

$\underline{\underline{Fire\ Sprinkler\ System\ Specification\ Sheet}}_{(Per\ \S40-10-250)}$



nch Library							
reet # & name	THE RESIDENCE WAS ARREST TO BE THE PARTY OF					the state of the s	
Address (street # & name): 1178 Smith Street				State Project: ☐ Yes ■ N			
City: Turbeville Co			ounty: Clarendon			State Project #:	
	Water Su	pply Information					
(Flov	v test data must be less		10-10-250(A)(Residual pi		sei). TDD	Flow (gpm): TBD	
ya ta tha ha		Horizontal (ft):	300			erence in ft): 0	
	se of the riser: ad-end Municipal ci		7.7.7		i (cicvation and	Pipe Size (in.): 6	
			Title:			Tipe bize (iii.).	
Ellis Evan	97801		Title.		Phone: 0	242 272 0272	
ganization: Turbeville Water Department ☐ Existing Rated Pressure (psi):			Phone: 843-373-9273 Churn Pressure (psi):				
P•		diam'r.			re @ 150% flow (psi):		
water storage: ☐ Yes ■ No		Rated Capacity (gpm): Pressure New Desisting Dank Dother:			Capacity (gal):		
165 110				Ca	pacity (gai).		
		zard Classification ation page when neces					
ass or Code Description of Hazard Protected (including occupancy use group, and details of storage arrangem							
applicable (including commodity class, rack arrangement/type, ceiling and storage height.))						7	
Office, Workroom, Kitchen, Restrooms, Lobby, Meeting Room							
p 1 Electrical Rooms, Storage Rooms p 1 Attic Spaces							
	Design	n Parameters	ic Spaces				
		ation page when neces	sary)				
Density(gpm/ft²)/Area(ft²), or Other (Reference code section			ode sections)	Inside	Hose (gpm)	Outside Hose (gpr	
0.10 gpm/sf/1500 sf *					0	100	
0.15 gpm/sf/1500 sf *				0		250	
0.15 gpm/sf/1950 sf				0 250		250	
i5g	Site Classific		Sei	smic Desi	ign Category	= D	
		and Standards ation page when neces	sarv)				
& Editions (i.e. 2018 IBC, 2016		NAMES AND ADDRESS OF THE OWNER, WHEN PARTY AND ADDRESS OF THE PARTY AND	f Work or	n the Fire Spi	inkler System	
	Sprinkler System: NI					4	
	* Area reduction	per 19.3.3.2.3.2 is a	llowed				
1 A.G. from 1'-	0" A.F.F., U.G. from to	ap to 5'-0" outside, etc	.) and notes	(attach co	ntinuation page	when necessary):	
s work be	egins 1'-0" abov	ve finished floo	or at the r	iser.			
	Specifie	r's Information					
P.E.		.,,,,	CARO	11.	(1)	CARAN.	
ervices provided through a firm: Yes No			111 5710	Kin.		ROFESSION	
Firm name: Stephens Engineering & Consulting, LLC			STEPHENS NGINEERING		1	4	
ss: 130 Heritage Lane			CONSULTIN		315	NO. 16685	
			LLC	1	75.3	6.5.8	
Zip: 2	9642		. C05169	Bill	The state of the s	CONKIL	
Fax:		"ili	S, OF AU!	1111	177	C. SIKIN	
		Certifica	te of Autho	rization	Professio	nal Engineer's Sea	
		Fax:	Fax:	Zip: 29642 Fax: Certificate of Author	Zip: 29642 Fax: Certificate of Authorization	Zip: 29642 Fax: Certificate of Authorization Cossiderate of Authorization	

Form Version: July 1, 2021