city & state) <i>Naval Regional Medical Center Camp Lejeune N.C.</i>		DESCRIPTION OF ACCIDENT OR LOSS (Use reverse, if necessary) <i>ANOTHER CONTRACTOR CLAIMS FIRE WATER INTERING HIS INSTRUMENT AIR CONTROL SYSTEM THROUGH W.S.C. DELUSE SYSTEM. WE DO NOT BELIEVE THIS IS CORRECT. FOTHER DETAILS AVAILABLE THRU OUR KERNERSVILLE OFFICE</i>	
POLICY	8 BODILY INJURY		PROPERTY DAMAGE	SINGLE LIMIT <i>1,000,000</i>	MEDICAL PAYMENTS	COMP./DED. <i>10,000</i>
	9 LOSS PAYEE (If none, so indicate)		OTHER COVERAGES (No-fault, Towing, UM, Product Liability, etc.)		COLLISION/DED. <i>10,000</i>	OTHER DED. <i>0-1-75</i>
INSURED VEHICLE	11 VEH. NO. YEAR, MAKE, MODEL		V.I.N. (Vehicle Identification No.)		PLATE NO.	OTHER INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/>
	12 NAME OF OWNER (Check if same as policyholder) -SAME-		ADDRESS (Check if same as policyholder) -SAME-		PHONE	
PROPERTY DAMAGE	13 NAME OF DRIVER (Check if same as owner) -SAME-		AGE	ADDRESS (Check if same as owner) -SAME-		PHONE
	14 RELATION TO INSURED (Employee, Family etc.)		DATE OF BIRTH	DRIVERS LICENSE NUMBER		PURPOSE OF USE
INJURED	15 DESCRIBE DAMAGE		REPAIR ESTIMATE	WHERE CAN CAR BE SEEN? WHEN?		USED WITH PERMISSION YES <input type="checkbox"/> NO <input type="checkbox"/>
	16 OWNER		ADDRESS		PHONE	
CLAIMANT	17 OTHER DRIVER (Check if same as owner) -SAME-		ADDRESS		PHONE	
	18 DESCRIBE PROPERTY (If auto, Make, Year, Plate No.) <i>WATER DAMAGE TO INSTRUMENT AIR CONTROL SYSTEM.</i>		OTHER CAR OR PROPERTY INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NO.	
WITNESS	19 DESCRIBE DAMAGE <i>3RD FLOOR EQUIPMENT ROOM AREA "5" @ HOSPITAL</i>		REPAIR ESTIMATE	WHERE CAN CAR BE SEEN?		AGE
	20 NAME (Include all injured passengers) <i>CECIL LANGLEY</i>		ADDRESS	PHONE	EXTENT OF INJURY	INSURED VEHICLE
REMARKS	21 OCCUPATION		EMPLOYED BY <i>HALDINGER CORP. CAMP LEJEUNE NC</i>		RELATION TO INSURED (Employer, Family, etc.)	
	22 PROBABLE DISABILITY RETURNED TO WORK WEEKS <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES?		INSURED VEHICLE	OTHER VEHICLE
23 NAME (Include all uninjured passengers) <i>CECIL LANGLEY FOREMAN W.S.C.</i>		ADDRESS		PHONE		OTHER
24						
25 REMARKS						
DATE <i>1-3-83</i>		REPORTED BY <i>Cecil Langley</i>		REPORTED TO <i>Leslie Davis</i>		SIGNATURE (Producer, Insured, or Driver) <i>W.D. McBride</i>



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

January 13, 1983

Aetna Life and Casualty
Casualty and Surety Division
2309 West Cone Boulevard
Drawer A-1
Greensboro, NC 27405

Re: Water Damage Claim
Camp Lejeune, NC
Subj: Sterilizer

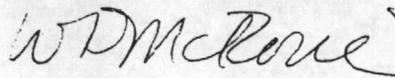
Gentlemen:

We have attached a report of an accident at the Naval Regional Medical Center in Camp Lejeune, NC. Our foreman, Cecil Langley, has informed us that this accident was in no way the responsibility or fault of Worsham Sprinkler. Cardinal Contracting, the general contractor on the job, has also stated that we were not at fault.

We are filing this report to make you aware of a possible claim. If you wish to talk with Cecil Langley, please call the office at 919-996-4191, and we will have him call you as soon as we can get in touch with him on the job site.

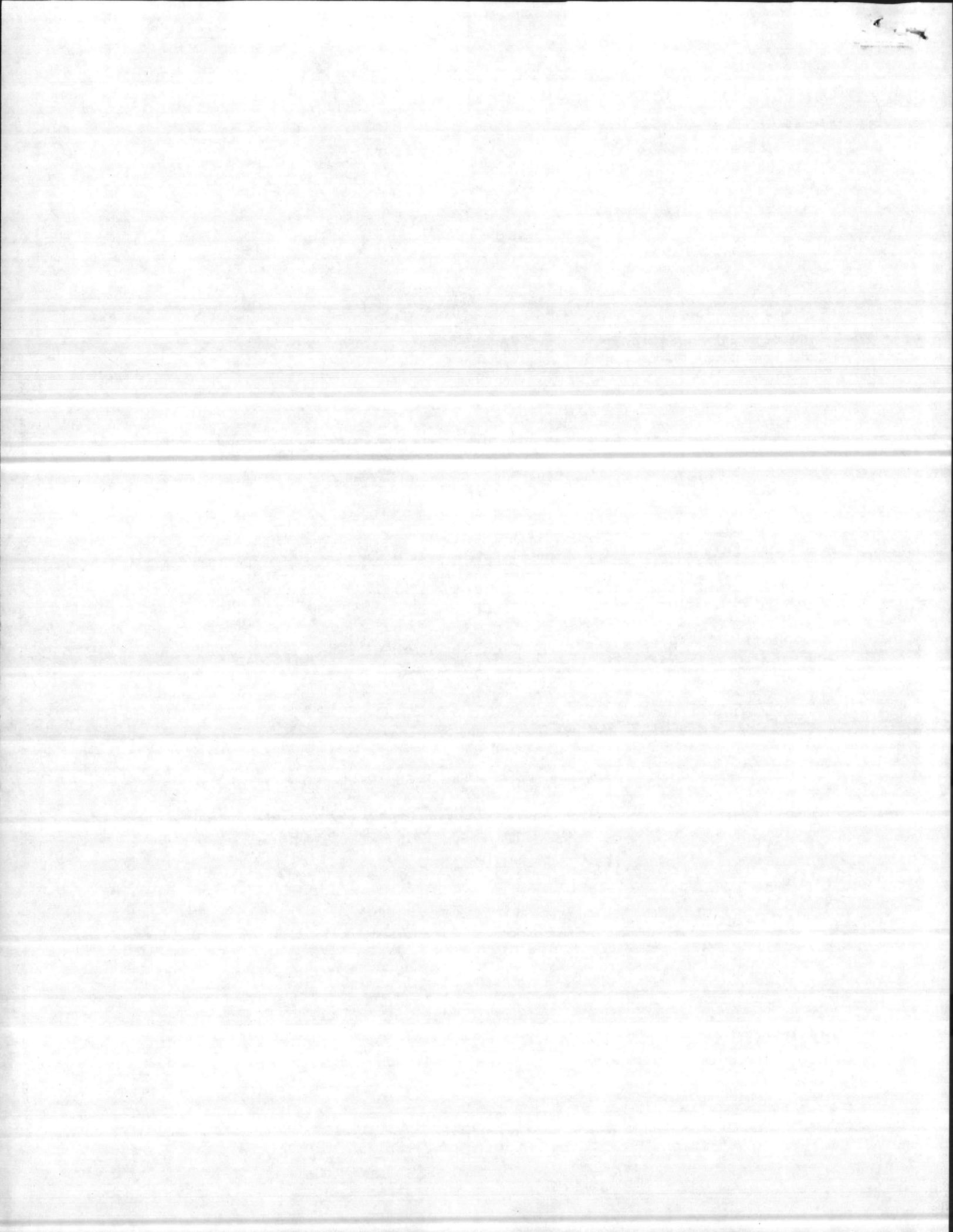
Sincerely,

WORSHAM SPRINKLER COMPANY, INC.



W. D. McRorie

WDM/ld

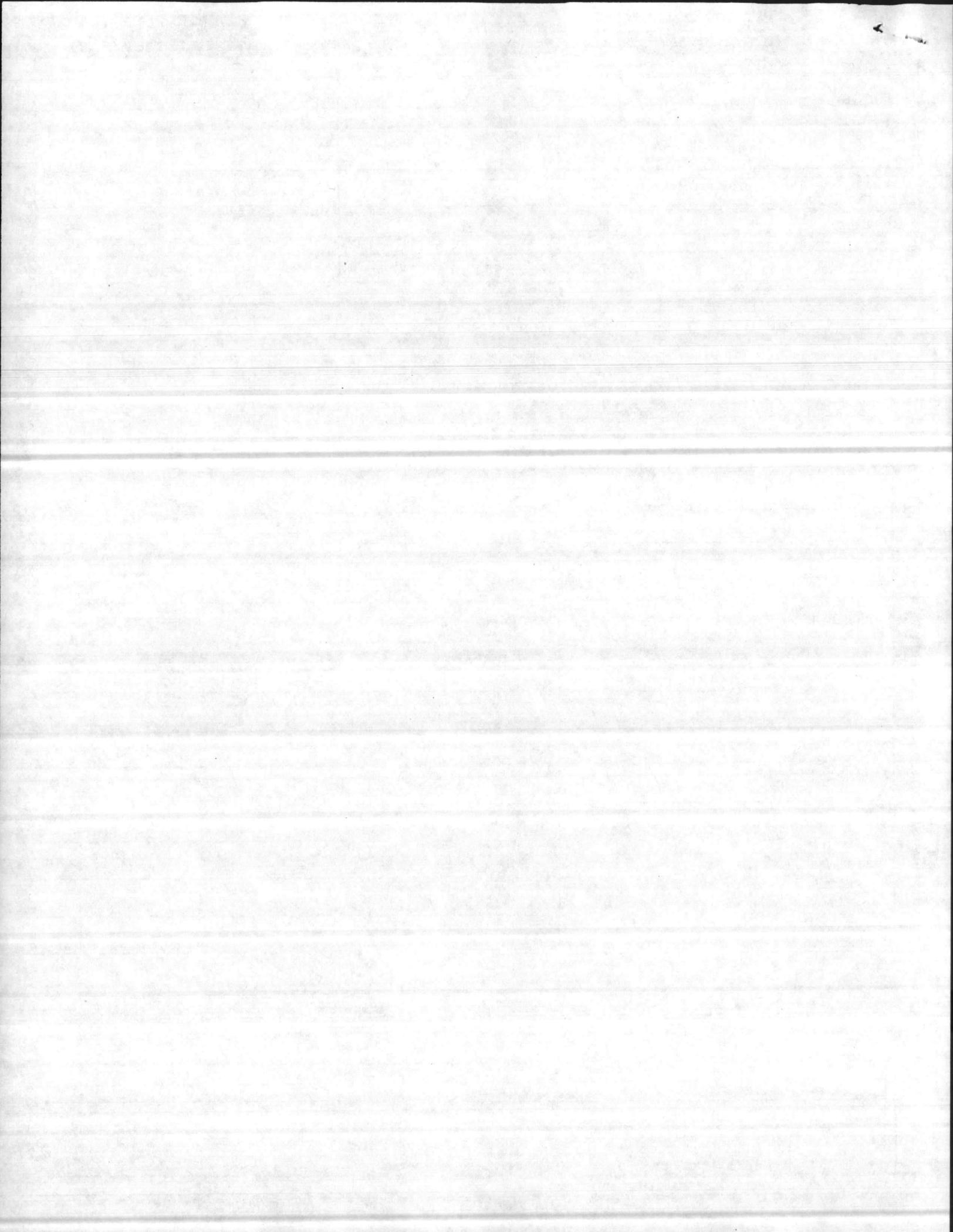




Auto Other Liability Accident Notice

(Inc. Section II Package Policies)

PRODUCER	1 PRODUCER, ADDRESS & PHONE Johnson and Higgins Three Girard Plaza Philadelphia, PA		(For company use)		CLAIM NO.	
	2 PRODUCER CODE 3260		COMPANY Aetna C & S			
INSURED	3 FULL POLICY NUMBER (Including symbols) 04C150771SRA		POLICY DATES 5/26/82-83		PREVIOUSLY REPORTED? <i>In person to Bill Womack</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	4 FULL NAME(S) AS APPEARS ON POLICY The Williard Company/Worsham Sprinkler Company		MISCELLANEOUS INFORMATION (Site & location codes, etc.) TWC site code 03-604			
ACCIDENT	5 ADDRESS Worsham Sprinkler P. O. Box 525 Kernersville NC 27284		ZIP 27284		RESIDENCE PHONE 919-996-4191	
	6 WHERE CAN INSURED BE CONTACTED? WSC Kernersville NC 8:00 AM to 5:00 PM		WHEN? 8:00 AM to 5:00 PM		SPECIAL I.D. OR SOCIAL SECURITY NO.	
POLICY	7 DATE & TIME OF ACCIDENT OR LOSS 1-12-83		A.M. LOCATION OF ACCIDENT (including city & state) Naval Regional Medical Center		P.M. Camp Lejeune, NC	
	8 DESCRIPTION OF ACCIDENT OR LOSS (Use reverse, if necessary) <i>WSC was not doing the testing nor had it installed the sterilizer.</i> Sterilizer was being tested. Door was opened while sterilizer was on, and the steam set off a sprinkler head. Before the water could be shut off, water had run over Area D 1st floor and basement.		POLICE DEPT. TO WHOM REPORTED? none		CAT. #	
INSURED VEHICLE	9 BODILY INJURY		PROPERTY DAMAGE		SINGLE LIMIT	
	10 LOSS PAYEE (If none, so indicate)		OTHER COVERAGES (No-fault, Towing, UM, Product Liability, etc.)		MEDICAL PAYMENTS	
PROPERTY DAMAGE	11 VEH. NO. YEAR, MAKE, MODEL		V.I.N. (Vehicle Identification No.)		PLATE NO.	
	12 NAME OF OWNER (Check if same as policyholder)		ADDRESS (Check if same as policyholder)		OTHER INSURANCE	
INJURED	13 NAME OF DRIVER (Check if same as owner)		AGE		ADDRESS (Check if same as owner)	
	14 RELATION TO INSURED (Employee, Family etc.)		DATE OF BIRTH		DRIVERS LICENSE NUMBER	
CLAIMANT	15 DESCRIBE DAMAGE		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN? WHEN?	
	16 OWNER		ADDRESS		PHONE	
WITNESS	17 OTHER DRIVER (Check if same as owner)		ADDRESS		PHONE	
	18 DESCRIBE PROPERTY (If auto, Make, Year, Plate No.)		OTHER CAR OR PROPERTY INSURED		COMPANY OR AGENCY NAME & POLICY NO.	
INJURED	19 DESCRIBE DAMAGE		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN?	
	20 NAME (Include all injured passengers)		ADDRESS		PHONE	
WITNESS	21 OCCUPATION		EMPLOYED BY		RELATION TO INSURED (Employer, Family, etc.)	
	22 PROBABLE DISABILITY RETURNED TO WORK		WHY ON PREMISES?		INSURED VEHICLE	
WITNESS	23 NAME (Include all uninjured passengers)		ADDRESS		PHONE	
	24					
25 REMARKS						
DATE		REPORTED BY		REPORTED TO		SIGNATURE (Producer, Insured or Driver)
1-13-83		Cecil Langley		Leslie Davis		<i>W. B. Maloney</i>



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

January 13, 1983

Aetna Life and Casualty
Casualty and Surety Division
2309 West Cone Boulevard
Drawer A-1
Greensboro, NC 27405

Re: Water Damage Claim
Camp Lejeune, NC

Gentlemen:

We have attached a report of an accident at the Naval Regional Medical Center in Camp Lejeune, NC. Our foreman, Cecil Langley, has informed us that this accident was in no way the responsibility or fault of Worsham Sprinkler. Cardinal Contracting, the general contractor on the job, has also stated that we were not at fault.

We are filing this report to make you aware of a possible claim. If you wish to talk with Cecil Langley, please call the office at 919-996-4191, and we will have him call you as soon as we can get in touch with him on the job site.

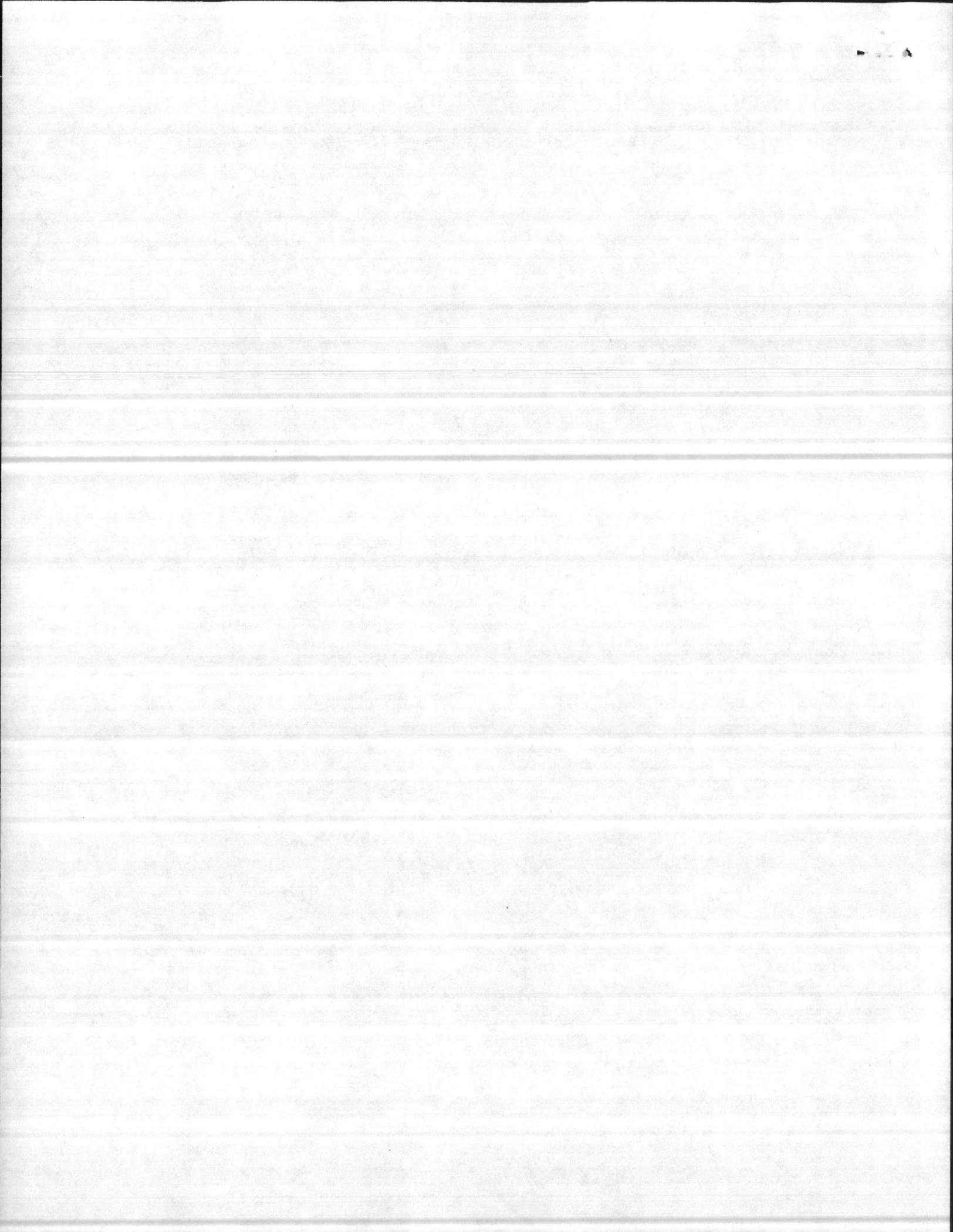
Sincerely,

WORSHAM SPRINKLER COMPANY, INC.



W. D. McRorie

WDM/ld

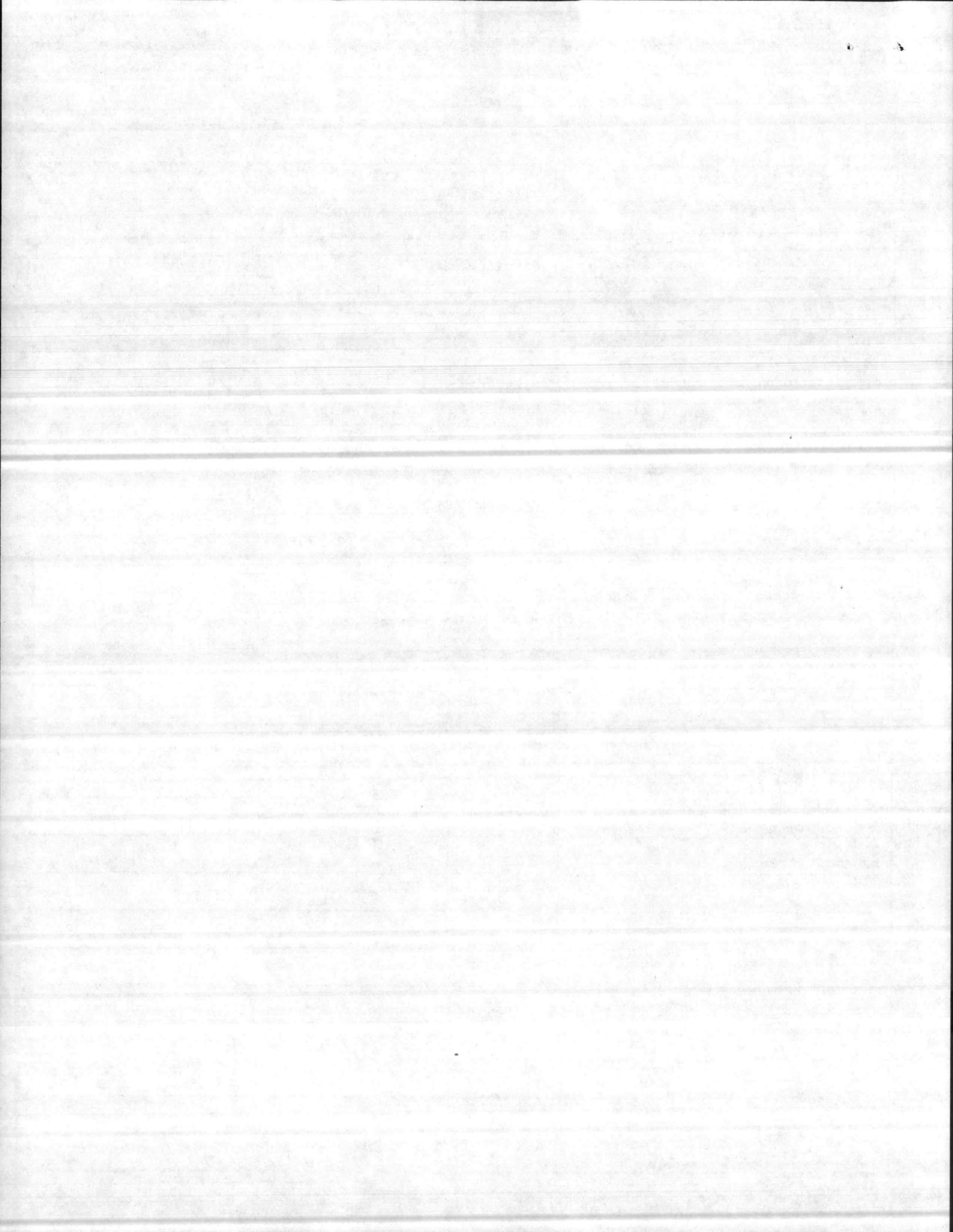




Auto X Other Liability Accident Notice

(Inc. Section II Package Policies)

PRODUCER	1 PRODUCER, ADDRESS & PHONE Johnson and Higgins Three Girard Plaza Philadelphia, PA		(For company use)		CLAIM NO.	
	2 PRODUCER CODE 3260		COMPANY Aetna C & S		PREVIOUSLY REPORTED? In person to Bill Womack <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	3 FULL POLICY NUMBER (Including symbols) 04C150771SRA		POLICY DATES 1/5/26/82-83		MISCELLANEOUS INFORMATION (Site & location codes, etc.) TWC site code 03-604	
INSURED	4 FULL NAME(S) AS APPEARS ON POLICY The Willard Company/Worsham Sprinkler Company		SPECIAL ID. OR SOCIAL SECURITY NO.		RESIDENCE PHONE (S) 919-996-4191	
	5 ADDRESS Worsham Sprinkler P. O. Box 525 Kernersville NC 27284		ZIP		BUSINESS PHONE	
	6 WHERE CAN INSURED BE CONTACTED? WSC Kernersville NC 8:00 AM to 5:00 PM		WHEN?			
ACCIDENT	7 DATE & TIME OF ACCIDENT OR LOSS 1-12-83		LOCATION OF ACCIDENT (Including city & state) Naval Regional Medical Center Camp Lefeuve, NC		POLICE DEPT. TO WHOM REPORTED? none	
	8 DESCRIPTION OF ACCIDENT OR LOSS (Use reverse, if necessary) sterilizer was being tested. Door was opened while sterilizer was on, and the steam set off a sprinkler head. Before the water could be shut off, water had run over Area D 1st floor and basement.		PRIOR ACCIDENTS OR LOSSES? (MASS. ONLY) <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE ON LINE 25)		CAT. #	
	9 BODILY INJURY		PROPERTY DAMAGE		SINGLE LIMIT 1,000,000	
10 LOSS PAYEE (If none, so indicate)		MEDICAL PAYMENTS		COMP./DED. 10,000		
11 VEH. NO. YEAR, MAKE, MODEL		V.I.N. (Vehicle Identification No.)		COLLISION/DED. 10,000		
12 NAME OF OWNER (Check if same as policyholder) -SAME-		ADDRESS (Check if same as policyholder) -SAME-		OTHER INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/>		
13 NAME OF DRIVER (Check if same as owner) -SAME-		AGE		PHONE		
14 RELATION TO INSURED (Employee, Family etc.)		DATE OF BIRTH		DRIVERS LICENSE NUMBER		
15 DESCRIBE DAMAGE		PURPOSE OF USE		USED WITH PERMISSION YES <input type="checkbox"/> NO <input type="checkbox"/>		
16 OWNER		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN? WHEN?		
17 OTHER DRIVER (Check if same as owner) -SAME-		ADDRESS		PHONE		
18 DESCRIBE PROPERTY (If auto, Make, Year, Plate No.) water damage to 1st floor and basement Area D		OTHER CAR OR PROPERTY INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NO.		
19 DESCRIBE DAMAGE		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN?		
20 NAME (Include all injured passengers)		ADDRESS		PHONE		
21 OCCUPATION		EMPLOYED BY		RELATION TO INSURED (Employer, Family, etc.)		
22 PROBABLE DISABILITY RETURNED TO WORK WEEKS <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES?		INSURED VEHICLE		
23 NAME (Include all uninjured passengers) Cecil Langley, Foreman WSC		ADDRESS		PHONE		
24						
25 REMARKS						
DATE 1-13-83		REPORTED BY Cecil Langley		REPORTED TO Leslie Davis		
				SIGNATURE (Producer, Insured or Driver) <i>W.D. McHenry</i>		



Company	Division	Location
The Williard Company/Worsham Sprinkler Company		1355 S Park Drive Kernersville NC

An accident is an unintended occurrence that caused or could have caused personal injury or material damage.

Person(s) involved in the accident:		
Naval Regional Medical Center Camp Lejeune, NC		
Department or Trade:	Date:	Time:
	1-12-83	

Description of accident <i>(including nature of injury and material damage, if any)</i> Sterilizer was being tested. Door was opened while sterilizer was on, and the steam set off a sprinkler head. Before the water could be shut off, water had run out on two floors of the hospital.

Indicate any additional injury or material damage that could have occurred
--

Primary Cause <i>(Condition or act that caused the accident)</i>	Recommended corrective action: Check if completed <div style="text-align: right;"><input type="checkbox"/></div>
--	--

Secondary Cause(s) <i>(Other acts or conditions that contributed to the accident)</i>	Recommended corrective action: Check if completed <div style="text-align: right;"><input type="checkbox"/></div> <div style="text-align: right;"><input type="checkbox"/></div> <div style="text-align: right;"><input type="checkbox"/></div>
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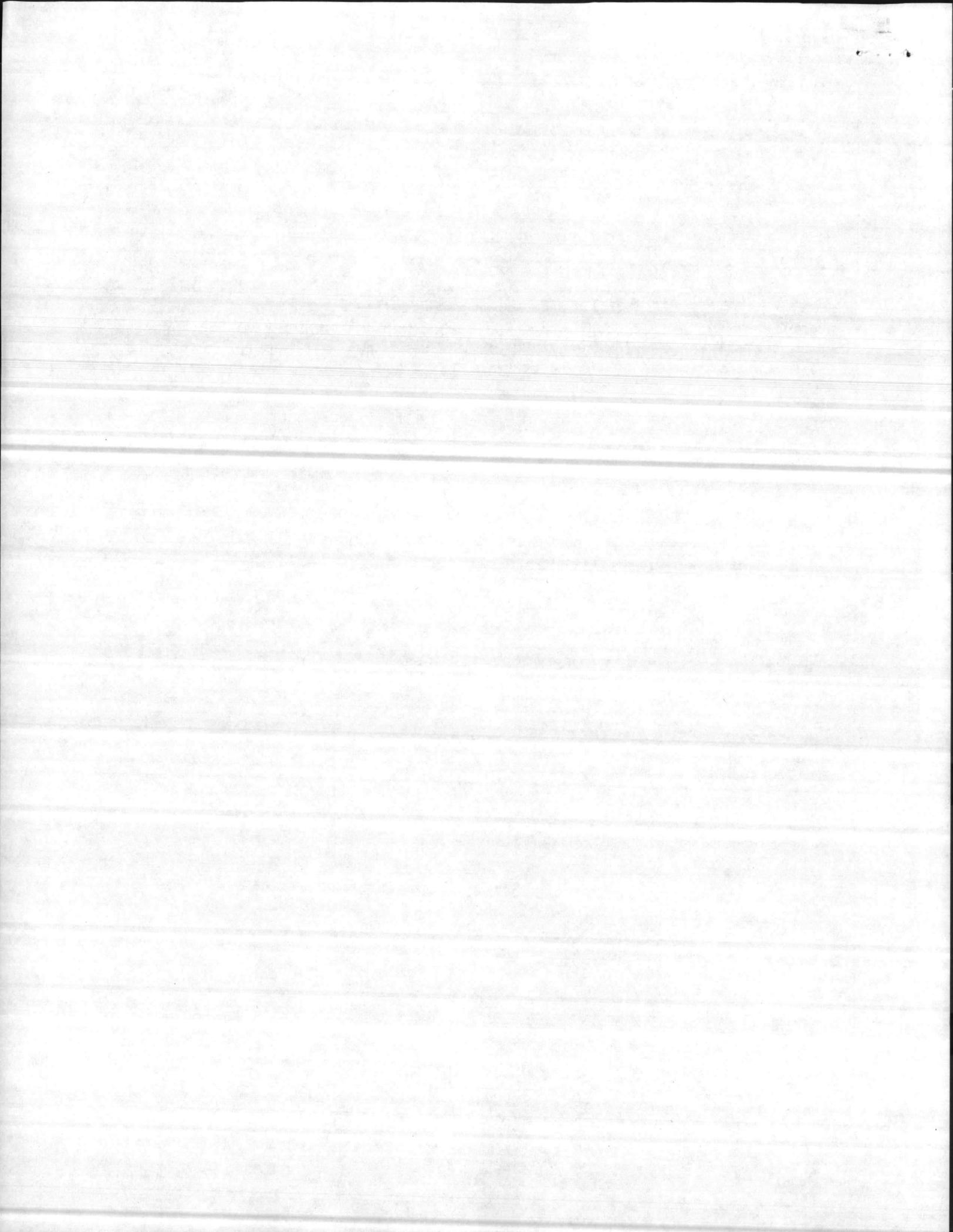
A thorough investigation will reveal other conditions or acts that could have but did not cause this accident. Report them and the necessary corrective action.

Other possible causes:	Recommended corrective action: Check if completed <div style="text-align: right;"><input type="checkbox"/></div> <div style="text-align: right;"><input type="checkbox"/></div> <div style="text-align: right;"><input type="checkbox"/></div>
------------------------	--

Signature of Supervisor *WDMcRoneled*

Date: 1-13-83

Date:

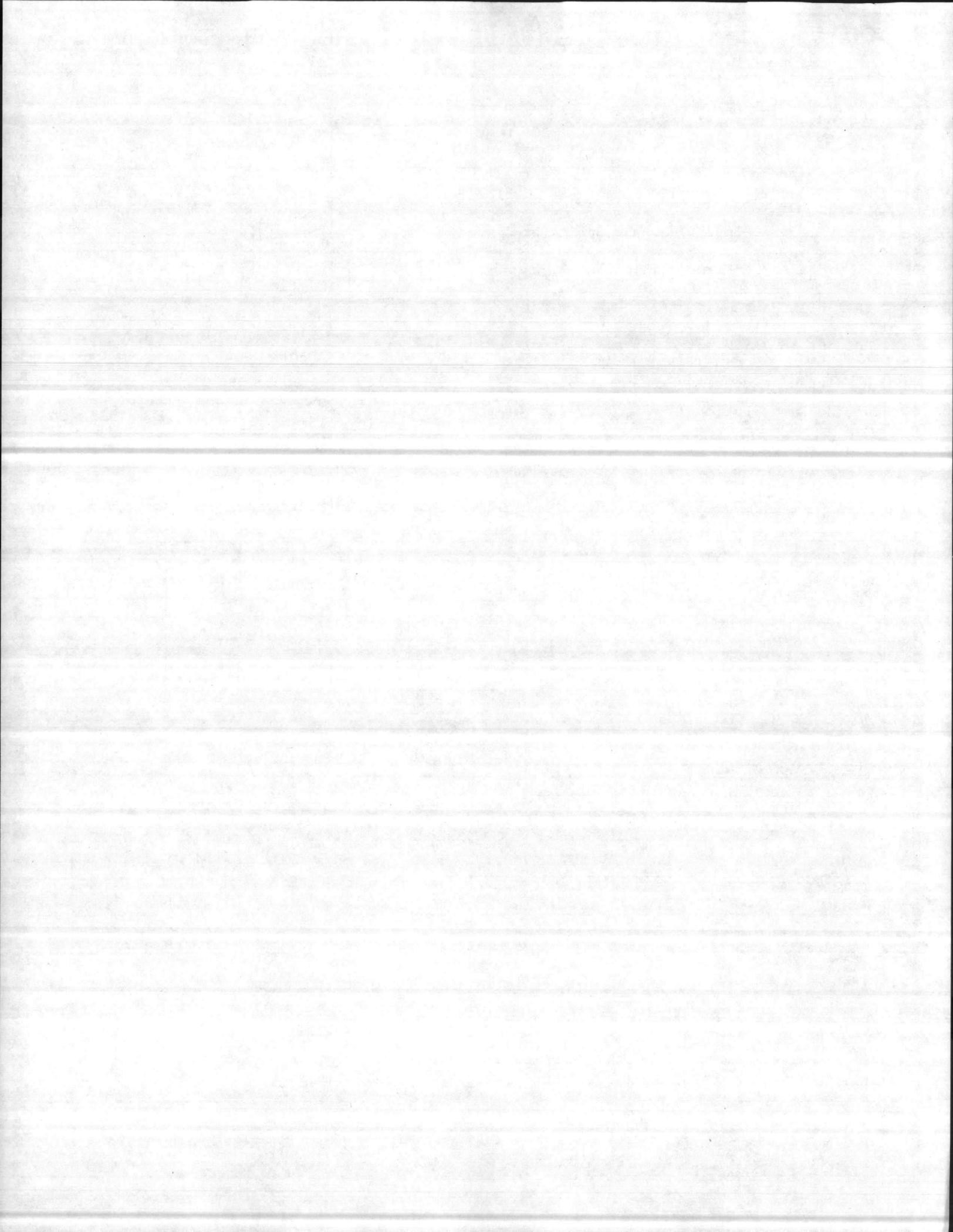




Auto Other Liability Accident Notice

(Inc. Section II Package Policies)

PRODUCER	1 PRODUCER, ADDRESS & PHONE Johnson and Higgins of PA, Inc. Three Girard Plaza Philadelphia, PA 19102		(For company use)		CLAIM NO.	
	2 PRODUCER CODE 3260		COMPANY Aetna C & S		PREVIOUSLY REPORTED? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	3 FULL POLICY NUMBER (Including symbols) 04GL237660SRA & 04AL315965SRA		POLICY DATES 5/26/82 - 5/26/83		MISCELLANEOUS INFORMATION (Site & location codes, etc.) SITE CODE 03-604	
INSURED	4 FULL NAME(S) AS APPEARS ON POLICY The Williard Company/Worsham Sprinkler Company of NC				SPECIAL I.D. OR SOCIAL SECURITY NO.	
	5 ADDRESS P. O. Box 525 Kernersville, NC 27284				RESIDENCE PHONE 919-996-4191	
	6 WHERE CAN INSURED BE CONTACTED? Call Bill Mangum at office 8am-5pm Monday - Friday				WHEN?	
ACCIDENT	7 DATE & TIME OF ACCIDENT OR LOSS October 18, 1982 12noon		LOCATION OF ACCIDENT (including city & state) Camp Lejeune, NC Naval Regional Medical Center		POLICE DEPT. TO WHOM REPORTED? n/a	
	8 DESCRIPTION OF ACCIDENT OR LOSS (Use reverse, if necessary) 3" Victaulic coupling on an ell blew off in Corridor E100B, Area E, 1st floor of the Naval Regional Medical Center. Pipe was running above the ceiling. We were aware of the damage when the water began leaking thru the ceiling					CAT. #
						PRIOR ACCIDENTS OR LOSSES? (MASS. ONLY) <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE ON LINE 25)
POLICY	9 BODILY INJURY		PROPERTY DAMAGE		SINGLE LIMIT 1,000,000.	
	10 LOSS PAYEE (If none, so indicate)		MEDICAL PAYMENTS		COMP./DED. 10,000	
INSURED VEHICLE	11 VEH. NO. YEAR, MAKE, MODEL n/a		V.I.N. (Vehicle Identification No.)		PLATE NO.	
	12 NAME OF OWNER (Check if same as policyholder) -SAME-		ADDRESS (Check if same as policyholder) -SAME-		OTHER INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/>	
	13 NAME OF DRIVER (Check if same as owner) -SAME-		AGE		ADDRESS (Check if same as owner) -SAME-	
	14 RELATION TO INSURED (Employee, Family etc.)		DATE OF BIRTH		DRIVERS LICENSE NUMBER	
	15 DESCRIBE DAMAGE		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN? WHEN?	
PROPERTY DAMAGE	16 OWNER U S Navy		ADDRESS Camp Lejeune, NC		PHONE	
	17 DESCRIBE PROPERTY (If auto, Make, Year, Plate No.) -SAME- 15-20 ceiling tiles in hallway of Corridor E100B, Area E, 1st floor.		ADDRESS		PHONE	
	18 DESCRIBE PROPERTY (If auto, Make, Year, Plate No.) of Corridor E100B, Area E, 1st floor.		OTHER CAR OR PROPERTY INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NO.	
INJURED	19 DESCRIBE DAMAGE water damage		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN?	
	20 NAME (Include all injured passengers)		ADDRESS		PHONE	
	21 OCCUPATION		EMPLOYED BY		RELATION TO INSURED (Employer, Family, etc.)	
WITNESS	22 PROBABLE DISABILITY WEEKS <input type="checkbox"/> YES <input type="checkbox"/> NO		RETURNED TO WORK		WHY ON PREMISES?	
	23 NAME (Include all uninjured passengers) Joel W. Hathcock		ADDRESS c/o Worsham Sprinkler Company		PHONE 919-996-4191	
24		1355 S Park Drive Kernersville, NC 27284				
25 REMARKS						
DATE 10-20-82		REPORTED BY Bill Mangum		REPORTED TO W.D. McBrie		SIGNATURE (Producer, Insured or Driver) W.D. McBrie



LOSS CONTROL

CLAIM STATUS SUMMARY - LIABILITY

Auto Liability

General Liability

Products Liability

USE OF THIS REPORT: THIS REPORT SHOULD BE COMPLETED BY THE COMPANY/DIVISION LOSS CONTROL REPRESENTATIVE FOR EACH FOLLOW-UP CONTACT WITH THE INSURANCE COMPANY CLAIM REPRESENTATIVE. THE CLAIM REPRESENTATIVE SHOULD BE REQUESTED TO "PULL THE CLAIM FILE" BEFORE ATTEMPTING TO PROVIDE ANSWERS. REFER TO THE CLAIM MANAGEMENT SECTION OF THE CLAIM REPORTING PROCEDURES INSTRUCTION MANUAL FOR ADDITIONAL INFORMATION.

Company/Division: WORSHAM SPRINKLER COMPANY/NC TWC SITE: 03-604

Date of Accident: _____ Claimant: _____

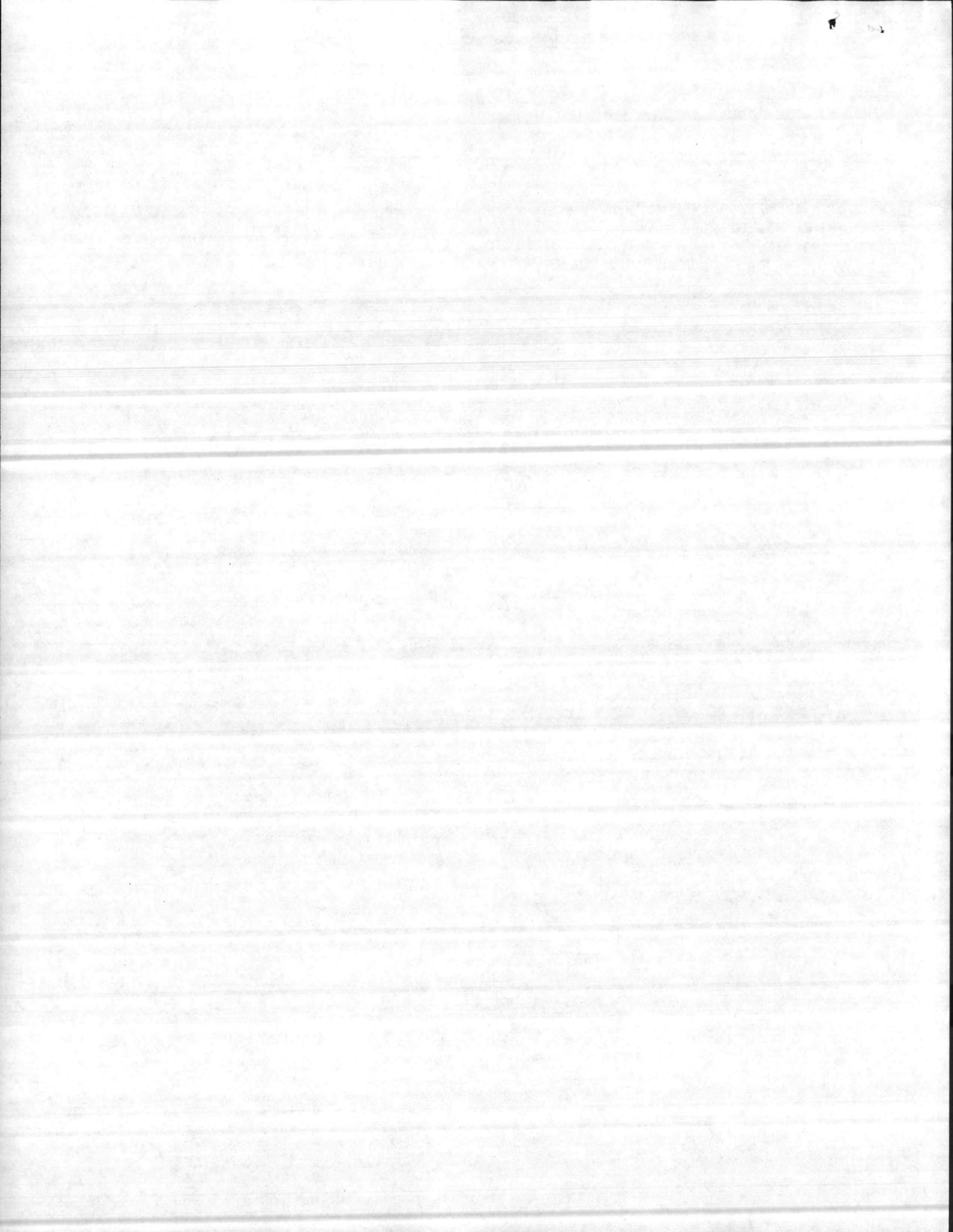
Location of Accident: NAVAL REGIONAL MEDICAL CENTER CAMP LEJEUNE

Description of Accident: 3" VICI AULIC COUPLING ON EHL BLEW (N.C.)
OFF. CAUSED BY PRESSURE ON SYSTEM. 1ST FLOOR AREA
E CORR FLOOR

Describe Injury and/or Damage: WATER DAMAGE TO 15-20 CEILING TILES
IN HALLWAY

Insurance Claim # _____ & na Claim Office: _____

1. Has the insurance company (or their representative) conducted an investigation?
 Yes No -- If no, explain _____
2. Does the insurance company consider their investigation complete? Yes No
If no, describe what needs to be done and expected completion dates _____
3. Has an investigation been conducted by the police or other authority? Yes No
If yes, describe findings. If no, explain _____
4. Has liability clearly been determined to be our responsibility? Yes No
Why? _____
5. Is Aetna pursuing indemnity against other parties involved in the accident? Yes
 No -- If yes, on what basis? _____



6. Has the claimant retained an attorney or instituted legal action? Yes No
If yes, describe the action, the date instituted, the settlement demand, and the current status including hearing or trial dates _____

7. What is the current status of negotiations, and what settlement attempts has the insurance company made to date? _____

8. When does the insurance company expect: a. Final resolution? _____
b. File closing? _____

9. What are the current reserves as of today?
a. BI \$ _____ b. PD \$ _____ c. Exp \$ _____

10. What are the total paid amounts to date?
a. BI \$ _____ b. PD \$ _____ c. Exp \$ _____

11. Ask the claim representative: a. What is the current FLV (full liability value)?
\$ _____ b. What is the current COSD (chance of successful
defense? _____ %.

12. Source of information -- complete line A for all reports. If more than one person contributed information for this report, identify each of them and code their responses with the appropriate letter.

A	_____	_____	_____
	Name	Company	Date
B	_____	_____	_____
	Name	Company	Date
C	_____	_____	_____
	Name	Company	Date

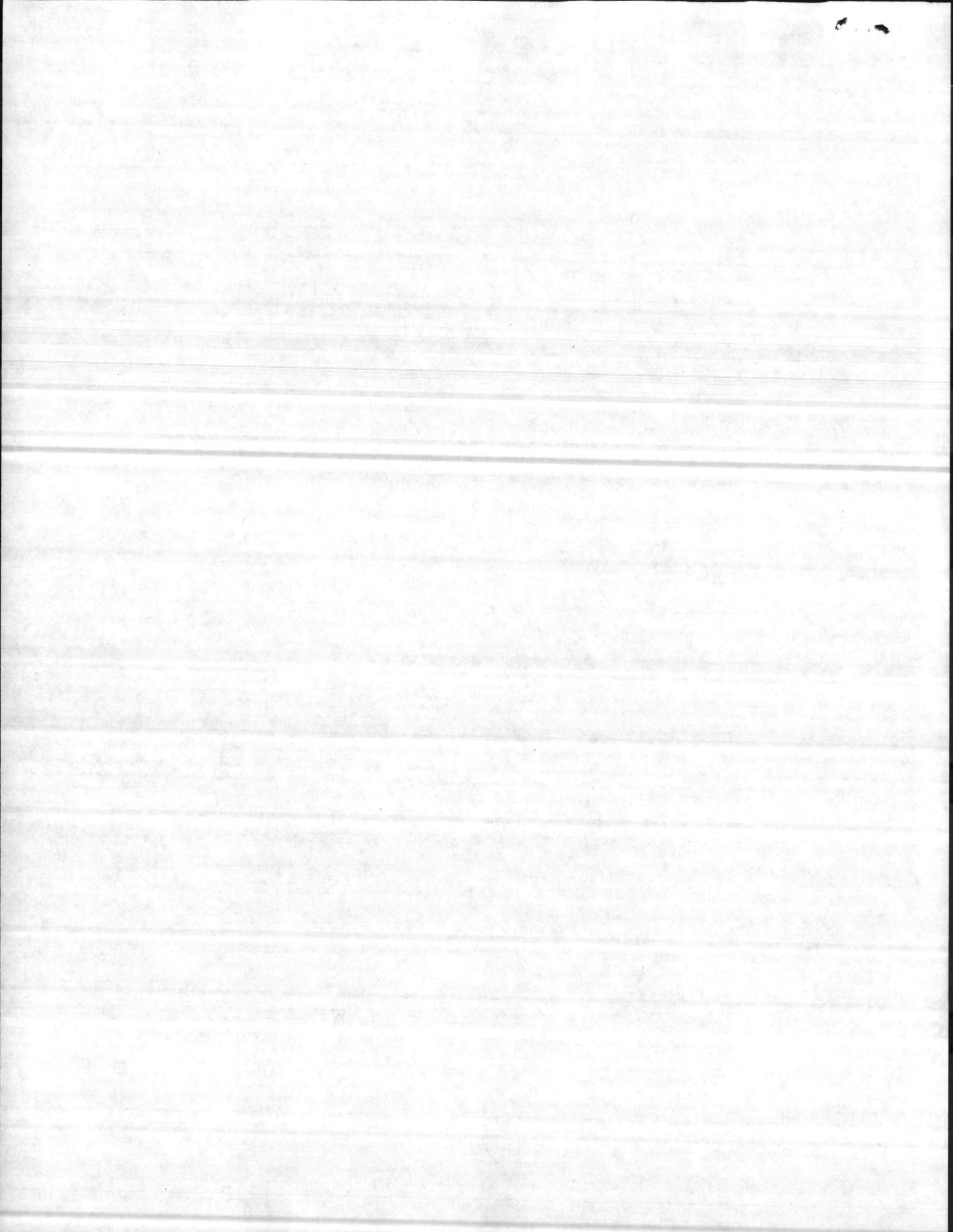
13. What date have you established for your next follow-up? _____

14. Specific items to be pursued in your next follow-up _____

15. Remarks, other questions, etc. _____

Signature - Loss Control Representative _____ Date _____ 19, _____

DISTRIBUTION: Company/Division Claim File





CARDINAL

Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803-254-9064

PLEASE ADDRESS REPLY TO:
P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

January 5, 1983

Worsham Sprinkler
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Fire Protection System

Gentlemen:

This will confirm our telephone conversation of Wednesday, January 5, 1983, on the referenced subject.

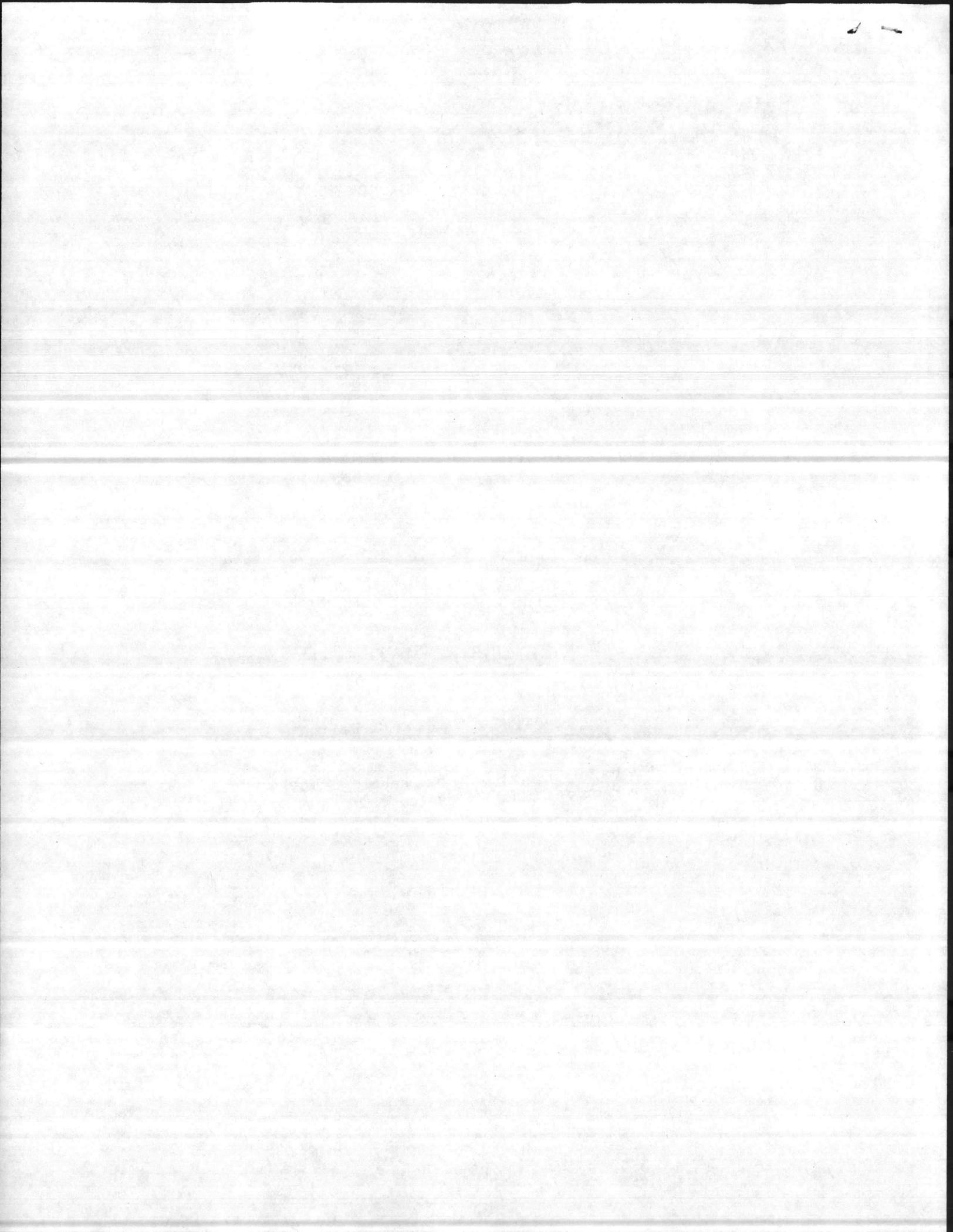
Your personnel will be on site at 8:30 on January 12, 1983, to test the fire protection sprinkler system with the Navy's fire marshall.

Yours very truly,

John Eckhart
John Eckhart
Project Engineer

JE:km
cc: Dallas Office
Columbia Office

REC.	JAN - 7 1983
To	Date
<i>Notified B.M.</i>	
<i>and ceil 1-7-83</i>	
<i>BME</i>	
<i>Contract</i>	



January 5, 1983

Worsham Sprinkler
P.O. Box 222
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Fire Protection System

Gentlemen:

This will confirm our telephone conversation of Wednesday,
January 5, 1983, on the referenced subject.

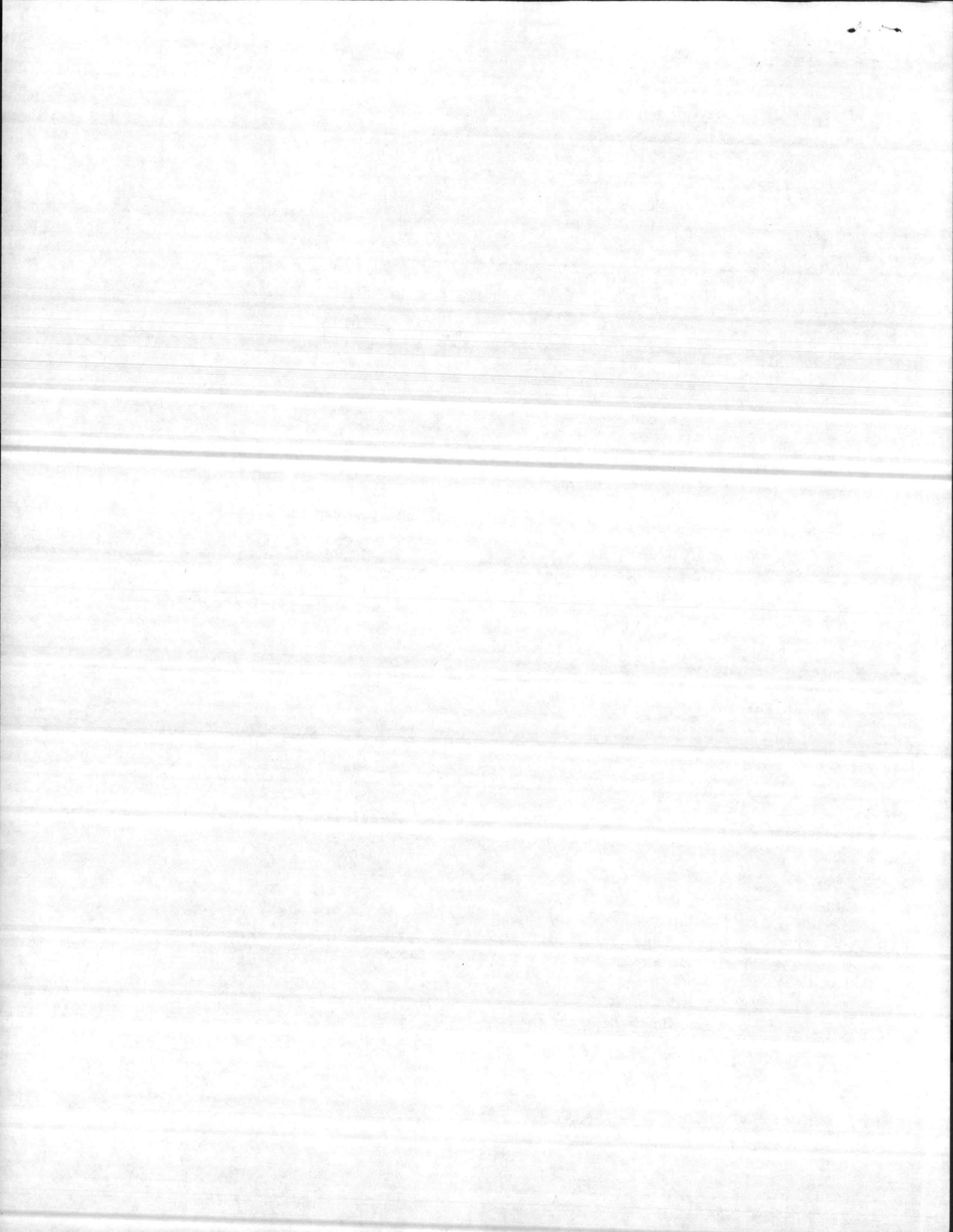
Your personnel will be on site at 8:30 on January 12, 1983,
to test the fire protection sprinkler system with the Navy's
fire marshall.

Yours very truly,

CARDINAL CONTRACTING COMPANY, INC.

John Eckhart
Project Engineer

JE:km
cc: Dallas Office
Columbia Office



Held - B.M. to notify



CARDINAL

Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803 - 254-9064

PLEASE ADDRESS REPLY TO:
P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

January 3, 1983

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: W. D. McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Sprinkler System

Gentlemen:

Enclosed you will find correspondence from the Deputy Resident Officer in Charge of Construction dated December 21, 1982, subject as above.

Please provide written confirmation when the referenced deficiencies have been corrected.

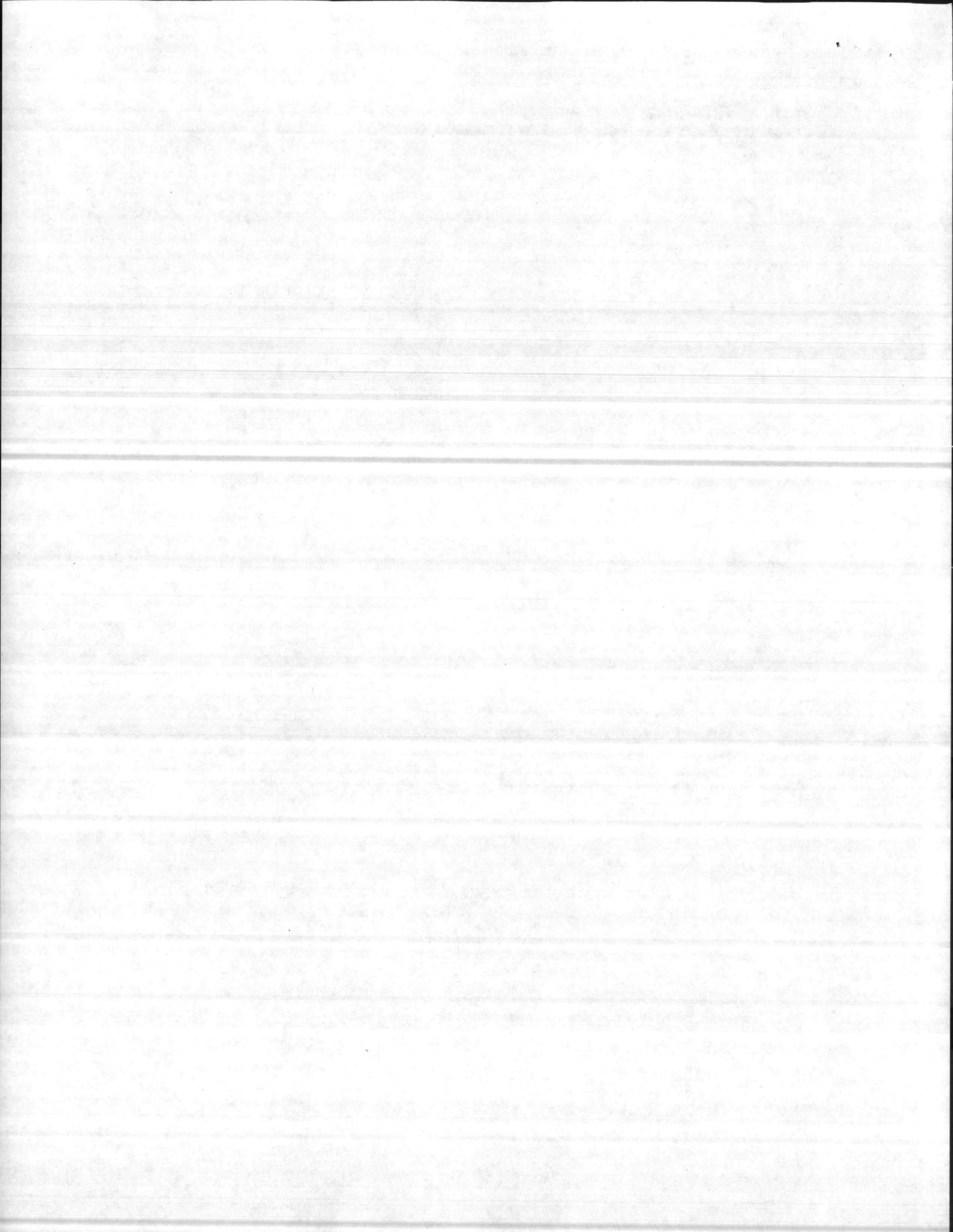
Yours very truly,

John Eckhart
John Eckhart
Project Engineer

CARDINAL CONTRACTING COMPANY, INC.

REC'D	JAN - 6 1983
<i>BTK</i>	<i>BFA</i>
<i>BM</i>	<i>please advise me when corrected</i>
FILE	

JE:km
Enclosure
cc: Dallas Office
Columbia Office
Cecil Langle





DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO.
919-353-3455
IN REPLY REFER TO:
AEY:jj
N62470-77-C-7526
DEC 21 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Sprinkler System

Gentlemen:

On December 16 and 17, 1982, your sprinkler system contractor and Mr. A. Young (ROICC, NRMCC) inspected the subject system to determine what work remains to be completed.

The remaining work is noted on the enclosed sheets and should be completed prior to the formal inspection and acceptance test.

If there are any questions please contact this office.

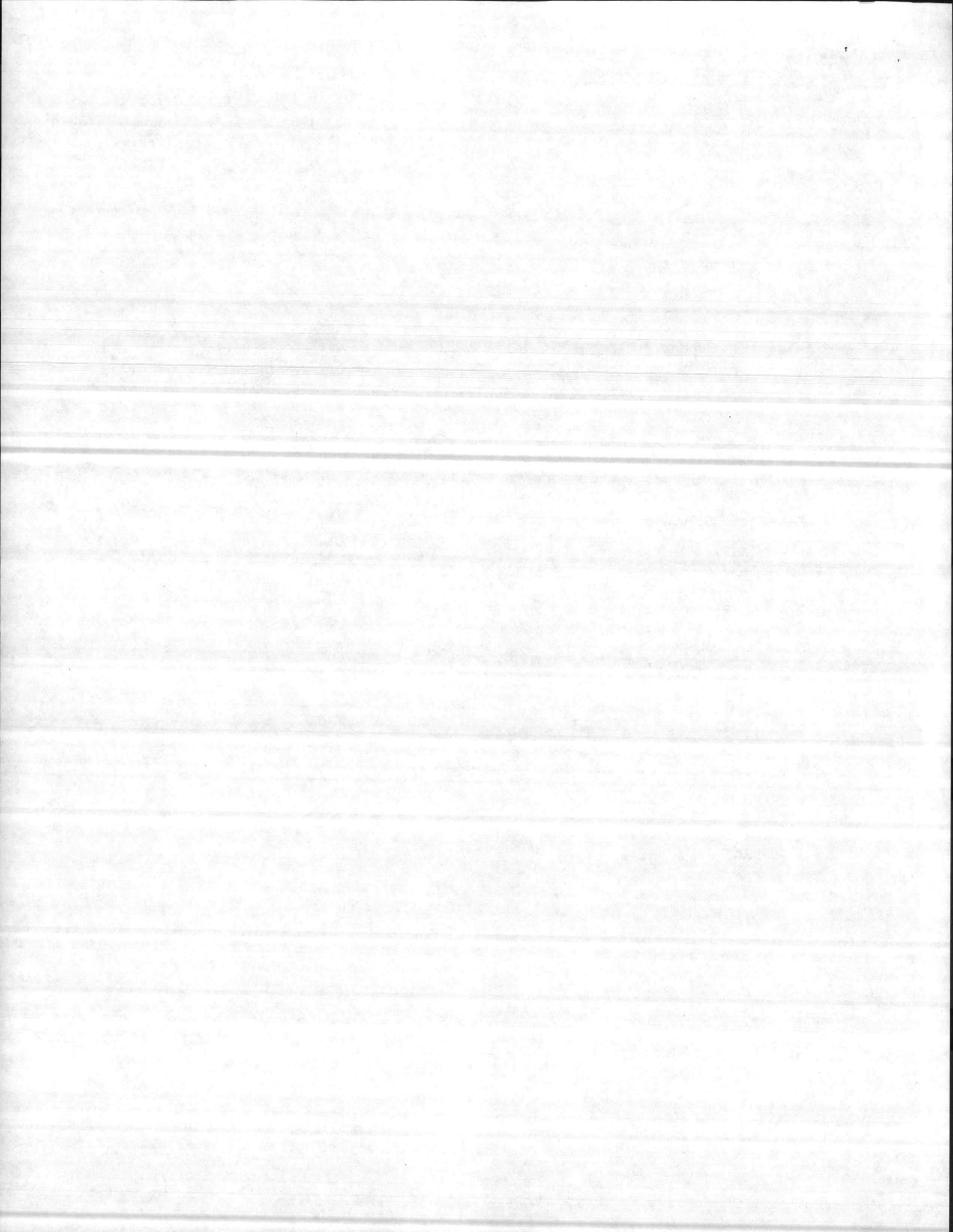
Sincerely,

A handwritten signature in black ink, appearing to be "R. J. Degon", is written over a horizontal line.

R. J. DEGON
CDR, CEC, USN
Deputy

Enclosure

Copy to:
LANTDIV (Code 05) w/o encl

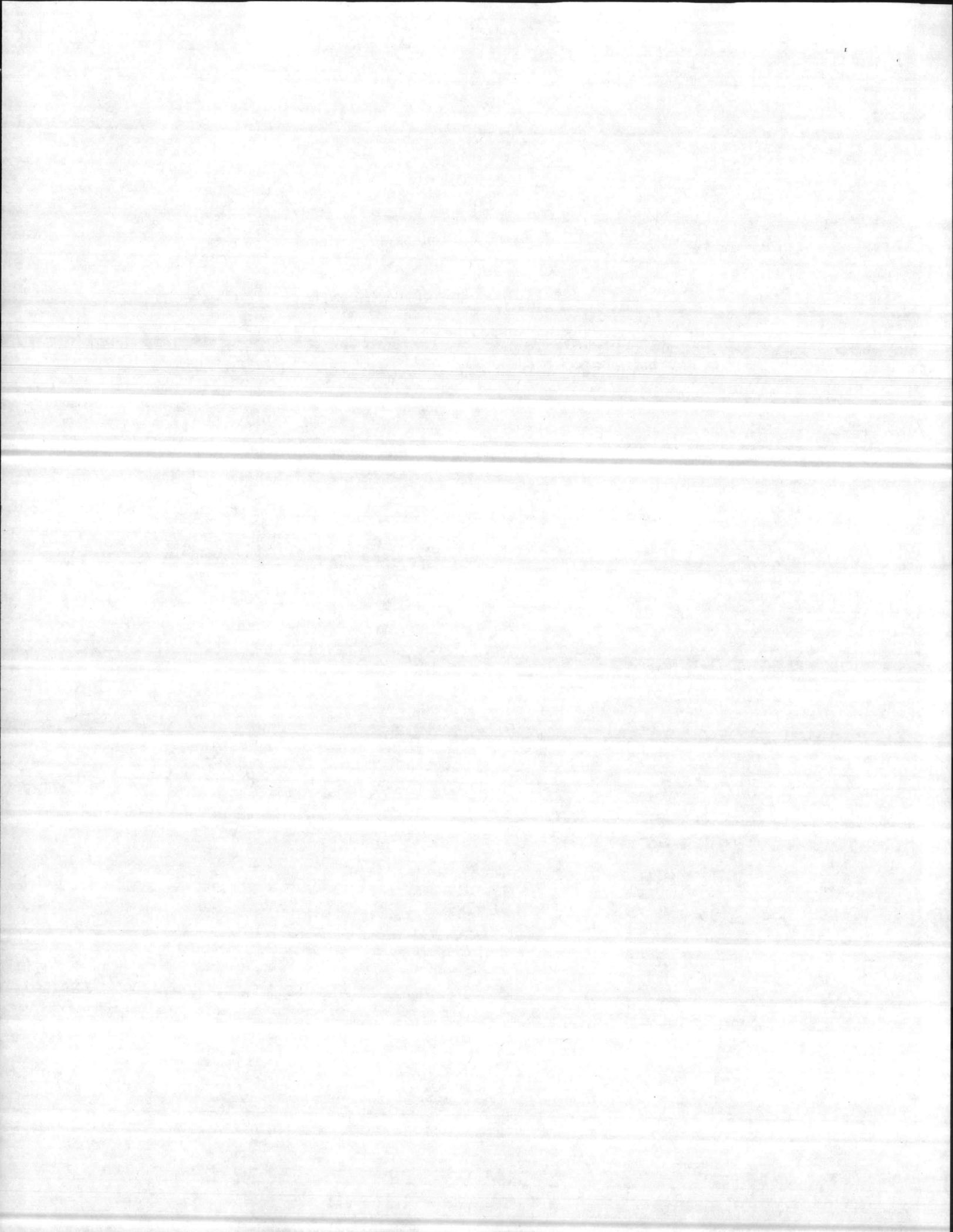


12/16/82

PUNCH LIST - SPRINKLER SYSTEM

1-14-83 GENERAL COMMENTS

- NOT DONE 1. Complete installation of identification signs at each valve and alarm device.
- NOT DONE 2. Affix design data name plates to riser of each system.
- DONE 3. Install cabinet for spare sprinkler heads and head wrench in fire pump room.
- NOT DONE 4. Submit the certificate similiar to that specified in NFPA-13.



Level 2, Area G & H

Room M215 - Hose Cabinet

clean up
air line - wall plate, seal floor penetration

N240A - Inspector Station

wall plates, paint, anchor piping

N291 - Inspector Station - anchor

deluge system - 4" wall plate, 3/4" wall plate, 45° elbow grd fault trouble
on panel, anchor valve, paint air line

M231A - Hose cabinet

wall plate, clean up

C289 - Deluge

repair velocity check, wall plates, paint air line, paint sprinkler piping,
fill cup, valve wheel, hose valve

N273B - Okay

M214 - Hose cabinet

kickout valve, clean up, wall plate

N206 - Inspector station

wall plate, paint

N261 - Hose cabinet

clean up, needs access panel for divisional valve

Level 1 - Area G & H

M114 - Hose cabinet

kick back valve, glass and handle, clean up, wall plate

N123 - Inspector station

wall plate and anchor

M112 - Inspector station - anchor, wall plate

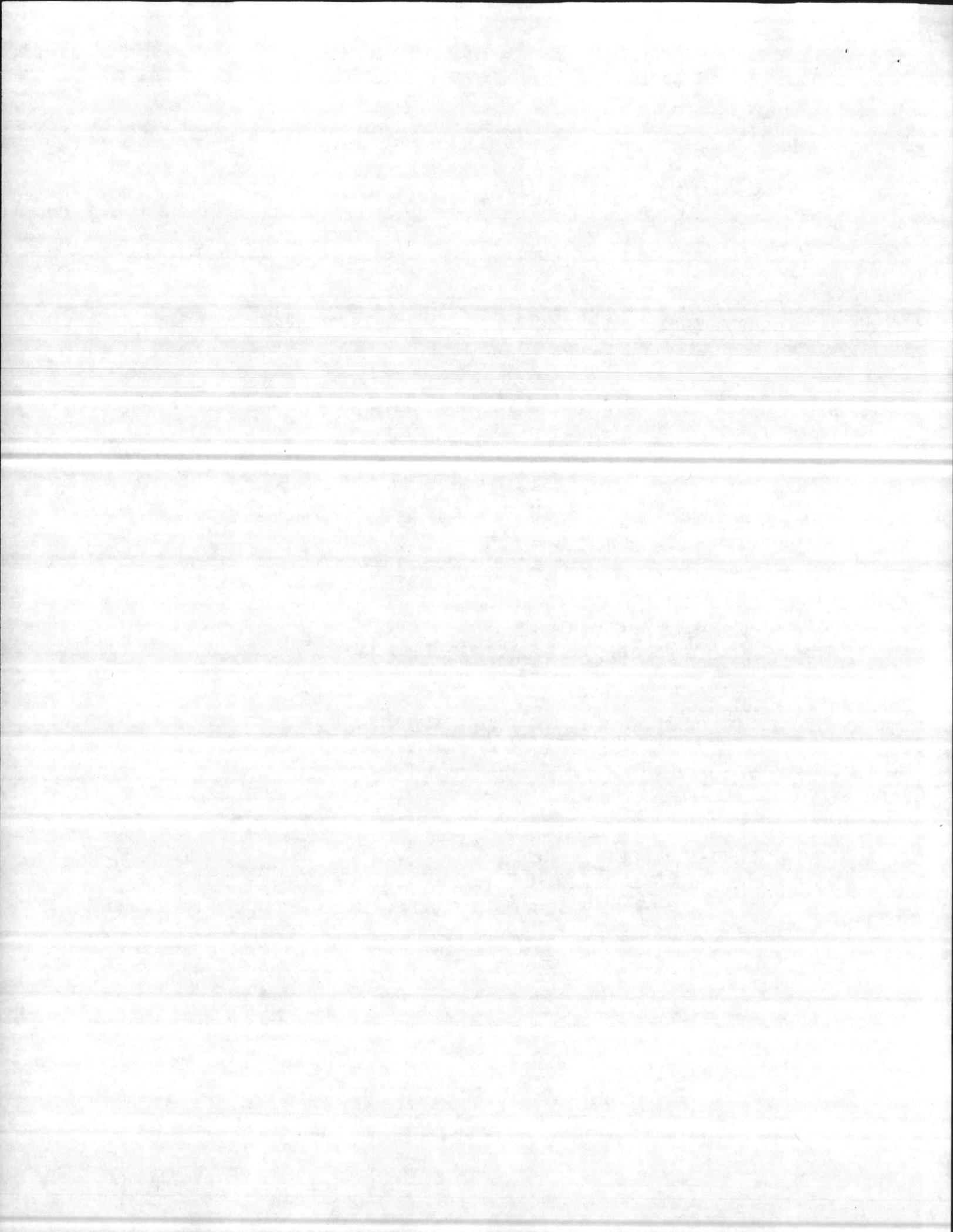
N147 - Dry pipe, Hose Valve

anchor piping, paint air line wall plates
Hose Cabinet - clean up, paint piping

M114 - Inspector station - paint piping, anchor piping

M113A

replace cabinet, wall plate, paint piping



SPRINKLER

12/16/82

Level 4, Area G & H

Room M-415A

hose cabinet - clean out cabinet
paint 4" pipe

N-472

Anchor inspection station

M413A

hose cabinet, wall plate - clean up

N-452

Inspector - Okay

M-414

Hose cabinet - kick out hose valve, clean up

N-446

Inspector station - wall plates, wall anchor

N-443 (Stairwell)

Repair hose cabinet and clean up

Level 3, Area G & H

Room N363

Hose cabinet - wall plate, clean up

N306D

Inspectors station - paint, wall plate, anchor

M314

hose cabinet - kickout valve, wall plate, clean up

N375

Inspector station - anchor

M313A

Hose cabinet - wall plate, clean up

N393

Inspector station - wall plate, anchor

Deluge system - 3" wall plate, need green airline 1½"-45° elbow - drain line

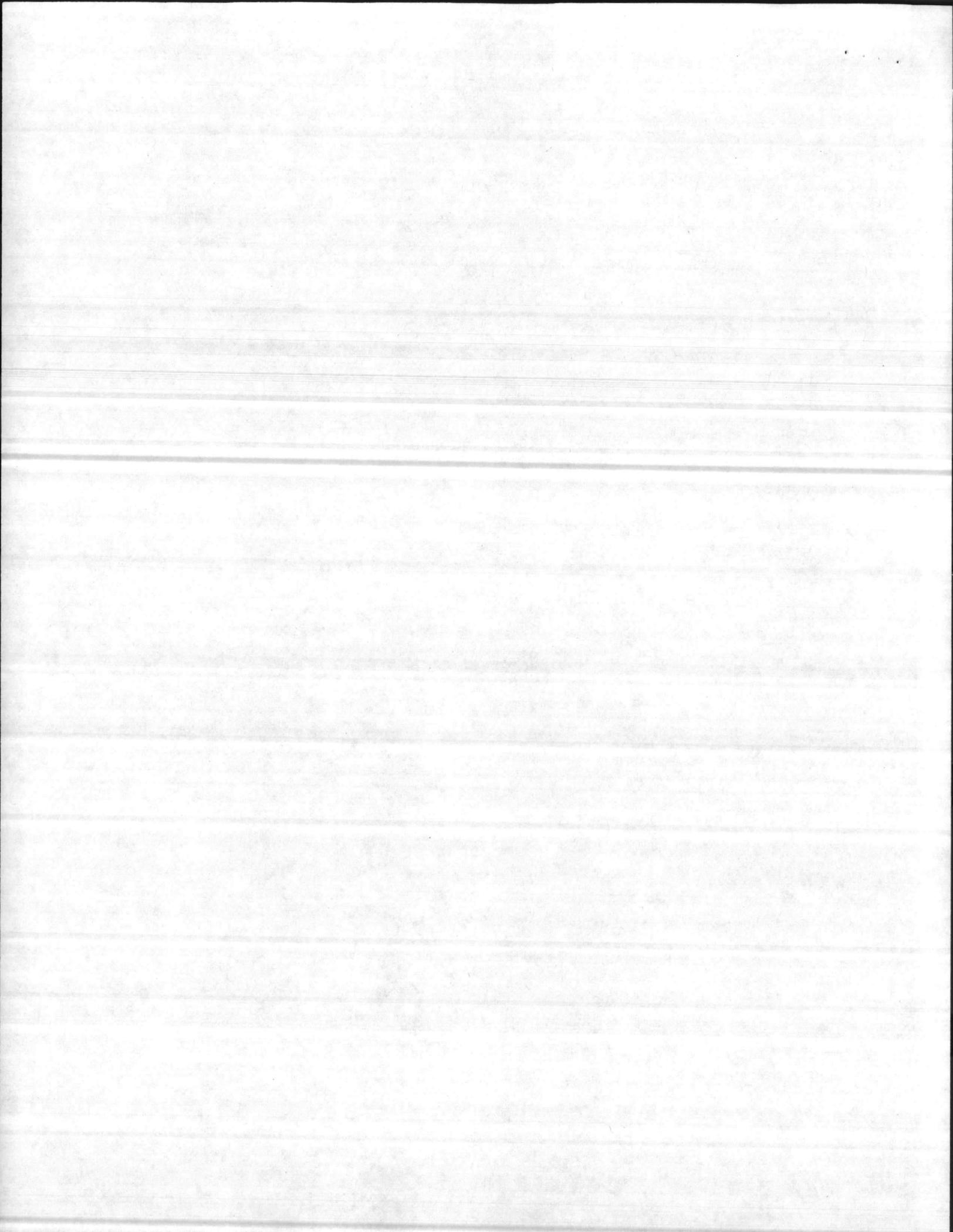
M315

hose cabinet - clean up

air line - paint, wall plate, seal floor penetration

N-339

Inspection station - paint piping



BASEMENT HStairwayN-35

hose cabinet - paint piping, clean up, anchor glass

M013 - Inspector Station

anchor piping, paint piping

anti-freeze loop - pipe stand, fill cup, finish painting

N021 - Inspector Test - paint piping, wall plate

M014 - Hose cabinet - paint piping, paint trim, handle

NO. 12 Stairway - paint sprinkler piping (overhead) at bottom of stairway

BASEMENT D, E

M009 - Deluge and Dry point airline, 6"x6" coverplate - electric box
anchor piping, paint piping

E005 - Fire Pump Room - Inspector station - reanchor piping

M005 - Hose cabinet - paint trim, kickout valve, paint piping

LEVEL 1 - E & F

M110C - Inspector station - Okay

M110 - Deluge - paint air line, anchor piping

E154 - Anti-freeze loop - paint strap

E167 - (near) hose cabinet - trim, door, 2½/1½ hose, paint piping, wall plate, clean up
Inspector Test - paint, anchor

M109A - Hose Cabinet - kick out valve, clean up

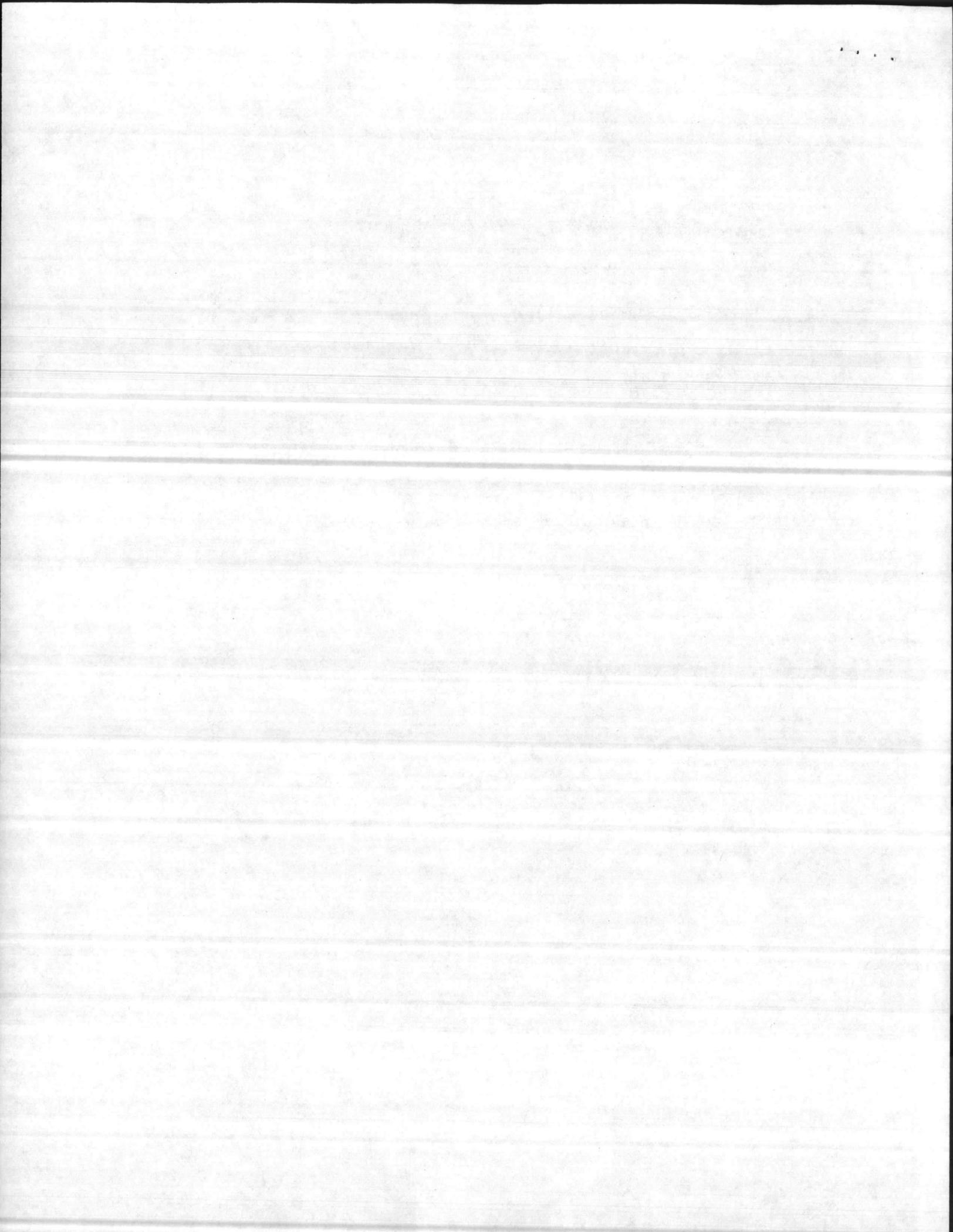
S118 - Inspector Station - anchor piping

M205 - Inspector Station (2C) wall plate, tighten up anchor

M207 - Deluge System - complete dry pipe drain, paint air line green

M208 - Deluge System - anchor air line, reroute press. sw. conduct to behind
sprinkler piping

M209A - Hose cabinet - kick out valve





DEPARTMENT OF THE NAVY
 RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
 NAVAL REGIONAL MEDICAL CENTER
 FIELD OFFICE
 CAMP LEJEUNE, NC 28542

TELEPHONE NO.
 919-353-3455
 IN REPLY REFER TO
 AEY:jj
 N62470-77-C-7526
 DEC 10 1982

REC. JAN - 3 1983		
To	Ink	Date
<i>ONE 1.4</i>		
<i>FF. get with Mengun and</i>		
<i>back to me ASAP</i>		

Cardinal Contracting Company, Inc.
 Post Office Box 8408
 Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
 Hospital, Naval Regional Medical
 Center, Camp Lejeune, North Carolina

SUBJ: Sprinkler Systems, NCC-60

Gentlemen:

It is proposed to modify the referenced contract as follows:

- ✓ 1. In Room N-147, install a 2½" diameter hose valve to drain the dry pipe sprinkler system in lieu of specified drain. *@ No Cost. WSC TO DO THIS WILL KEEP US FROM RUNNING DRAIN OUTSIDE BLDG*
- ✓ 2. In Room C-292, install a 2½" diameter hose valve to drain the pre-action valve in lieu of specified drain.
- ✓ 3. The pre-action valve control panel with its valve supervisory device shall be connected to the trouble alarm circuit of the valve supervisory device in lieu of as specified.

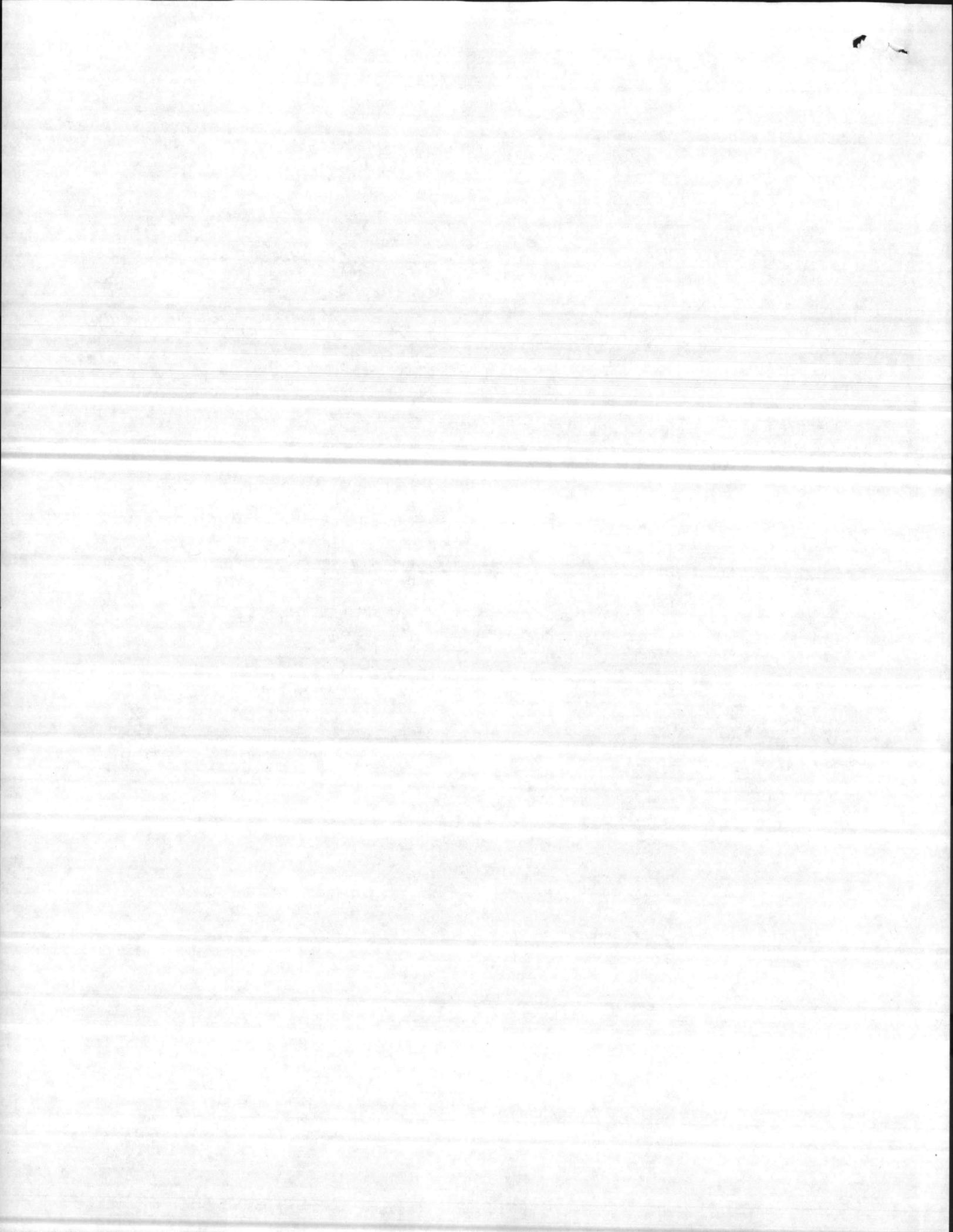
It is considered that the change required to accomplish the above will not affect the contract price or time. Should you disagree, notify the Resident Officer in Charge of Construction, Naval Regional Medical Center immediately. All correspondence pertaining to this No-Cost-Change (NCC) shall refer to NCC-60.

Sincerely,

[Signature]
 R. J. DEGON
 CDR, CEC, USN
 Deputy

Copy to:
 LANTDIV (Code 05)

*HAS BEEN COMP.
 SEND JOHN ECKHART LETTER
 CONFIRMING NO COST
 TOMMY FORSARE
 2-25-83*



Worsham Sprinkler

P.O. Box 525

Kernersville, NC 27284

ATTENTION: Bill McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJECT: Sprinkler System

Gentlemen:

Attached is a copy of proposed change number NCC-60 dated December 10, 1982 on the above subject.

Please review the attachments carefully. If your contract is NOT affected by these changes, please advise immediately. If your contract IS affected, then your proposal should be received in this office no later than December 27, 1982. Your proposal should be prepared in strict accordance with the General Provisions Paragraph Number 3, Contract Changes and Applicable Provisions of your subcontract. Particular emphasis is placed on the following instructions:

1. An ORIGINAL PLUS FIVE (5) copies will be required.
2. Your proposal should include all costs for protecting, cutting, patching, and repair of existing work that may be affected as a result of your work under this change.
3. Breakdown should show all labor, material and equipment quantities and the unit price of each.
4. Overhead, profit and bond premiums should be itemized and identified in the breakdown in accordance with LANTDIV Form 4-4330/58 (Rev. 11/73).
5. Return one signed copy of this form immediately, with the information filled out in the lower left hand corner.
6. Please reference all pertinent correspondence to Proposal Number P-432.
7. Your proposal should be priced and quoted on the basis that this change will not delay installation of your scheduled contract work. Additional manpower should be figured if necessary to maintain schedules. If this is impractical, then request appropriate time extension.
8. In no case is a request for proposal to be considered as authorization to proceed with the additional work.

Failure to follow the above instructions will be the basis for the rejection of your proposal. Please do not hesitate to notify us if we can assist you in any way.

Very truly yours,

CARDINAL CONTRACTING COMPANY, INC.

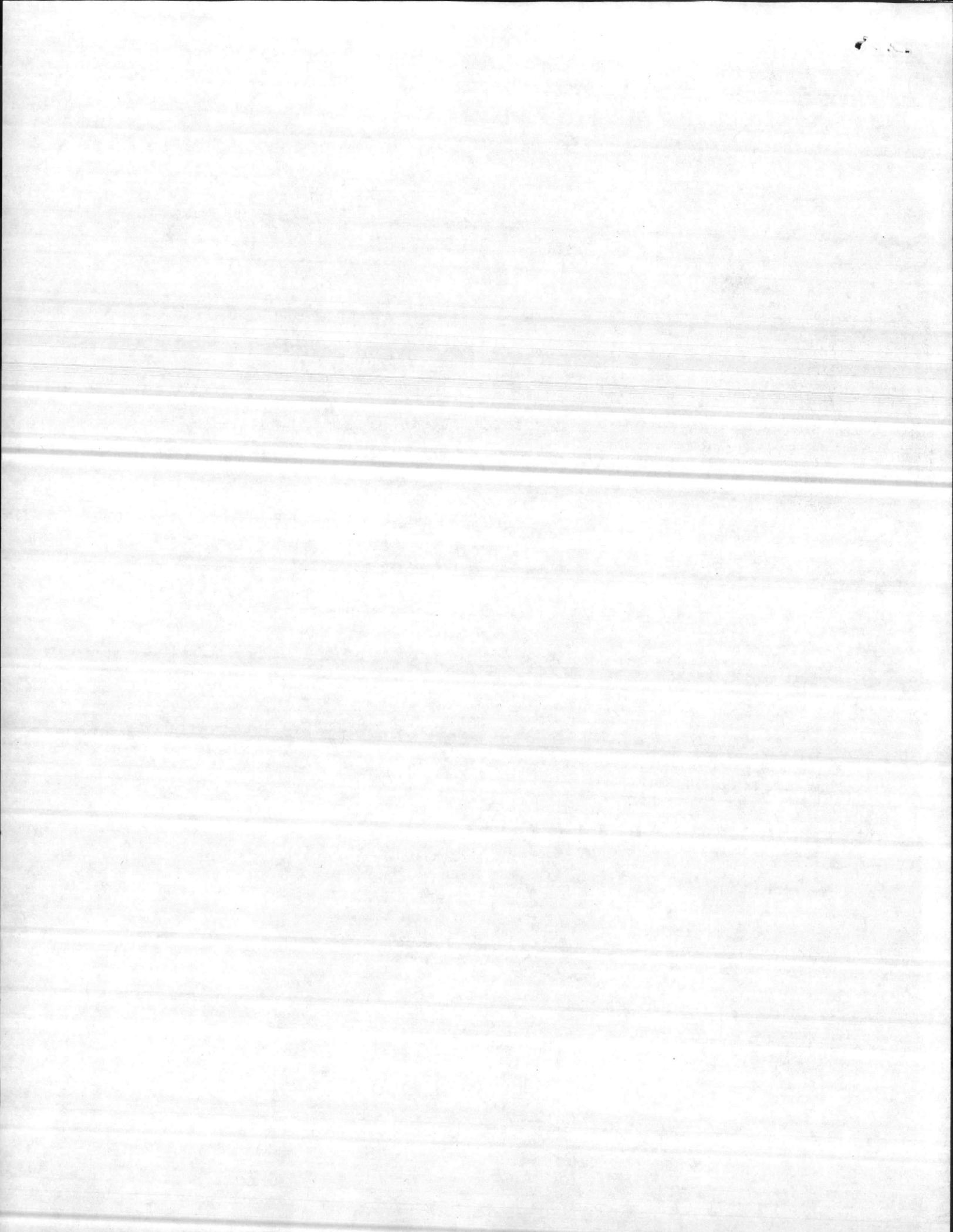
John Eckhart
John Eckhart
Project Engineer

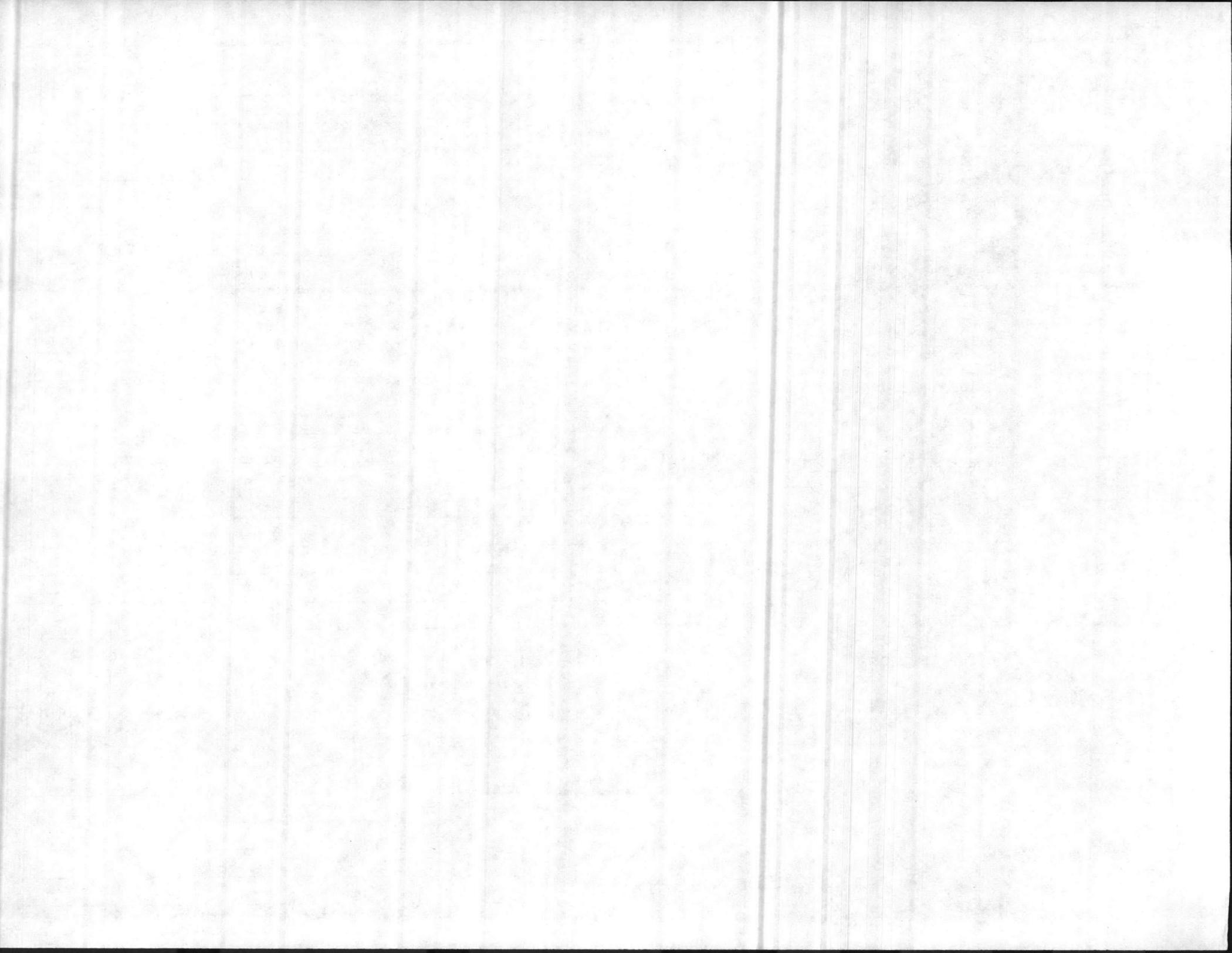
This proposed change WILL/WILL NOT affect our contract work.

Company Worsham Sprinkler Co.
By W.D. McRorie
Date 2-25-83

Enc: Letters _____
Drawings _____
Other _____

*Mailed to John Eckhart
3-1-83*





Hold 3M to notify



CARDINAL

Contracting Co., Inc.

1137 WASHINGTON STREET ■ SUITE 502
COLUMBIA, SC 29201 ■ 803-254-9064

PLEASE ADDRESS REPLY TO:
P. O. BOX 8408
CAMP LEJEUNE, N.C. 28542

December 22, 1982

Worsham Sprinkler Company
P.O. Box 525
Kernersville, NC 27284

Attention: Bill McRorie

RE: 205 Bed Hospital
Naval Regional Medical Center
Camp Lejeune, North Carolina
Contract Number N62470-77-C-7526

SUBJ: Sprinkler System

Gentlemen;

Attached correspondence and punch list dated December 21, 1982,
is forwarded for your immediate action.

Please note all work should be completed prior to formal
inspection and acceptance test January 10 thru January 21, 1983.

Please advise this office when all items have been completed
and checked off by Mr. Young of the ROICC office.

*Cecil - Call me
- this, if we are
complete, I will
need to write a letter.*

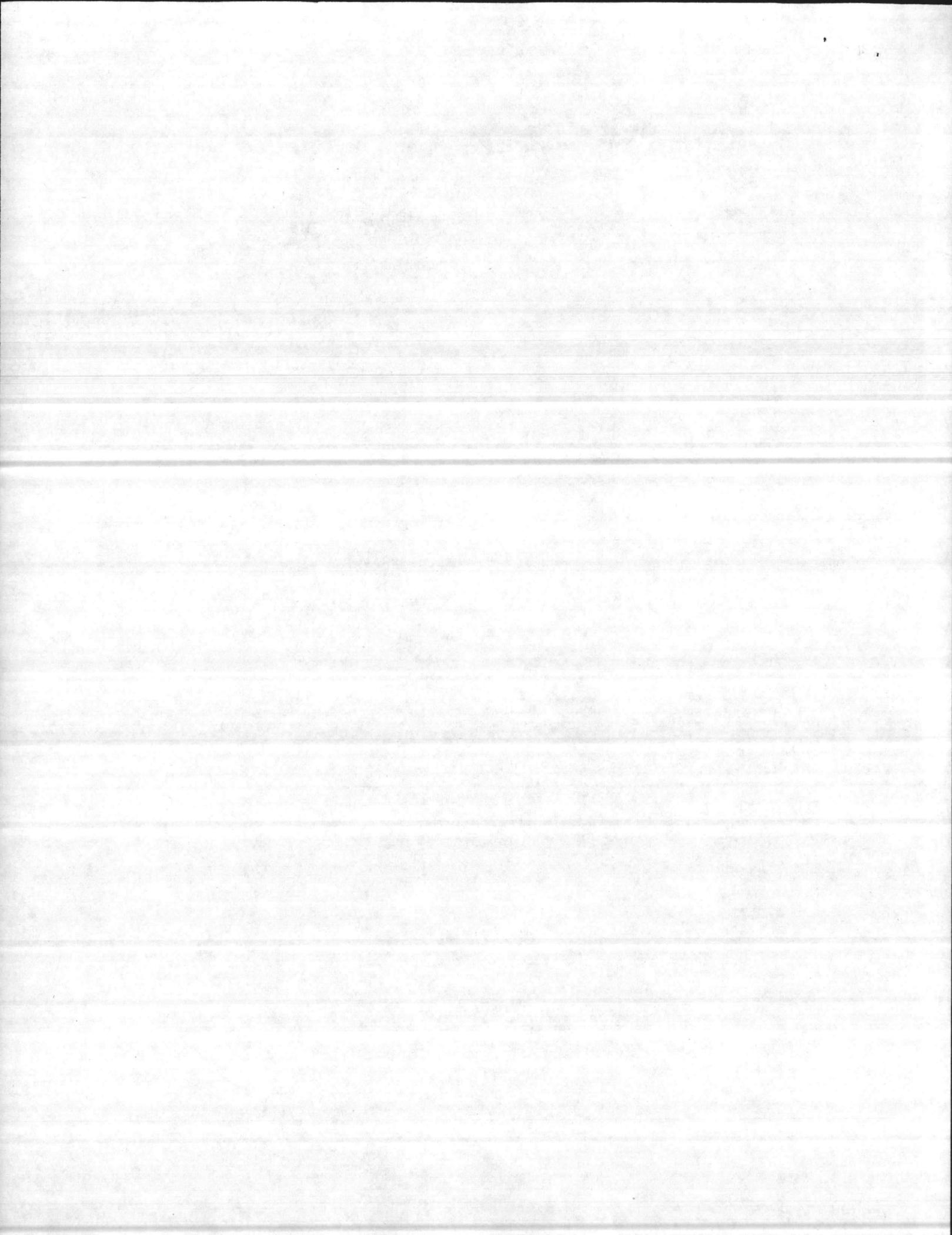
Yours very truly,

CARDINAL CONTRACTING COMPANY, INC.

B.A. Wyatt
B. A. Wyatt
Project Manager

DEC 27 1982
<i>BME 12-28</i>
<i>T.F.</i>
<i>B.M.</i>
<i>Cecil</i>

BAW; km
Attachments
cc: Dallas Office
Columbia Office





DEPARTMENT OF THE NAVY
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL REGIONAL MEDICAL CENTER
FIELD OFFICE
CAMP LEJEUNE, NC 28542

TELEPHONE NO.
919-353-3455
IN REPLY REFER TO
AEY:jj
N62470-77-C-7526
DEC 21 1982

Cardinal Contracting Company, Inc.
Post Office Box 8408
Camp Lejeune, North Carolina 28542

RE: Contract N62470-77-C-7526, 205 Bed
Hospital, Naval Regional Medical
Center, Camp Lejeune, North Carolina

SUBJ: Sprinkler System

Gentlemen:

On December 16 and 17, 1982, your sprinkler system contractor and Mr. A. Young (ROICC, NRMC) inspected the subject system to determine what work remains to be completed.

The remaining work is noted on the enclosed sheets and should be completed prior to the formal inspection and acceptance test.

If there are any questions please contact this office.

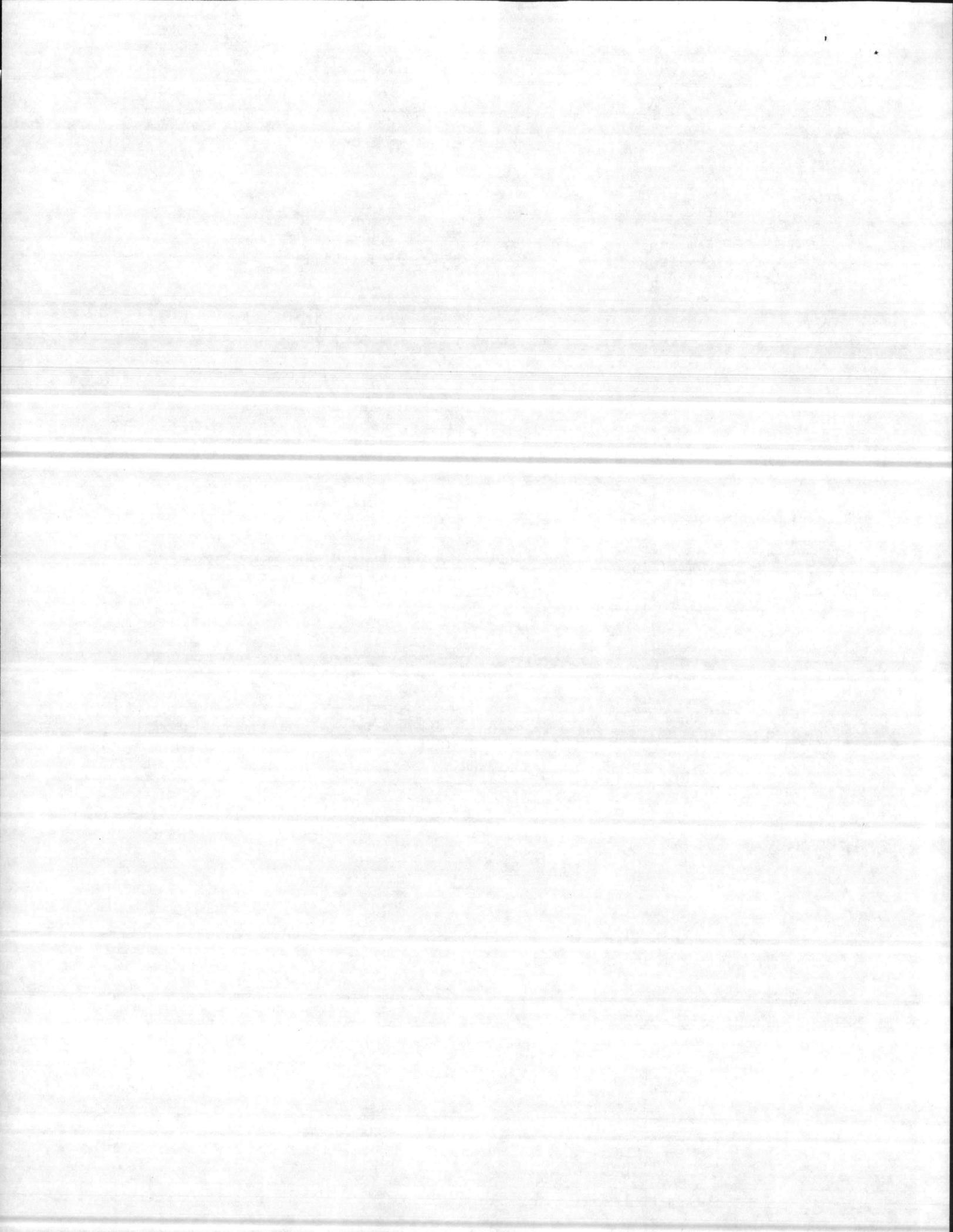
Sincerely,


R. J. DEGON
CDR, CEC, USN
Deputy

Enclosure

Copy to:
LANTDIV (Code 05) w/o encl

*All work done
per Manager
1-6-83.*

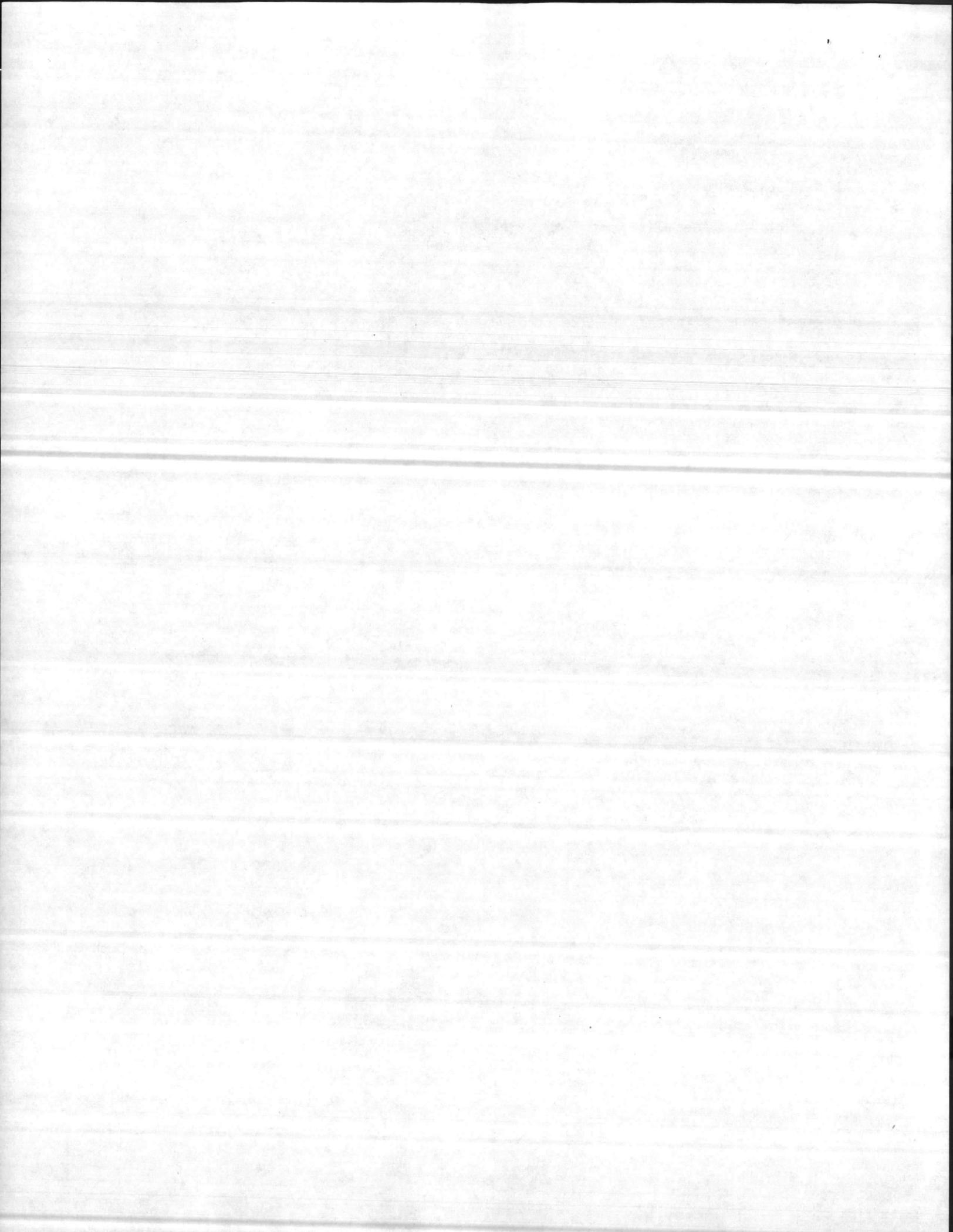


12/16/82

PUNCH LIST - SPRINKLER SYSTEM

GENERAL COMMENTS

- ✓ 1. Complete installation of identification signs at each valve and alarm device.
- ✓ 2. Affix design data name plates to riser of each system.
- ✓ 3. Install cabinet for spare sprinkler heads and head wrench in fire pump room.
- ✓ 4. Submit the certificate similiar to that specified in NFPA-13.



Level 2, Area G & H

Room M215 - Hose Cabinet

clean up
air line - wall plate, seal floor penetration

N240A - Inspector Station

wall plates, paint, anchor piping

N291 - Inspector Station - anchor

deluge system - 4" wall plate, 3/4" wall plate, 45° elbow grd fault trouble
on panel, anchor valve, paint air line

M231A - Hose cabinet

wall plate, clean up

C289 - Deluge

repair velocity check, wall plates, paint air line, paint sprinkler piping,
fill cup, valve wheel, hose valve

N273B - Okay

M214 - Hose cabinet

kickout valve, clean up, wall plate

N206 - Inspector station

wall plate, paint

N261 - Hose cabinet

clean up, needs access panel for divisional valve

Level 1 - Area G & H

M114 - Hose cabinet

kick back valve, glass and handle, clean up, wall plate

N123 - Inspector station

wall plate and anchor

M112 - Inspector station - anchor, wall plate

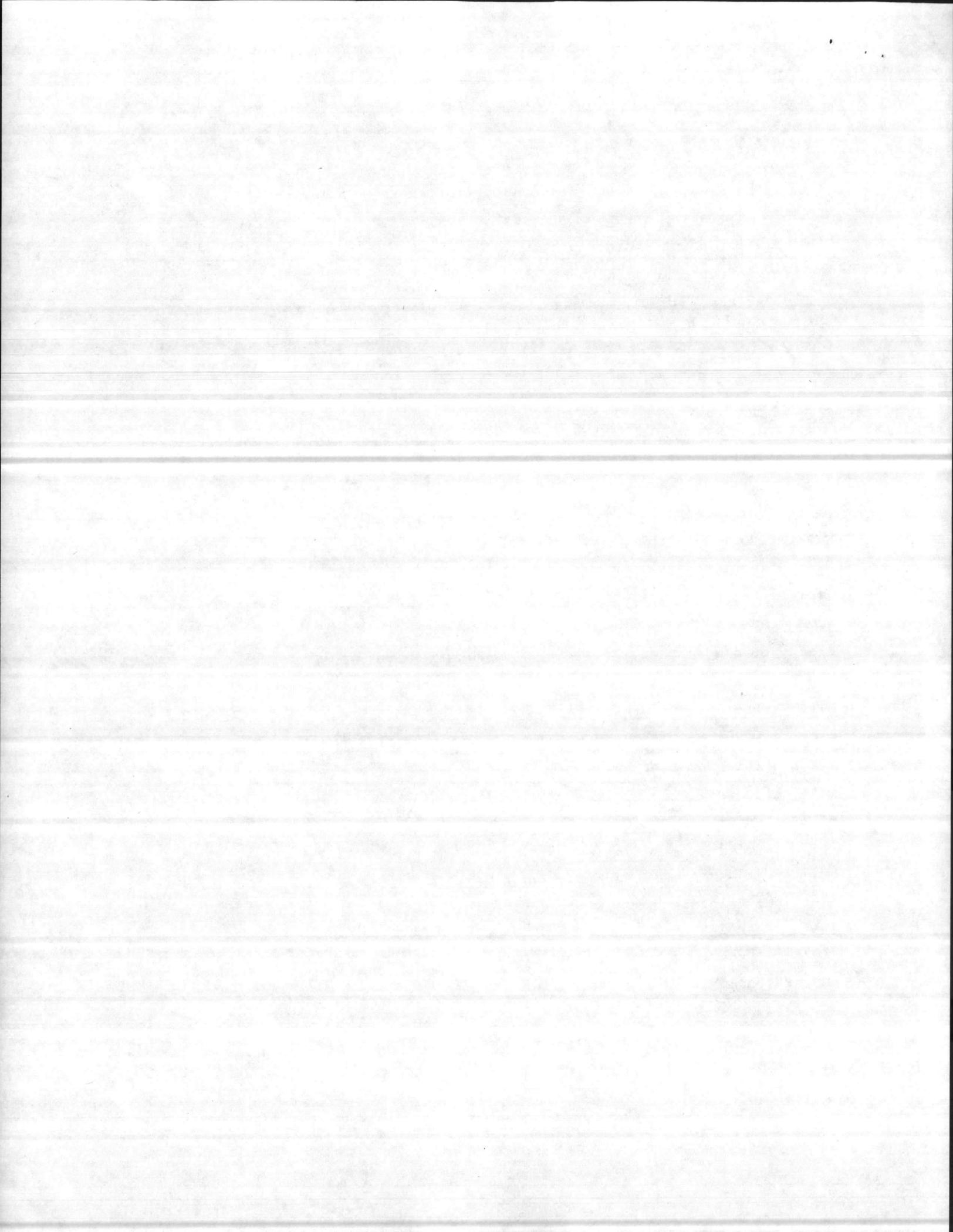
N147 - Dry pipe, Hose Valve

anchor piping, paint air line wall plates
Hose Cabinet - clean up, paint piping

M114 - Inspector station - paint piping, anchor piping

M113A

replace cabinet, wall plate, paint piping



Level 4, Area G & HRoom M-415A

hose cabinet - clean out cabinet
paint 4" pipe

N-472

Anchor inspection station

M413A

hose cabinet, wall plate - clean up

N-452

Inspector - Okay

M-414

Hose cabinet - kick out hose valve, clean up

N-446

Inspector station - wall plates, wall anchor

N-443 (Stairwell)

Repair hose cabinet and clean up

Level 3, Area G & HRoom N363

Hose cabinet - wall plate, clean up

N306D

Inspectors station - paint, wall plate, anchor

M314

hose cabinet - kickout valve, wall plate, clean up

N375

Inspector station - anchor

M313A

Hose cabinet - wall plate, clean up

N393

Inspector station - wall plate, anchor

Deluge system - 3" wall plate, need green airline 1½"-45° elbow - drain line

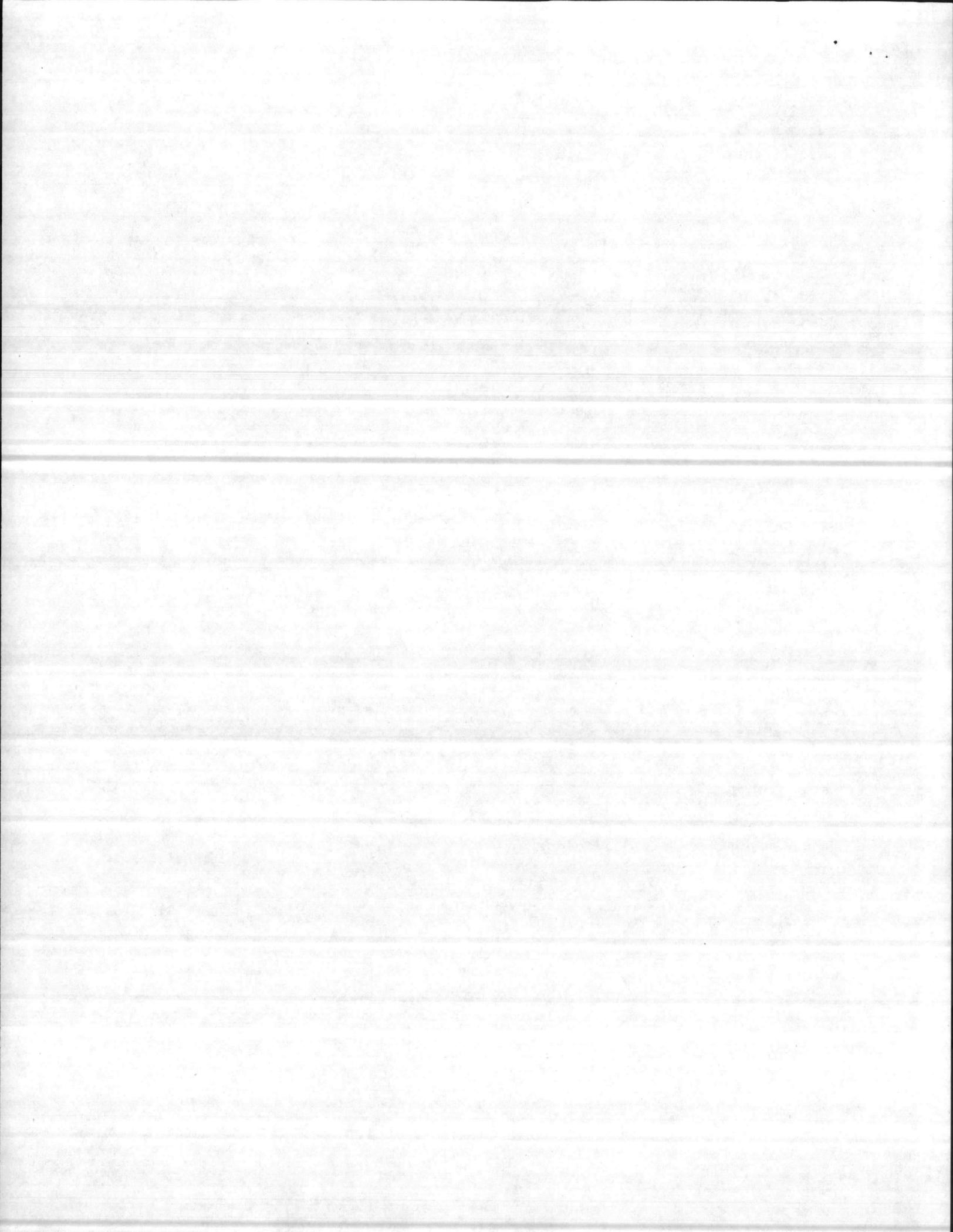
M315

hose cabinet - clean up

air line - paint, wall plate, seal floor penetration

N-339

Inspection station - paint piping



BASEMENT HStairwayN-35

hose cabinet - paint piping, clean up, anchor glass

M013 - Inspector Station

anchor piping, paint piping

anti-freeze loop - pipe stand, fill cup, finish painting

N021 - Inspector Test - paint piping, wall plate

M014 - Hose cabinet - paint piping, paint trim, handle

NO. 12 Stairway - paint sprinkler piping (overhead) at bottom of stairway

BASEMENT D, E

M009 - Deluge and Dry point airline, 6"x6" coverplate - electric box
anchor piping, paint piping

E005 - Fire Pump Room - Inspector station - reanchor piping

M005 - Hose cabinet - paint trim, kickout valve, paint piping

LEVEL 1 - E & F

M110C - Inspector station - Okay

M110 - Deluge - paint air line, anchor piping

E154 - Anti-freeze loop - paint strap

E167 - (near) hose cabinet - trim, door, 2½/1½ hose, paint piping wall plate, clean up
Inspector Test - paint, anchor

M109A - Hose Cabinet - kick out valve, clean up

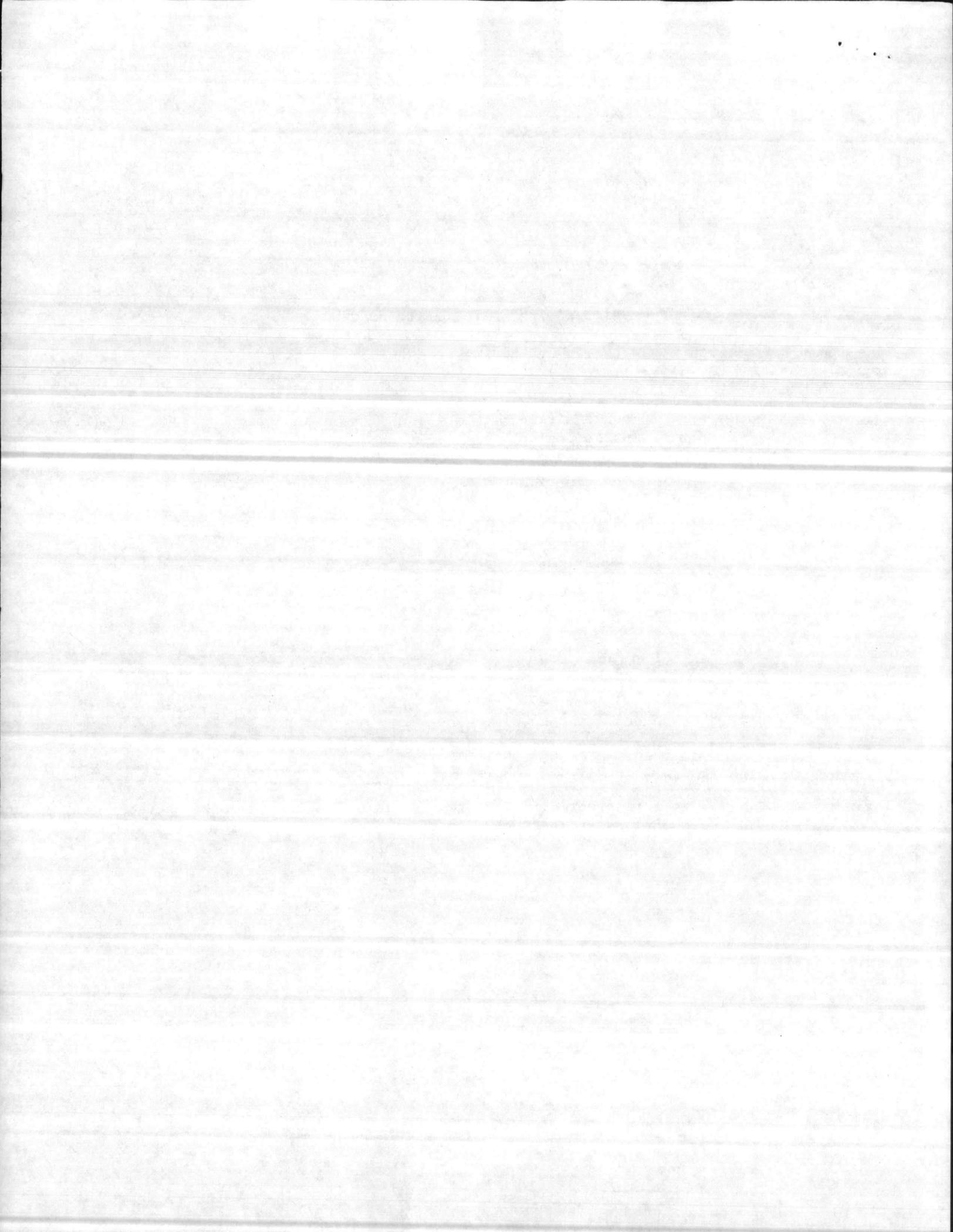
S118 - Inspector Station - anchor piping

M205 - Inspector Station (2C) wall plate, tighten up anchor

M207 - Deluge System - complete dry pipe drain, paint air line green

M208 - Deluge System - anchor air line, reroute press. sw. conduct to behind
sprinkler piping

M209A - Hose cabinet - kick out valve



WORSHAM SPRINKLER CO., INC.

CONTRACT COMPLETION REPORT

Contract Name — Naval Regional Medical Center
Camp Lejeune, NC
Contract Number — 10006

Date of Report — November 26, 1982
Original Contract Face — 717,413.00

Contract Completion Date — November 26, 1982

Name of Foreman — Jim Tucker/Cecil Langley

*Authorized Extras or Credits (list separately)

Possible Extras or Credits (list separately)

<u>Number</u>	<u>Amount</u>	<u>Reference</u>	<u>Amount</u>
<u>1</u>	<u>2,057.00</u>	<u> </u>	<u> </u>
<u>2</u>	<u>296.00</u>	<u> </u>	<u> </u>
<u>3</u>	<u>492.00</u>	<u> </u>	<u> </u>
<u>4</u>	<u>7,200.00</u>	<u> </u>	<u> </u>
<u>5</u>	<u>2,842.00</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Revised Contract Amount (incl. authorized extras and credits only) — 730,300.00

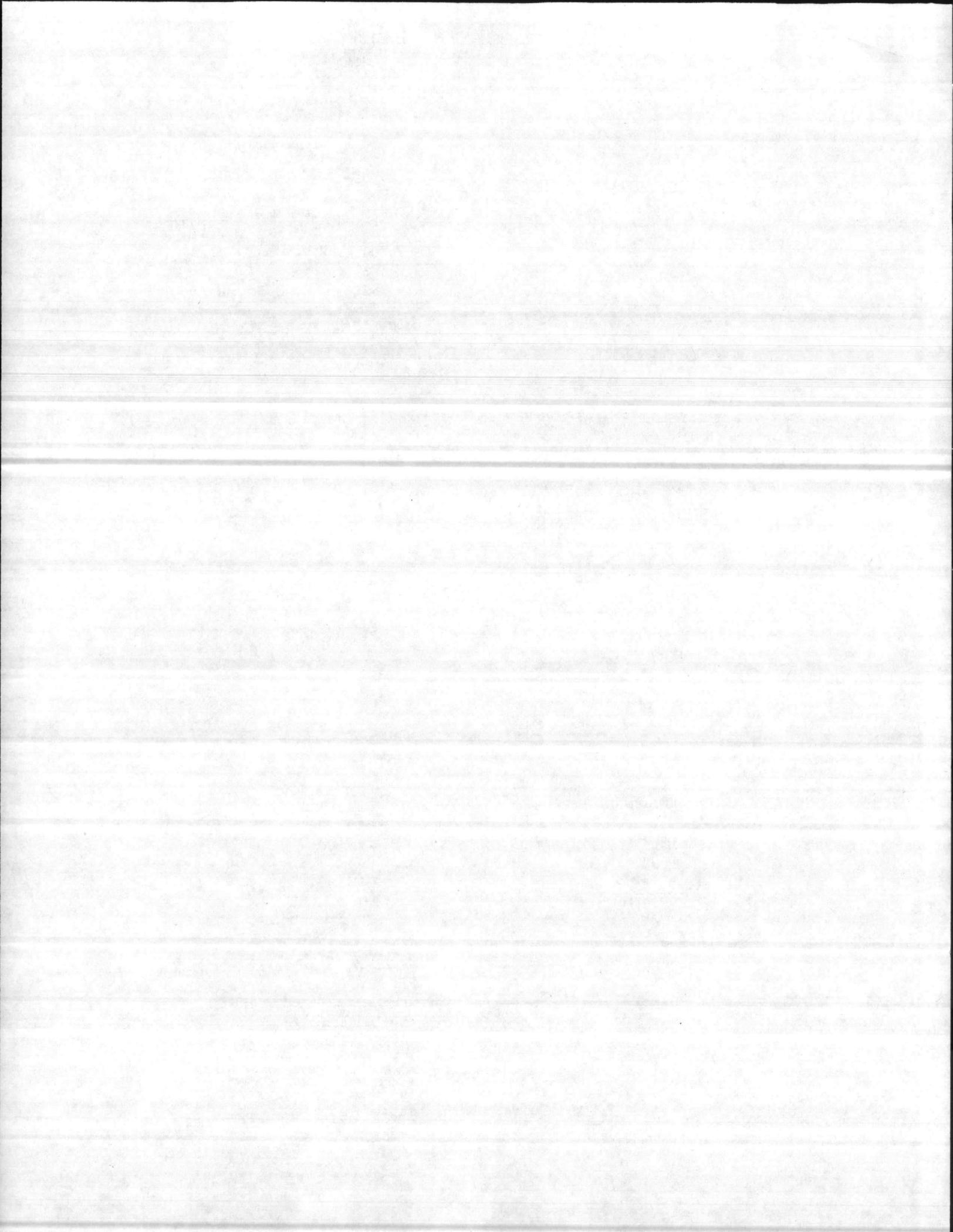
Contractor's Material and Test Certificate Attached — Yes No

(if "no", indicate the reason)

Navy will not sign our test papers until system has been chlorinated. We will forward as soon as we receive them.

Signed — *W.D. McBoi*

*Authorized extra or credit means that we have received a written and priced authorization from the customer for the item.



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P. O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

November 23, 1982

Cardinal Contracting Company
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: Ben Wyatt

Re: Naval Regional Medical Center
Camp Lejeune, NC

Dear Mr. Wyatt:

Enclosed are copies of the fire pump acceptance test data for both pumps from Leco, Inc. Both pumps have had preliminary testing and have been witnessed accordingly.

Our punch list items outlined in the Department of Navy letter of October 8, 1982, are complete. (This excludes only Items 1, 4 and 14 pertaining to the underground testing and the painting.)

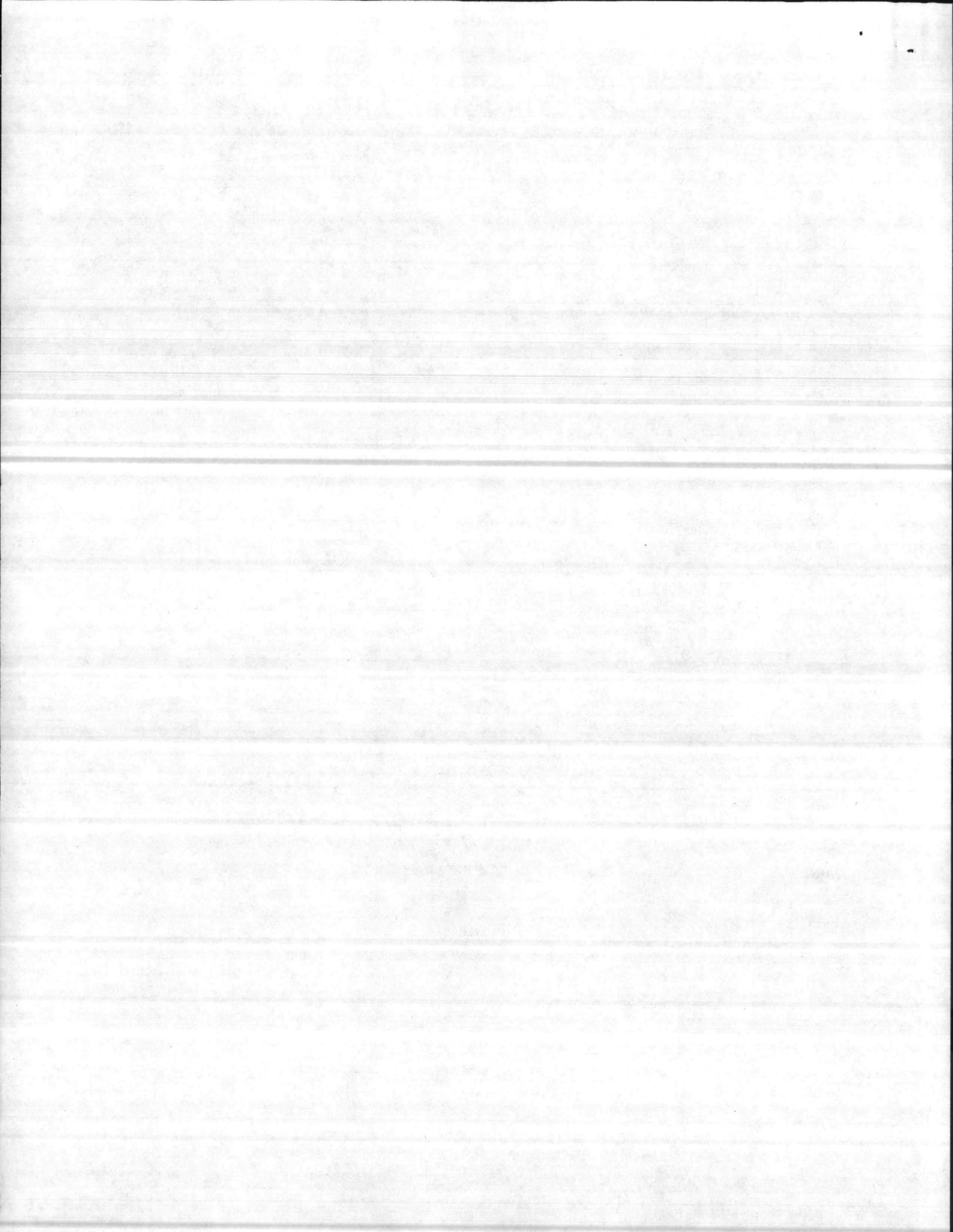
We request that all involved parties be notified that we will perform the formal pump test on Monday, December 20, 1982, at 10:00 AM.

Sincerely,

WORSHAM SPRINKLER COMPANY, INC.

W. D. McRorie
W. D. McRorie

WDM/lid
enclosures
cc: Cecil Langley
Bill Mangum



PUMP ACCEPTANCE TEST DATA

7
 CONTRACT
 CONST.
 E. H. P.
 CAPITAL BOND

LECO, INC.
 P. O. BOX 2908
 HICKORY, N. C. 2866
 Telephone (704) 322.

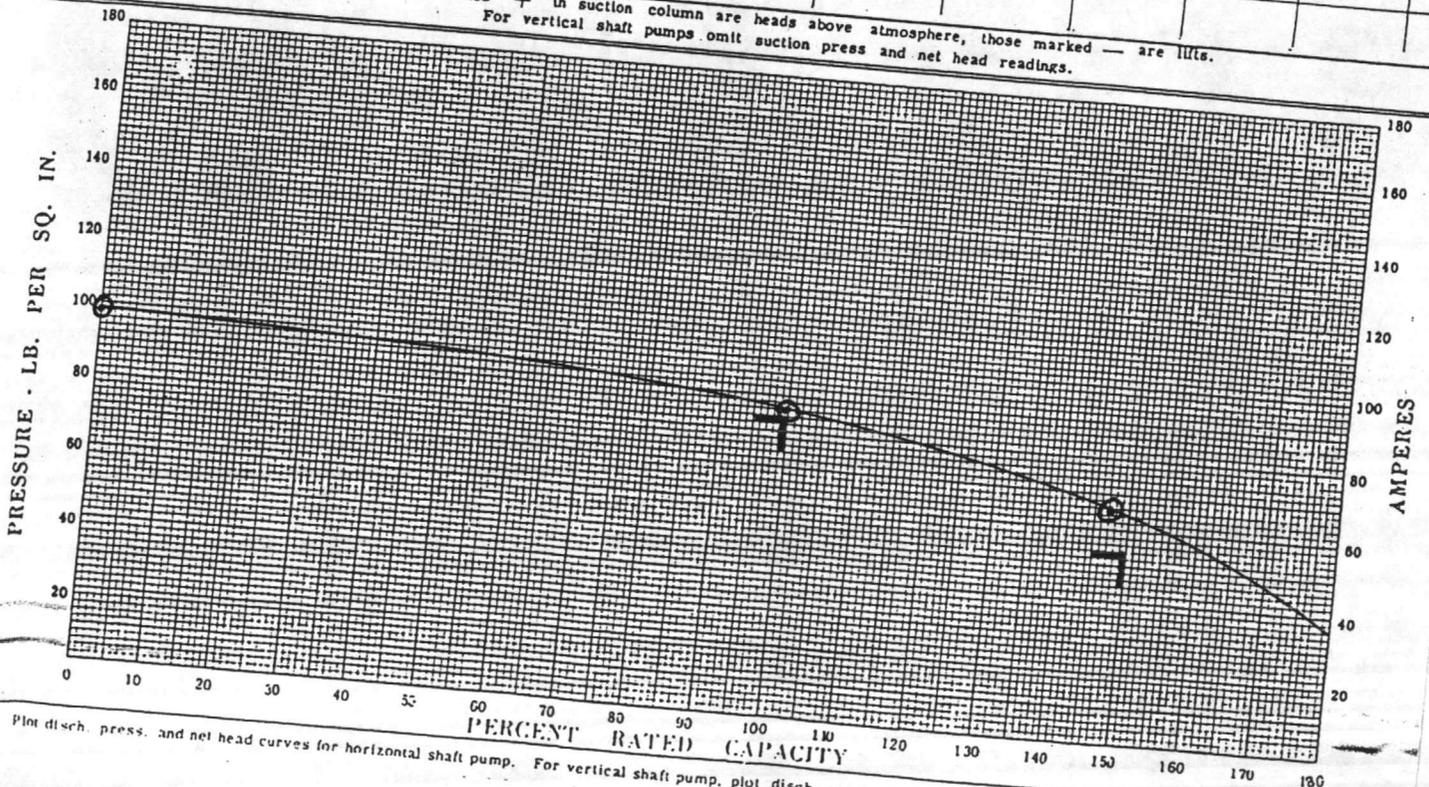
PROPERTY OF **Camp LeJeune**
 ADDRESS
 CITY
 SUBJECT **Jacksonville** STATE **N. C.**
 INDEX NO. DIST. OFF
 TESTED BY DATE
 PLACO: **10-8-8** CODE

PUMP SHAFT HORIZONTAL VERTICAL MANUFACTURER **Patterson** CONFERRED WITH
 RATED GPM **500** RATED HEAD-FT. (Psi) **85** RATED RPM **1750** APPROVED YES NO SHOP OR SERIAL NO. **79PT3798-L3** MODEL OR TANK HEIG
 IF VERTICAL TYPE VERTICAL DIST. DISCH. GAUGE TO WATER LEVEL STATIC PUMPING FT. RIGHT ANGLE GEAR DRIVE MANUFACTURER **City** TANK SIZE
 DRIVER MANUFACTURER **Detroit** APPROVED YES NO SHOP OR SERIAL NO. **BA0094229** MODEL OR TYPE PERFORMANCE SMOOTH ROUGH
 ELECTRIC MOTOR RATED VOLT. OPERATING VOLT. RATED F.L. AMPS AMPS AT 150% RATED H.P. **82** RATED R.P.M. **1750**
 DIESEL ENGINE GASOLINE ENGINE GAS ENGINE STEAM TURBINE PRESS. GOVERNOR BUILT IN INDEPENDENT TURBINE STEAM PRE:

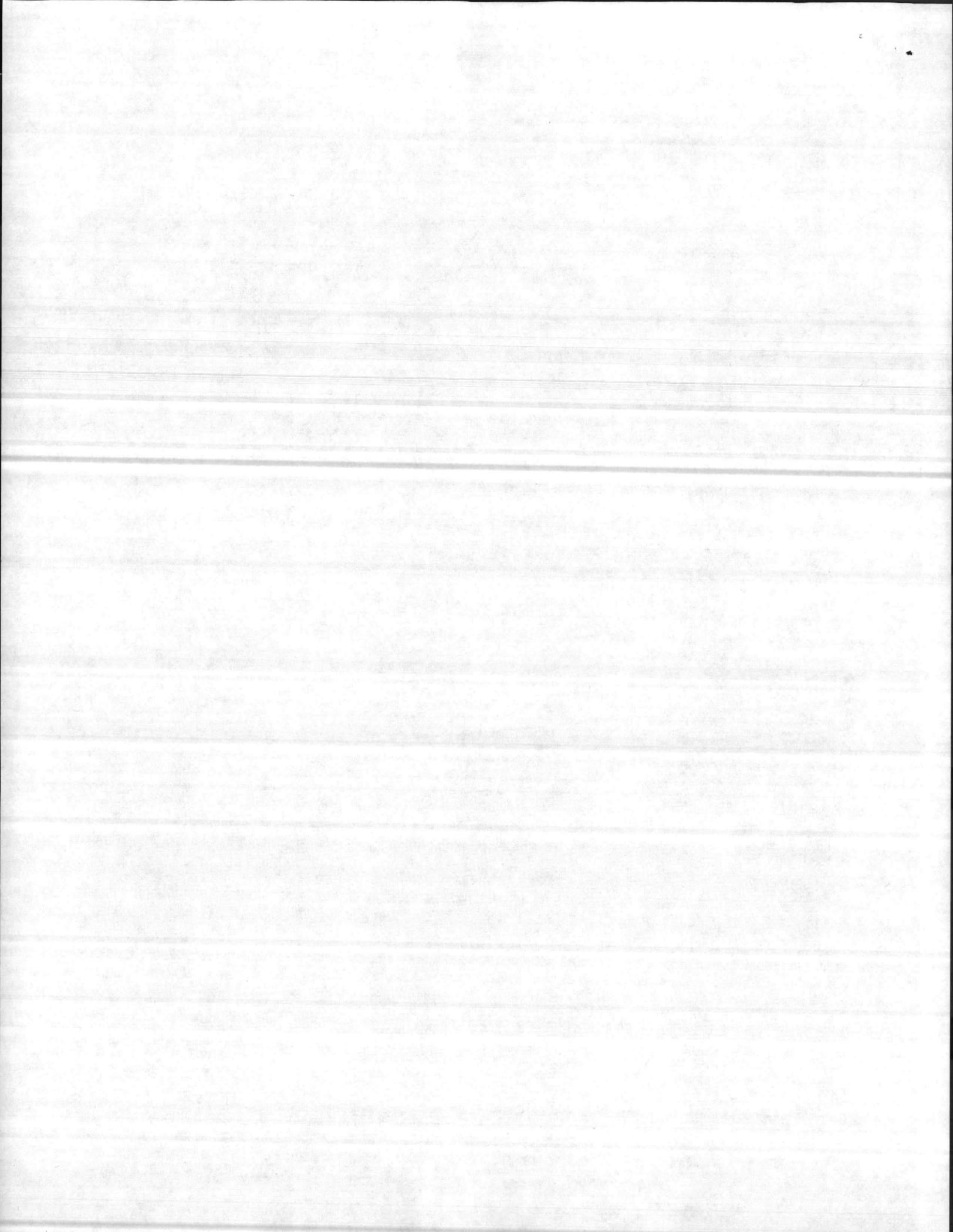
CONTROLLER MANUFACTURER **Master** APPROVED YES NO START **100** psi STOP _____ psi JOCKEY PUMP ON _____ psi OFF _____ psi
 SHOP OR SERIAL NO. **21993** MODEL OR TYPE **DCFRA-30** MANUAL PRESS DROP MANUAL NO
 AUTO WATER FLW AUTO

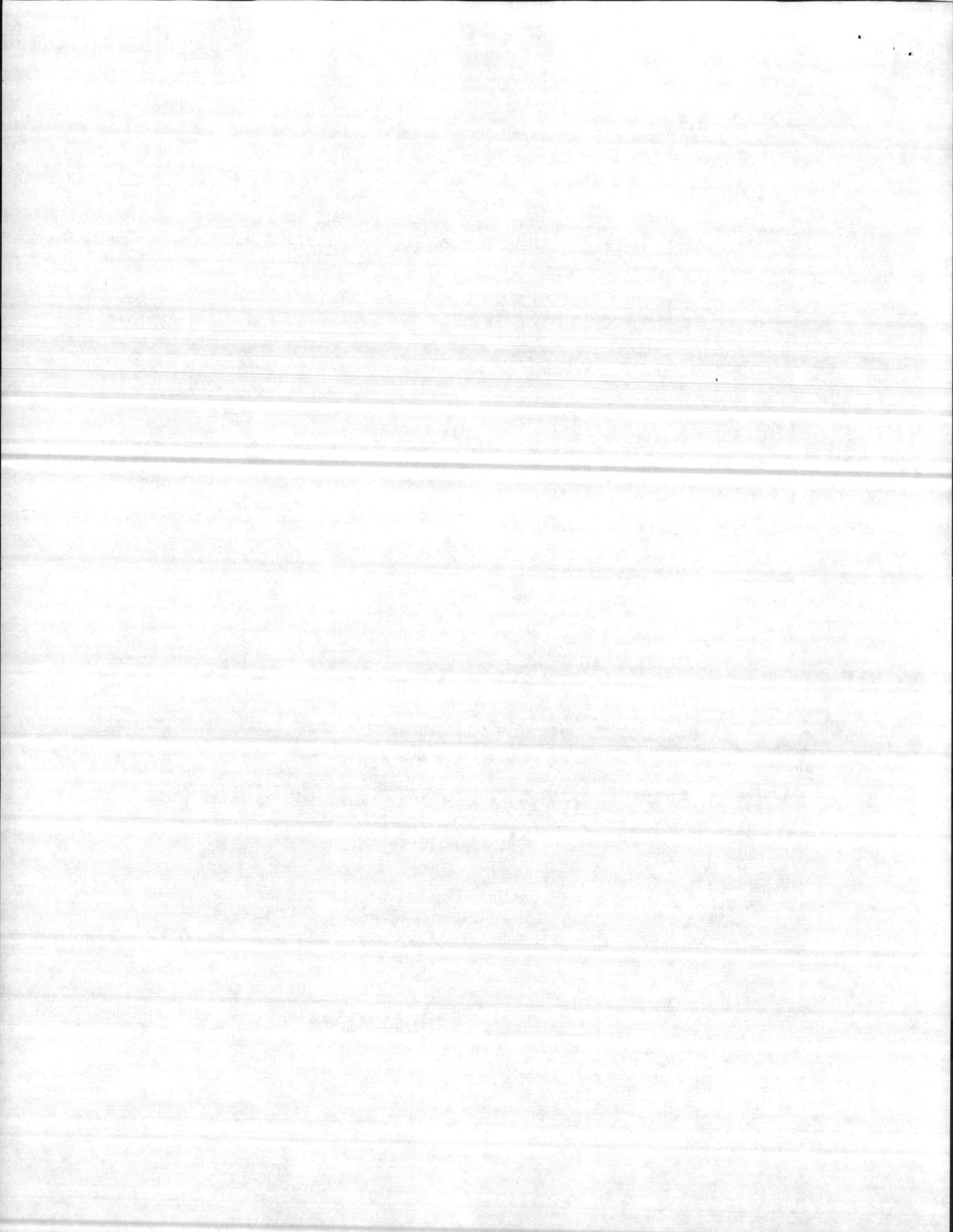
SPEED R. P. M.	DISCHARGE PRESSURE P.S.I.	SUCTION PRESSURE P.S.I.	NET HEAD P.S.I.	STREAMS			GALLONS PER MINUTE	PERCENT OF RATED CAPACITY	VOLTS	AMPS	STEAM PRESSURE	
				NO.	SIZE	PITOT PRESSURE					THROTTLE	CHEST
1800	160	62	98	0			0	0%			115	130
1800	145	60	85	1	1 3/4	31	500	100%				
1790	120	54	66	1	1 3/4	65	738	147%				

Readings marked + in suction column are heads above atmosphere, those marked — are lifts.
 For vertical shaft pumps omit suction press and net head readings.



Plot disch. press. and net head curves for horizontal shaft pump. For vertical shaft pump, plot disch. press. curve. For electric-driven pump, plot ampere curve also.





PUMP ACCEPTANCE TEST DATA

LECO, INC.
P. O. BOX 2908
HICKORY, N. C. 2860
Telephone (704) 322

PROPERTY OF _____
ADDRESS Camp LeJeune
CITY _____
SUBJECT Jacksonville STATE N. C.

INDEX NO. _____
TESTED BY _____ DATE 10-8-8
PLACO CODE _____

PUMP SHAFT HORIZONTAL VERTICAL MANUFACTURER Patterson APPROVED YES NO SHOP OR SERIAL NO. 79PT3799-Lc MODEL OR TYPE 4x3 ME
RATED GPM 500 RATED HEAD-FT. (Psi) 85 RATED RPM 1770 SUCTION FROM City TANK SIZE _____ TANK HEIG _____

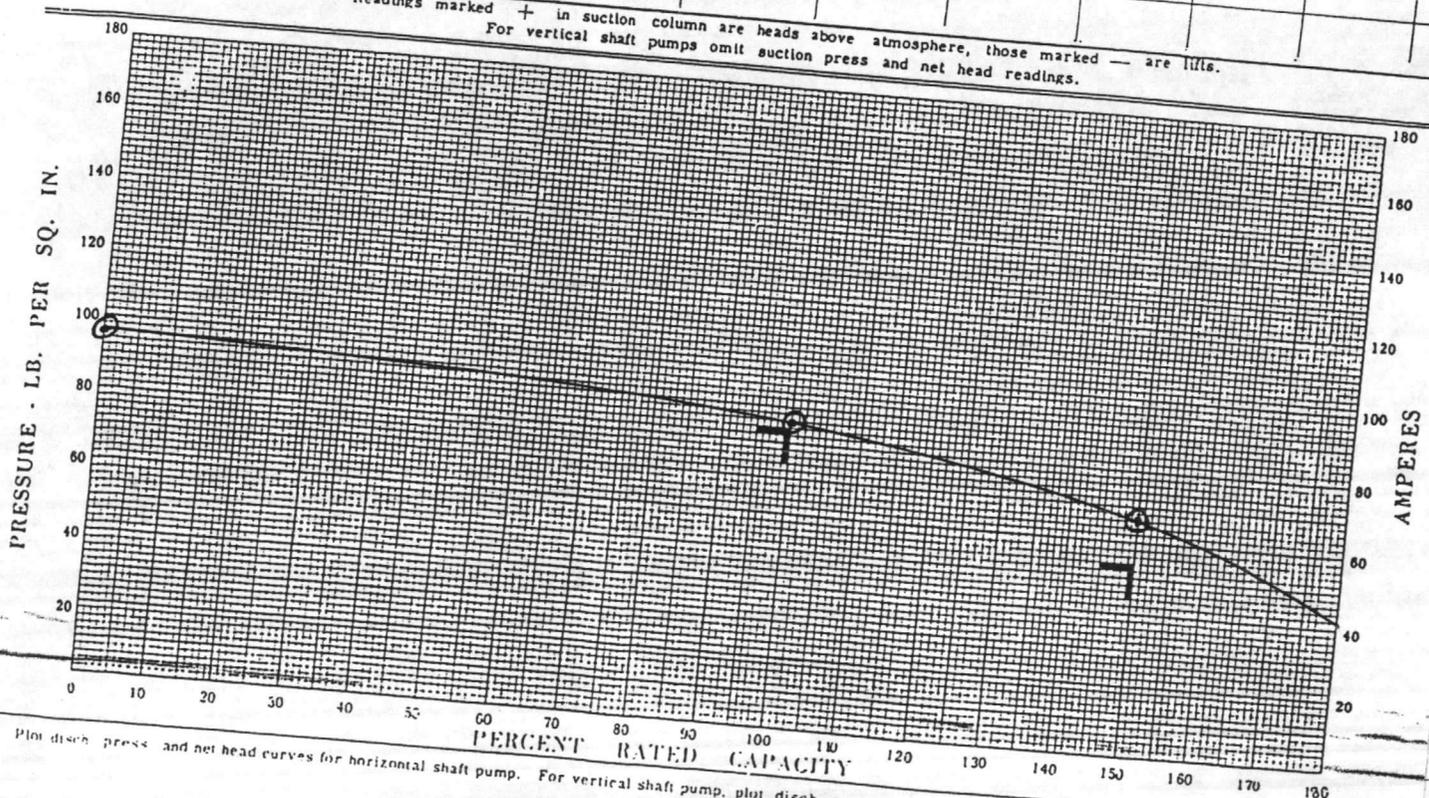
IF VERTICAL TYPE VERTICAL DIST. DISCH. GAUGE TO WATER LEVEL _____ FT. STATIC _____ FT. PUMPING _____ FT. RIGHT ANGLE GEAR DRIVE _____ MANUFACTURER _____ MODEL OR TYPE _____ SHOP OR SERIAL NO. _____ APPROVED YES NO

DRIVER MANUFACTURER Lincoln APPROVED YES NO SHOP OR SERIAL NO. 2265607 MODEL OR TYPE _____ PERFORMANCE SMOOTH ROUGH
 ELECTRIC MOTOR RATED VOLT. 230/460 OPERATING VOLT. 480 RATED H.P. 50 RATED R.P.M. 1770
 DIESEL ENGINE GASOLINE ENGINE GAS ENGINE STEAM TURBINE RATED F.L. AMPS 125/62.5 AMPS AT 150% PHASE 3 CYCLES 60 SERVICE FACT. 1.15

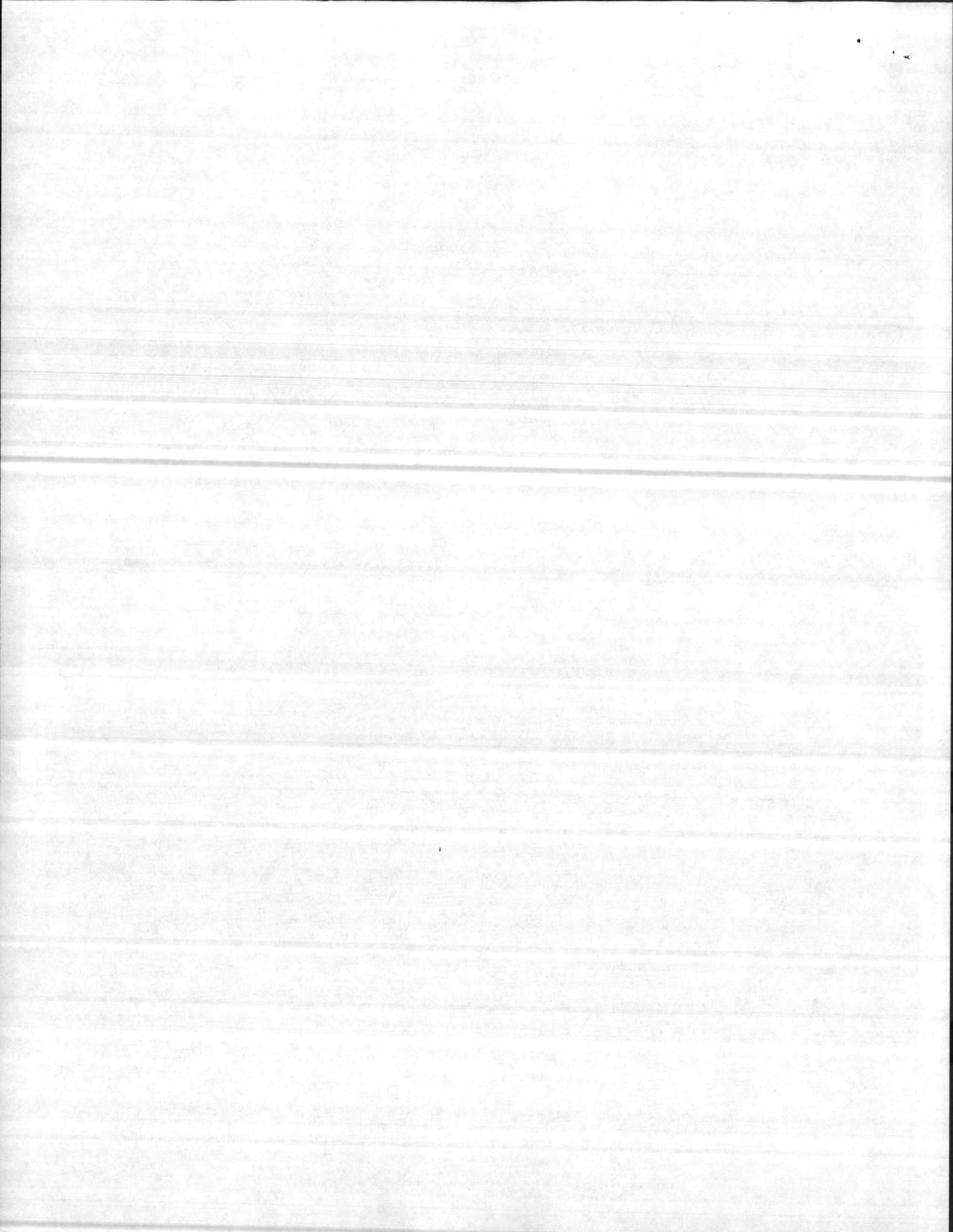
CONTROLLER MANUFACTURER Sylvania APPROVED YES NO START 90 psi STOP _____ psi JOCKEY PUMP YES NO
SHOP OR SERIAL NO. C3B174-4FK MODEL OR TYPE _____ MANUAL PRESS DROP MANUAL AUTO WATER FLW AUTO ON 115 psi OFF 130 psi

SPEED R. P. M.	DISCHARGE PRESSURE P.S.I.	SUCTION PRESSURE P.S.I.	NET HEAD P.S.I.	STREAMS		GALLONS PER MINUTE	PERCENT OF RATED CAPACITY	VOLTS	AMPS	STEAM PRESSURE	
				NO.	SIZE					THROTTLE	CHEST
1790	158	62	96	0		0	0%	480	30		
1780	144	59	85	1	1 3/4	31	100%	480	44		
1780	120	53	67	;	3/4	68	150%	480	56		

Readings marked + in suction column are heads above atmosphere, those marked - are lifts.
For vertical shaft pumps omit suction press and net head readings.



Plot disch. press. and net head curves for horizontal shaft pump. For vertical shaft pump, plot disch. press. curve. For electric-driven pump, plot ampere curve also.

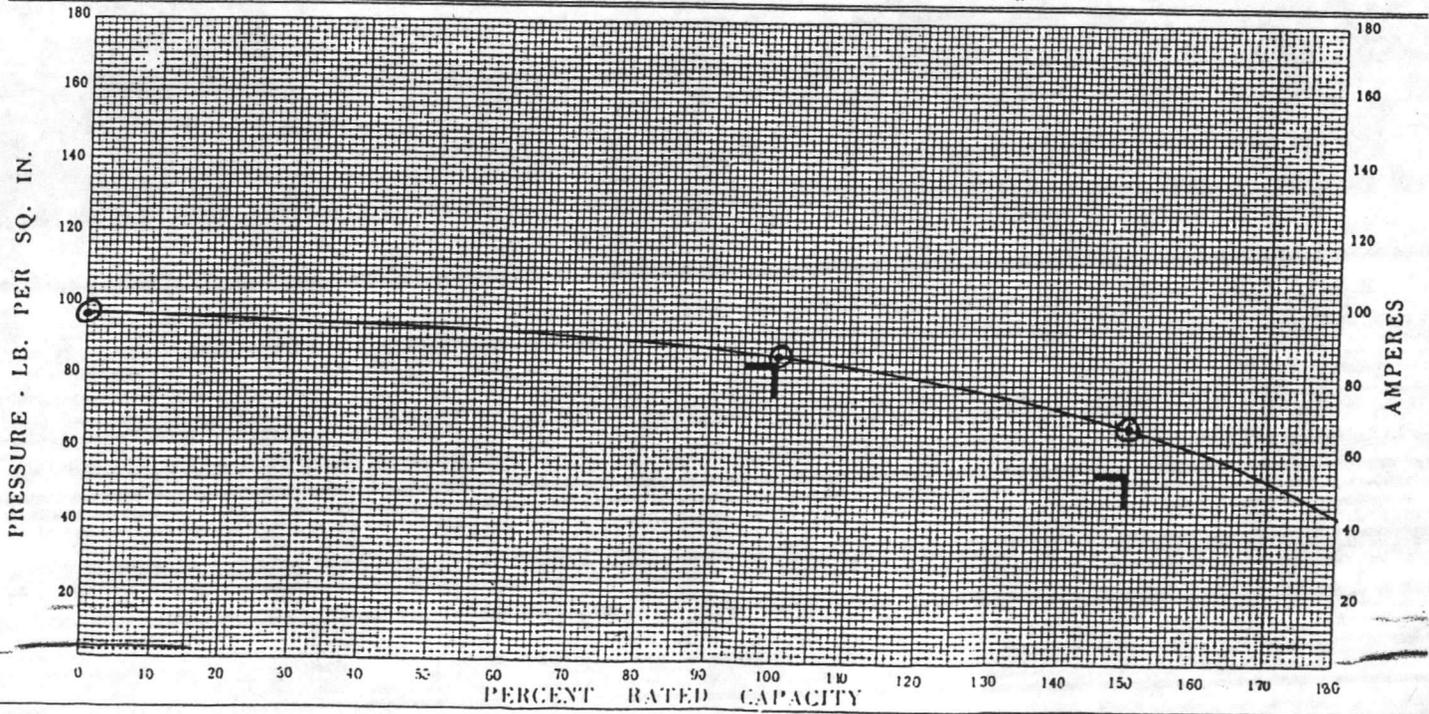


PUMP ACCEPTANCE TEST DATA

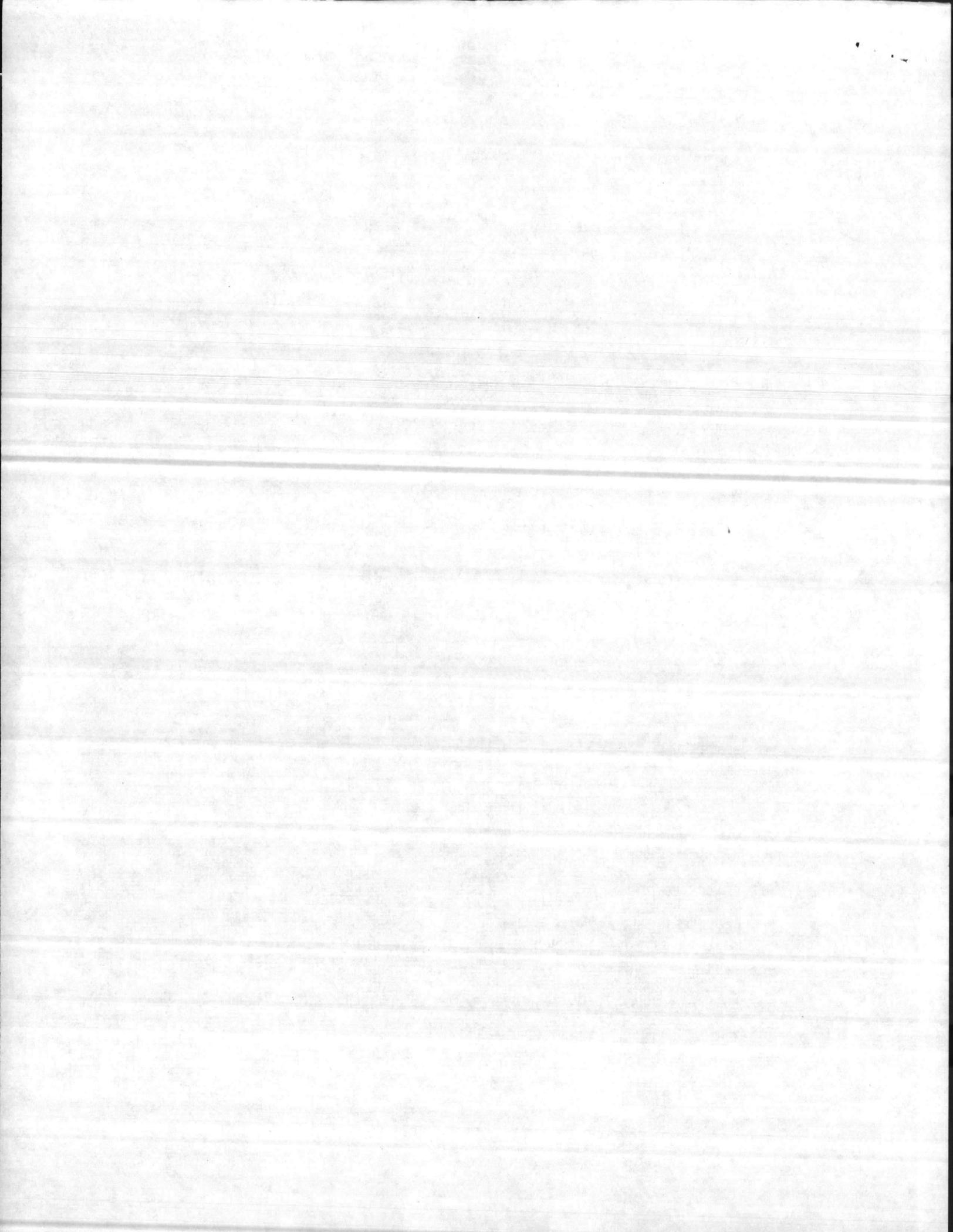
P. O. BOX 2908
 HICKORY, N. C. 28603
 Telephone (704) 322-945

PROPERTY OF		Camp LeJeune				INDEX NO.	DIST. OFFICE		
ADDRESS						TESTED BY	DATE		
CITY		Jacksonville		STATE	N. C.		PLACO	10-8-82 CODE	
SUBJECT						CONFERRED WITH			
PUMP	SHAFT <input checked="" type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL		MANUFACTURER Patterson		APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SHOP OR SERIAL NO. 79PT3799-Lc		MODEL OR T 4x3 ME
	RATED GPM 500		RATED HEAD-FT. (psi) 85		RATED RPM 1770		SUCTION FROM City		TANK SIZE TANK HEIGH
IF VERTICAL TYPE	VERTICAL DIST. DISCH. GAUGE TO WATER LEVEL		STATIC PUMPING FT		RIGHT ANGLE GEAR DRIVE		MANUFACTURER		SHOP OR SERIAL NO.
							MODEL OR TYPE		APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER	MANUFACTURER Lincoln		APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SHOP OR SERIAL NO. 2265607		MODEL OR TYPE		RATED H.P. 50
	<input type="checkbox"/> ELECTRIC MOTOR		RATED VOLT. 230/460		OPERATING VOLT. 480		RATED F.L. AMPS 125/62.5		AMPS AT 150% PHASE 3
	<input type="checkbox"/> DIESEL ENGINE		<input type="checkbox"/> GASOLINE ENGINE		<input type="checkbox"/> GAS ENGINE		<input type="checkbox"/> STEAM TURBINE		PRESS. GOVERNOR BUILT IN <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> TURBINE STEAM PRE
	C3B174-4FK		MODEL OR TYPE		START 90 psi		STOP psi		JOCKEY PUMP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SPEED R. P. M.		DISCHARGE PRESSURE P.S.I.		SUCTION PRESSURE P.S.I.		NET HEAD P.S.I.		STREAMS NO. SIZE	
1790		158		62		96		0	
1780		144		59		85		1 1 3/4 31	
1780		120		53		67		; ; 3/4 68	
								GALLONS PER MINUTE	
								PERCENT OF RATED CAPACITY	
								VOLTS	
								AMPS	
								STEAM PRESSURE THROTTLE CHES	

Readings marked + in suction column are heads above atmosphere, those marked - are lifts.
 For vertical shaft pumps omit suction press and net head readings.



Plot disch. press. and net head curves for horizontal shaft pump. For vertical shaft pump, plot disch. press. curve. For electric-driven pump, plot ampere curve also.



WORSHAM SPRINKLER CO., INC.

1355 SOUTH PARK DRIVE, P.O. BOX 525 • KERNERSVILLE, NORTH CAROLINA 27284 • PHONE (919) 996-4191

November 23, 1982

Cardinal Contracting Company
P. O. Box 8408
Camp Lejeune, NC 28542

Attention: Ben Wyatt

Re: Naval Regional Medical Center
Camp Lejeune, NC

Dear Mr. Wyatt:

This is to certify that the fire sprinklers in areas G and H, first second, third and fourth floors have been tested and will be complete and in service by December 20, 1982, provided that all related work (ceiling installation, etc.) is completed to allow adequate time for our scheduled completion.

Sincerely,

WORSHAM SPRINKLER COMPANY, INC.

W.D. McRorie
W. D. McRorie

WDM/ld
cc: Cecil Langley
Bill Mangum

