



**Wylie Prevention/Community Risk
Reduction Division**

Mailing Address: 300 Country Club
Physical Address: 2000 N. Hwy 78,
Suite 203
Wylie, TX 75098
(972) 442-8110

Fire Sprinkler Underground/Private Fire Service Main Requirements

- The Wylie Fire Department requires three copies of system underground drawings.
- Reduced Pressure Zone Back Flow Preventer with detector meter and indicating valves must be installed in the riser room.
- Notarized letter certifying plans meet the International Fire Code (IFC) 2006.
- A copy of licensed certificate should also be attached to notarized letter.
- A copy of the responsible party's driver's license is required for all Contractor Registrations.
- Plans must be reviewed and stamped by Reed Fire Protection Engineering, 4144 N. Central Expressway, Suite 510, Dallas, Texas 75204; 214-638-7599. Fees associated with the third party plan review are the responsibility of the company submitting the plans. Contact Reed Fire Protection for submittal requirements.

TYPES OF INSPECTIONS REQUIRED:

- The Wylie Prevention/Community Risk Reduction Division must perform both Visual and Hydrostatic inspections of sprinkler system and underground systems. **Please call (972) 442-7970, 48-hours in advance, to schedule an appointment for acceptance testing.**

PLAN APPROVAL

- A representative of the Wylie Fire Department must inspect and implement a plan review. If the plan review is completed successfully, a set of signed plans stating the Wylie Fire Department has approved and verified components to the best of their knowledge. A letter stating facts of the review will also be provided. The submitter of the plans will be contacted in reference to the plan review completion. Please allow a ten-day turnaround for this process. Permits will be issued after plans have been reviewed and approved.

FEE: **\$250.00** **Checks or Exact Change Required**
 \$100.00 **Annual Contractor Registration**

PERMIT HOLDER IS RESPONSIBLE FOR REQUESTING AND COMPLETING ALL REQUIRED INSPECTIONS.



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PROCEDURES: Visual Inspection

- a) Have city approved plans on site
- b) Prepare trench—minimum 4' depth
- c) Line the bottom of the trench with a minimum of 12" of sand.
- d) Place approved pipe with all wording facing upward on top of the sand.
- e) Install all thrust blocks according to NFPA 24
- f) Complete the embedment by placing sand completely around the pipeline $\frac{3}{4}$ up on both sides
- g) Have sand placed next to the trench—DO NOT PLACE ANY ON THE PIPELINE
- h) Call (972) 442-8110, 24-hours in advance, to make an appointment for a visual inspection

**No tests will be conducted without approved plans, when raining or water in the trench

**All threaded rod and nuts must be stainless steel

Hydrostatic Testing

PROCEDURES: Hydrostatic Testing

- a) Have city approved plans on site
- b) Center load or cover pipeline with a minimum of 12" of sand—NO BACKFILL MATERIAL
- c) Leave all joints open for inspection approximately 2' on both sides if center loaded only
- d) Fill pipeline with water approximately 24 hours in advance to ensure all air is removed
- e) Apply test pressure at 50 psi increments up to 200 psi to stabilize the system
- f) Let stand and call 972-442-7970, 48-hours in advance, to schedule inspection
- g) Maintain 200 psi for two hours
- h) Distribute sand to a minimum of 6" over entire length of the pipeline and tamp in place
- i) Backfill with select material

*****No tests will be conducted without approved plans, when raining, or water in the trench.***

FLUSHING

**If at all possible schedule the flush just after the hydrostatic test

- --Up to 8" pipeline must be flushed with a 4" or two 2 ½" hose line connections
- --10" or greater must be flushed with 6" hose connection



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- Reed Review**
- Three copies of system drawings with appropriate seals, signatures and license information.**
- Copy of RME license**
- Notarized letter**
- Copy of responsible party's driver license**

Installer/Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Job Name and Address: _____

Contractor Name (if different than above): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Date of Contractor Registration: _____

Contractor Renewal Date: _____

Receipt No: _____

Permit Fee: Calculated per square foot of building area

- 0 -100,000 sq. ft. 0.015 per sq. ft.
- 100,001 - 300,000 sq ft .014 per sq ft (\$1,500 for the first 100,000 sq. ft. plus \$0.014 for each additional sq. ft. of area or fraction thereof.)
- 300,001 + sq. ft. \$0.009 per sq. ft. (\$4,200 for the first 300,000 sq. ft. plus \$0.009 for each additional sq. ft. of area or fraction thereof.)

Date: _____

Check #: _____ **Cash:** _____ **Receipt No.:** _____

Reinspection Fee: \$75.00 _____ **Date:** _____ **Receipt No:** _____