Appendix C

Mystic Area Smoke Testing Results

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SETUP #: 1

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Edgemont St.
From MH 1-2 Thru MH 1-3 To MH 1-0
Footage _____ Pipe Size 30" #Candles 1
Date 07/18/2022 Time 8:45 (am)/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Edgemont St.
Hse # 15, 11
Street Name: Broadway Ave. Ext
Hse # 2, 4, 12
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

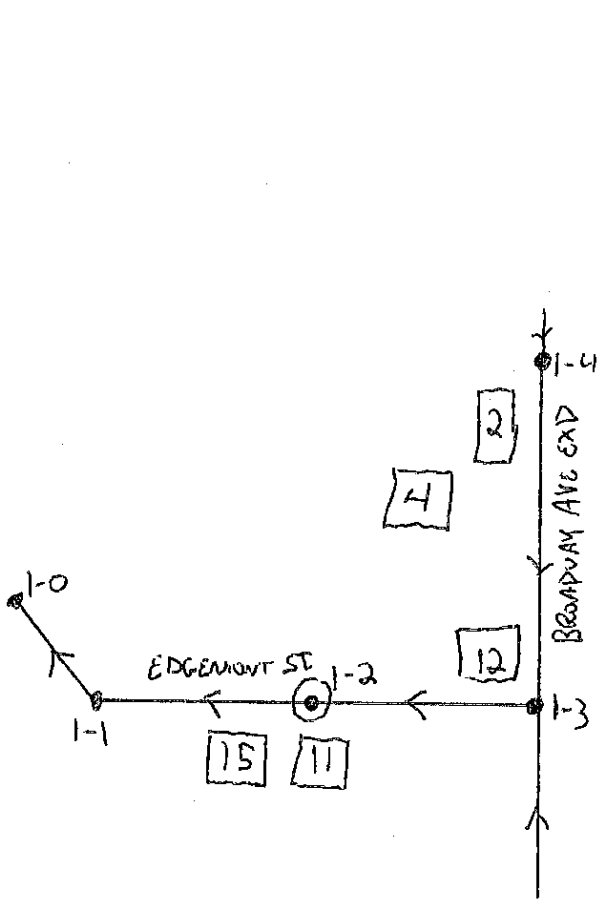
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 2

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem # M-09 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Washington St. & Jackson St.
From MH 1-65 Thru MH _____ To MH _____
Footage _____ Pipe Size 10" #Candles 1
Date 07 / 18 /2022 Time 10 : 10 (am) pm

MH____ To____ Ft____ : MH____ To____ Ft____ :
MH____ To____ Ft____ : MH____ To____ Ft____ :
MH____ To____ Ft____ : MH____ To____ Ft____ :
MH____ To____ Ft____ : MH____ To____ Ft____ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Jackson Ave
Hse # 2, 3, 4, 5, (6), 8, 9, 10, 11, 12, 15
Street Name: Washington St.
Hse # 15, 17, 28, 35, 32, 34, 36, 40, 44
Street Name: Jackson Ave.
Hse # 14, 19, 20, 22, 24
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

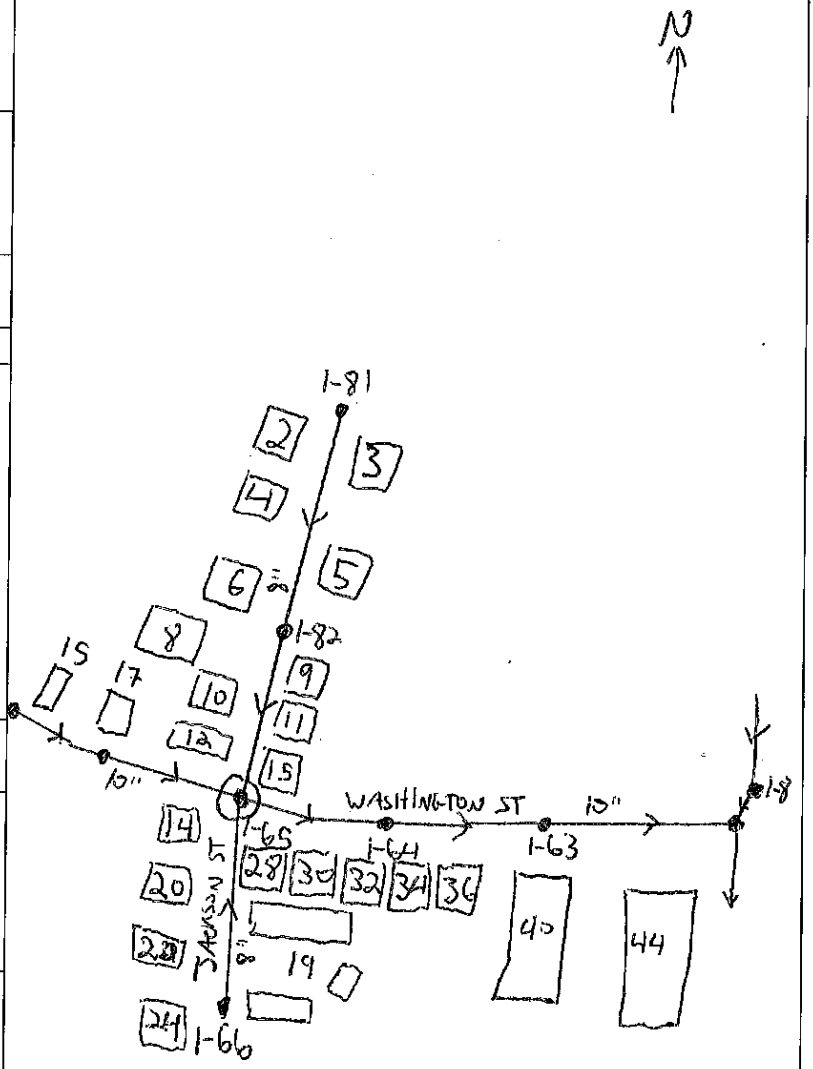
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 3

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem #: M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Roosevelt Ave (US Hwy 1)
From MH 2-1 Thru MH _____ To MH _____
Footage _____ Pipe Size 24" #Candles 1
Date 07/18/2022 Time 10:50 (am)/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Roosevelt Ave
Hse # 41, 5, 12, 17, 19, 21
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

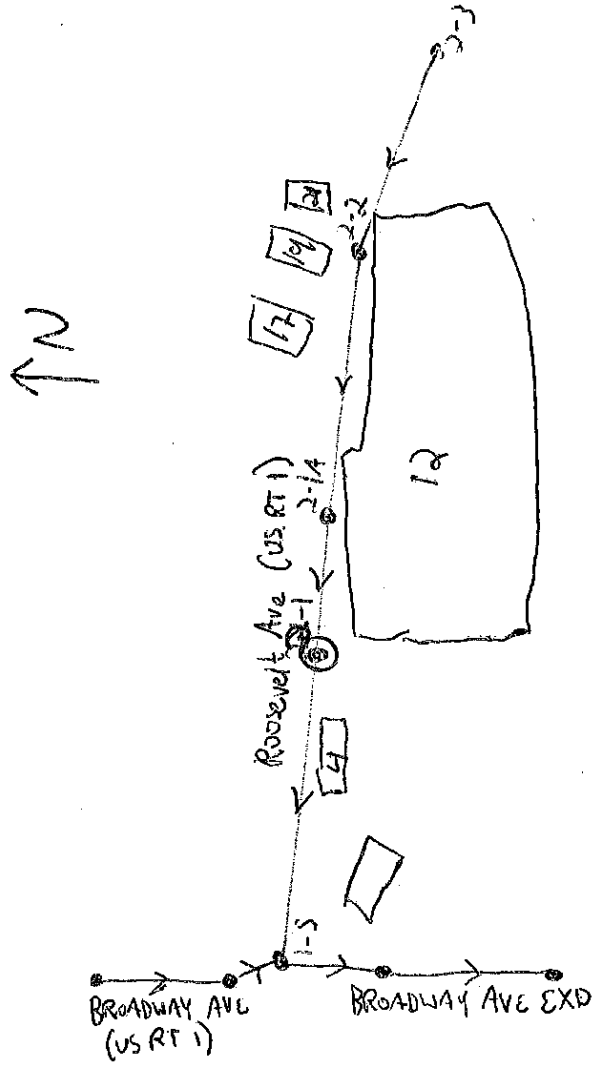
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



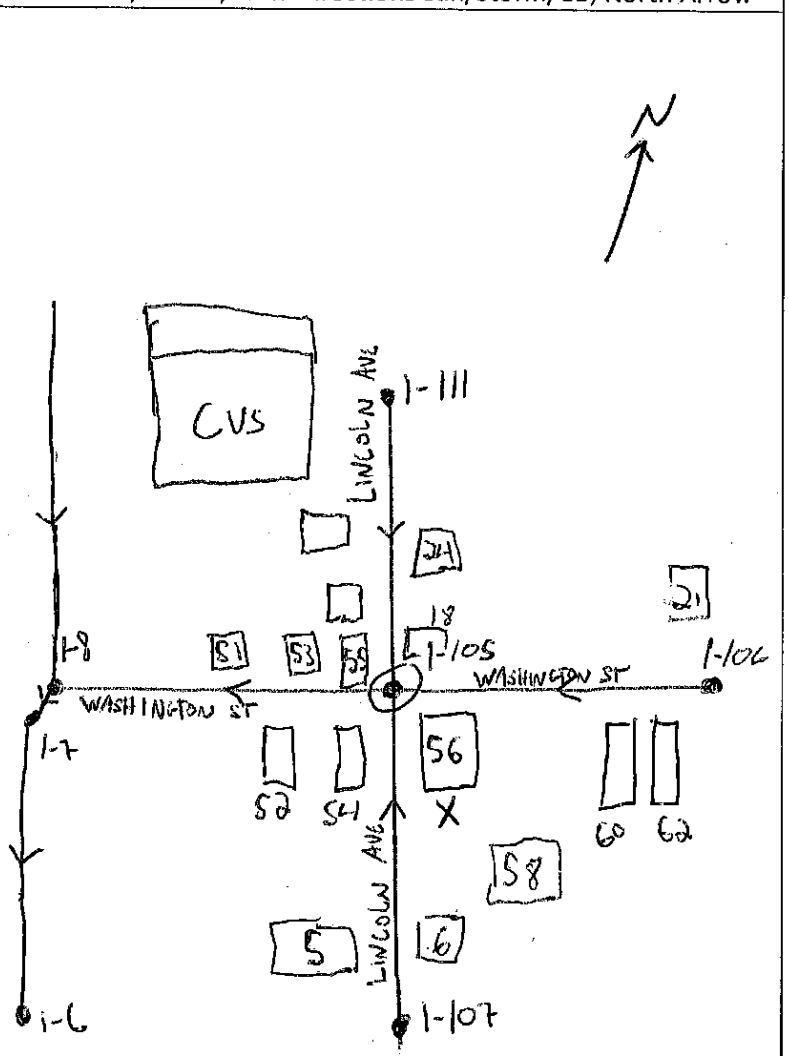
NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 4

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH ASSOCIATES, LLC

Subsystem #M-08 Inspector1: Kevin M Inspector2: Ryan B Inspector3:

SMOKE TESTING	Map Sketch St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow
Location: WASHINGTON ST & LINCOLN AVE From MH 1-105 Thru MH _____ To MH _____ Footage _____ Pipe Size 8" #Candles 1 Date 07/18/2022 Time 11:15 (am)/pm MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND) SMOKE TESTING Street Name: Lincoln Ave Hse # 5, 6, 18 Street Name: Washington Street Hse # 52, 53, 54, 55, 56 (60), (62), 65 Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP 1 Location: Driveway of 56 Washington St. Btwn MH 1-105 To MH 1-107 Pic: C ___/P___ Drainage Area (Grass 300 sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments: Smoke from Cleanout in Rear Driveway 2 Location: _____ Btwn MH_____To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments: 3 Location: _____ Btwn MH_____To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments: 4 Location: _____ Btwn MH_____To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments: 5 Location: _____ Btwn MH_____To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	 NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 5

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH ASSOCIATES, LLC

Subsystem #: M-09 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Willow Street
From MH 1-71 Thru MH 1-69 To MH 1-72
Footage _____ Pipe Size 8" #Candles 1
Date 7/20/2022 Time 8:52 am/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Willow St.
Hse # 43, 41
Street Name: Washington St
Hse # 4, 11
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

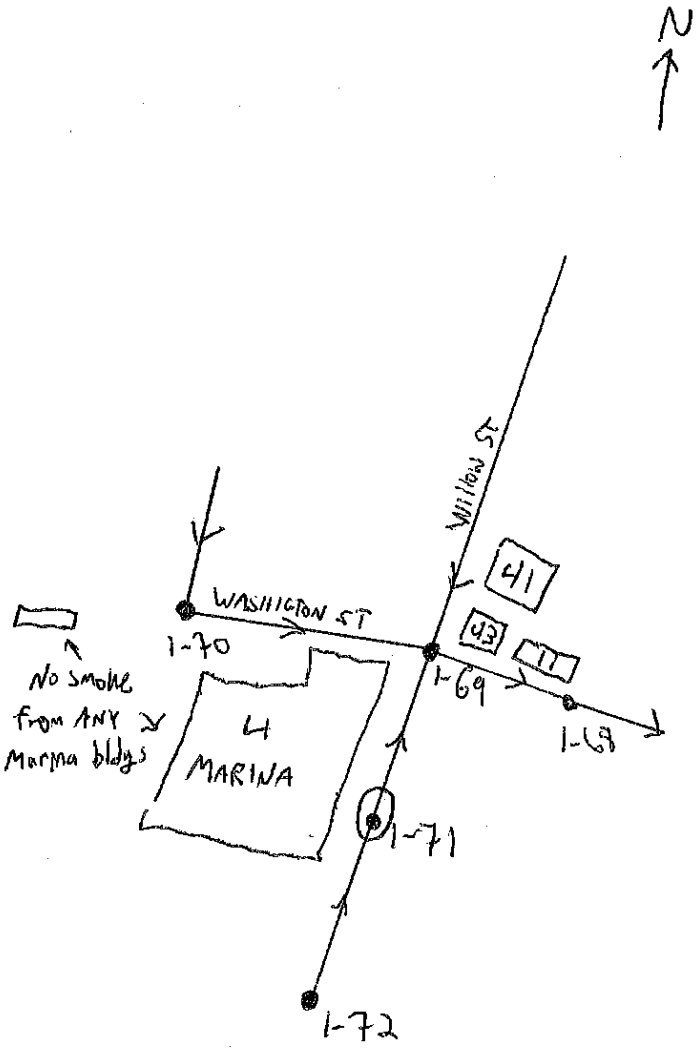
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 6

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem # M-09 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Cottrel Street
From MH I-73 Thru MH I-75 To MH I-70
Footage _____ Pipe Size 8" #Candles 1
Date 9/20/2022 Time 9:28 (am)/pm

MH___ To___ Ft ___ : MH___ To___ Ft ___ :
MH___ To___ Ft ___ : MH___ To___ Ft ___ :
MH___ To___ Ft ___ : MH___ To___ Ft ___ :
MH___ To___ Ft ___ : MH___ To___ Ft ___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Cottrel St.
Hse # 21, 25, 29, 28, 12, 10
Street Name: Stanton Place
Hse # 5
Street Name: Washington St.
Hse # 4
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: 29 Cottrel St. (North S.E. of Bldg)
Btwn MH I-73 To MH I-70 Pic: C ___/P____
Drainage Area (Grass ~200 sf)(Roof ~200 sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments: S

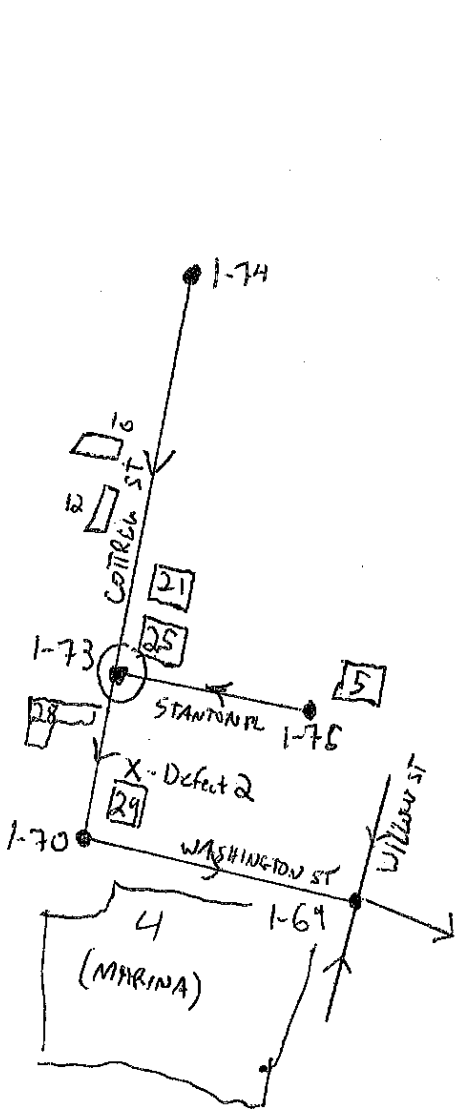
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 7

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH ASSOCIATES, LLC

Subsystem # M-04 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Willow Street
From MH 1-77 Thru MH 1-80 To MH #
Footage _____ Pipe Size 8" #Candles 1
Date 07/20/2022 Time 10:05 (am)/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Willow Street
Hse # 35
Street Name: Haley St.
Hse # 5
Street Name: East Main St. (US RT 1)
Hse # (20), 21, 23
Street Name: Cottrel St
Hse # 21
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: 21 COTTREL ST, 1st Flr APT Rear
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments: Smoke coming out of Bathroom Floor Drain

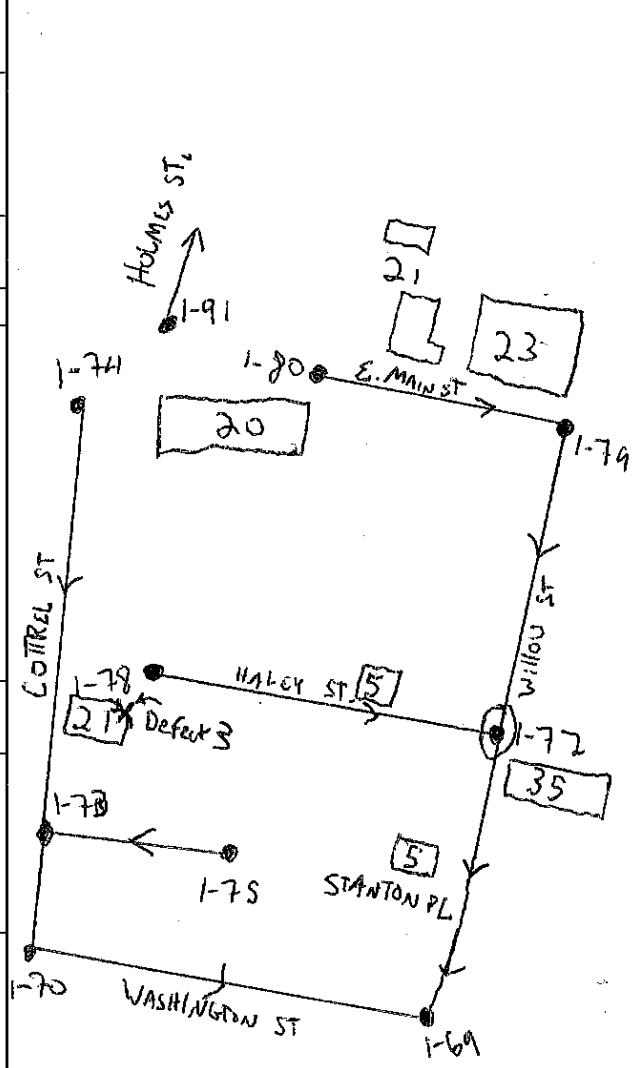
2 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

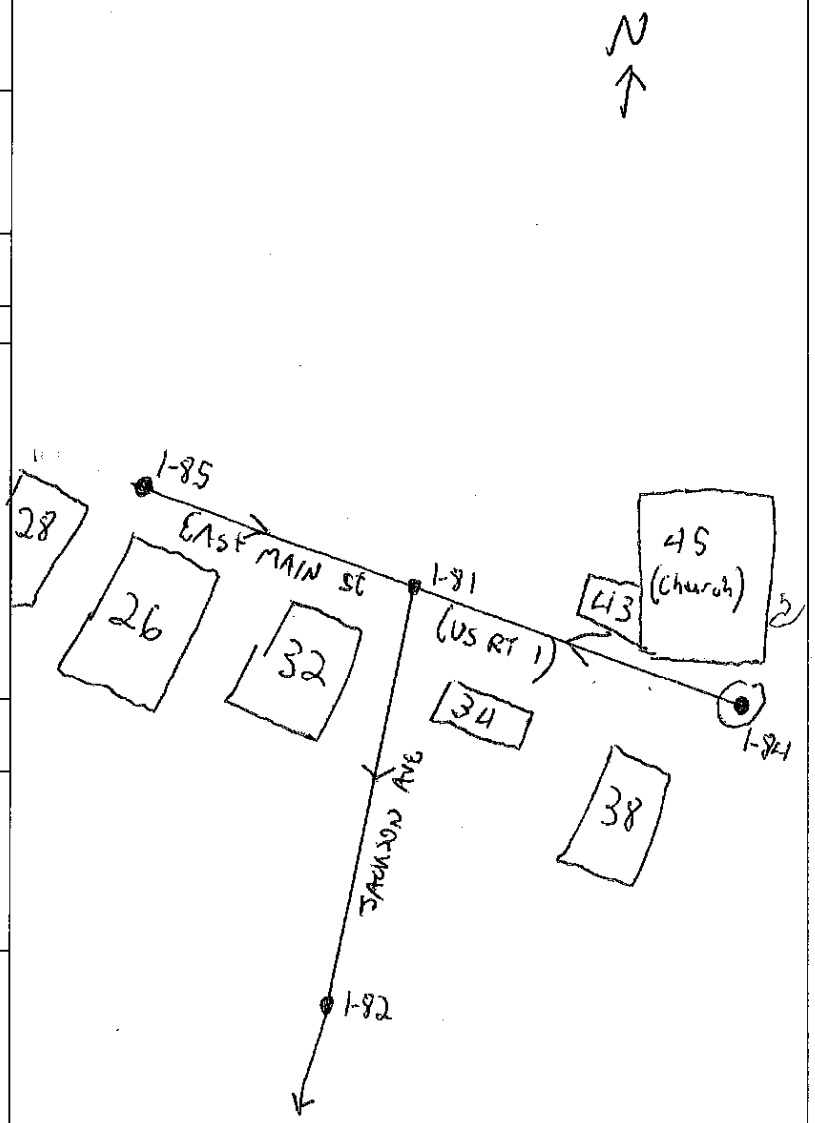
SETUP #: 8

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH ASSOCIATES, LLC

Subsystem # M-09 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING	Map Sketch St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow
Location: East Main St. (US RT 1) From MH 1-84 Thru MH 1-81 To MH 1-85 Footage _____ Pipe Size 8" #Candles 1 Date 07/20/2022 Time 10:45 (am)/pm	
MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ :	
LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND)	
SMOKE TESTING Street Name: EAST MAIN ST. (US RT 1) Hse # 26, 28, 32, 34, 38, 43, 45 Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ Street Name: _____ Hse # _____	
DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP	
1 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
2 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
3 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
4 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
5 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →



SETUP #: 9

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH · ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: East Main St.
From MH 1-109 Thru MH 1-10 To MH 1-110
Footage _____ Pipe Size 8" #Candles 1
Date 07/20/2022 Time 11:30 (am)/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: East Main St.
Hse # 51, 53, 55, 57, 59, 61, 62, 58, (54)
Street Name: Broadway Ave
Hse # 21, 17
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____To MH_____ Pic: C___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

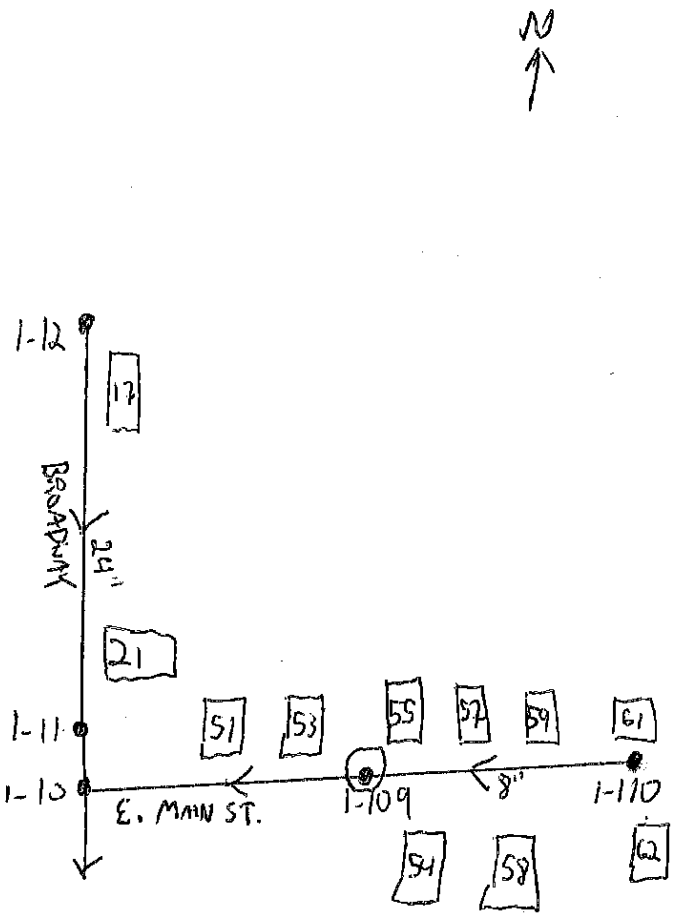
2 Location: _____
Btwn MH_____To MH_____ Pic: C___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 10

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem #: M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Reynolds Hill Road
From MH 2-115 Thru MH _____ To MH 2-114
Footage _____ Pipe Size 8" #Candles 1
Date 07/20/2022 Time 12:00 am/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Reynolds Hill Road
Hse # 3, 9
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

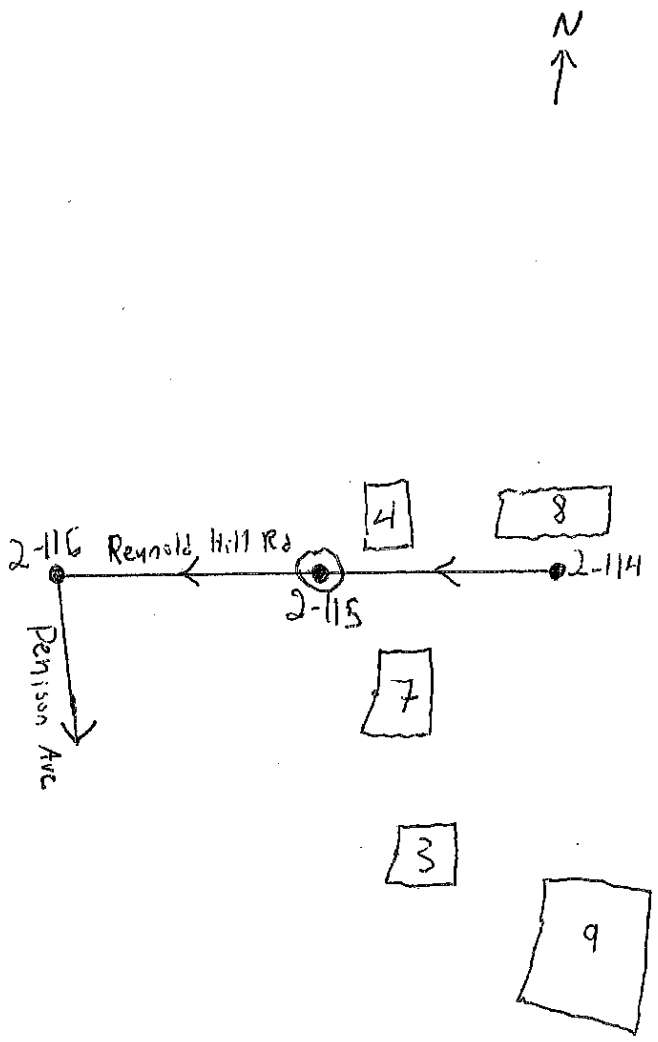
2 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 11

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Denison Ave (State RT 27)
From MH 2-8 Thru MH 2-117 To MH 2-3
Footage _____ Pipe Size 8" #Candles 1
Date 07/20/2022 Time 12:30 am/(pm)

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Denison Ave
Hse # 8, 12, (14), 18, 22, 23
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

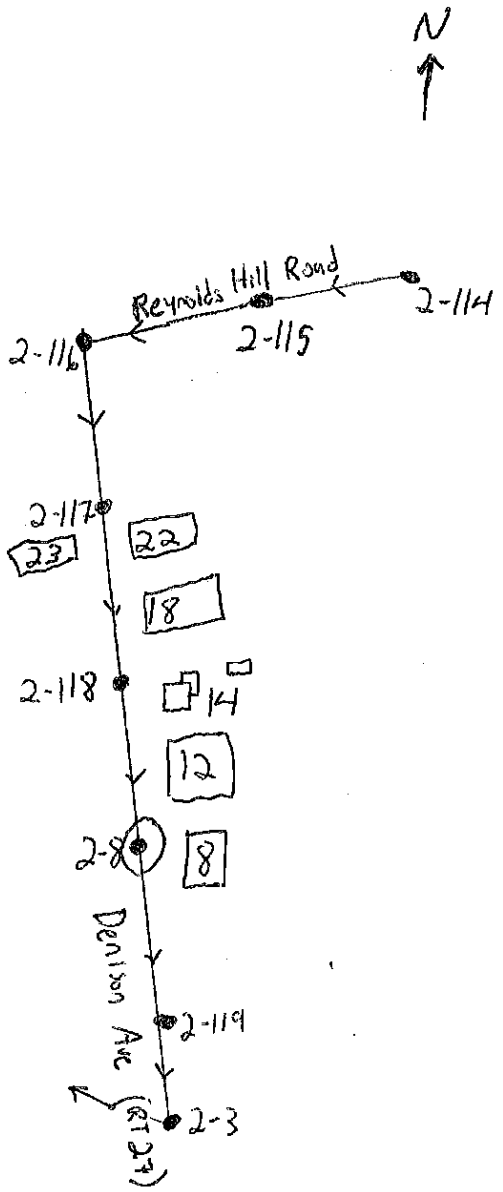
2 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 12

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Broadway & Church
From MH 1-12 Thru MH 1-13 To MH 1-112
Footage _____ Pipe Size 24" #Candles 2
Date 07/20/2022 Time 1 :25 am (pm)

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Church St.
Hse # (21) 23, 25, 27, 29, 31, 32
Street Name: BROADWAY AVE
Hse # 10, 9, 7, 13, 17
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

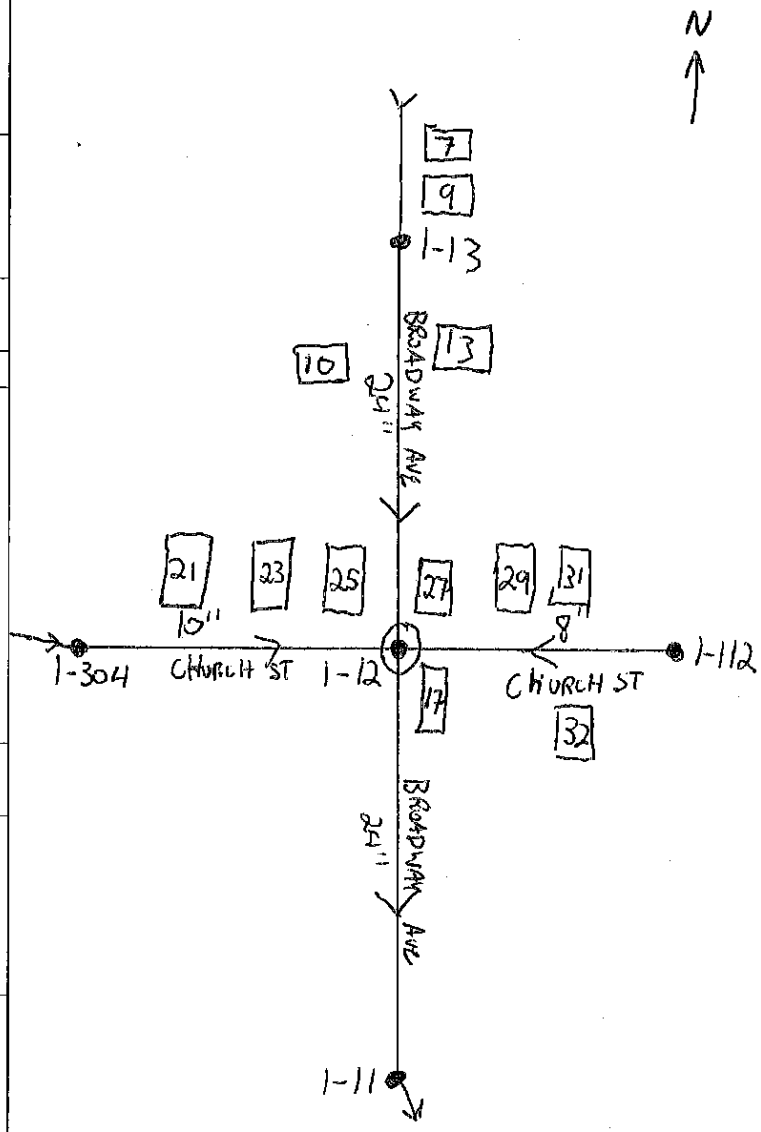
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



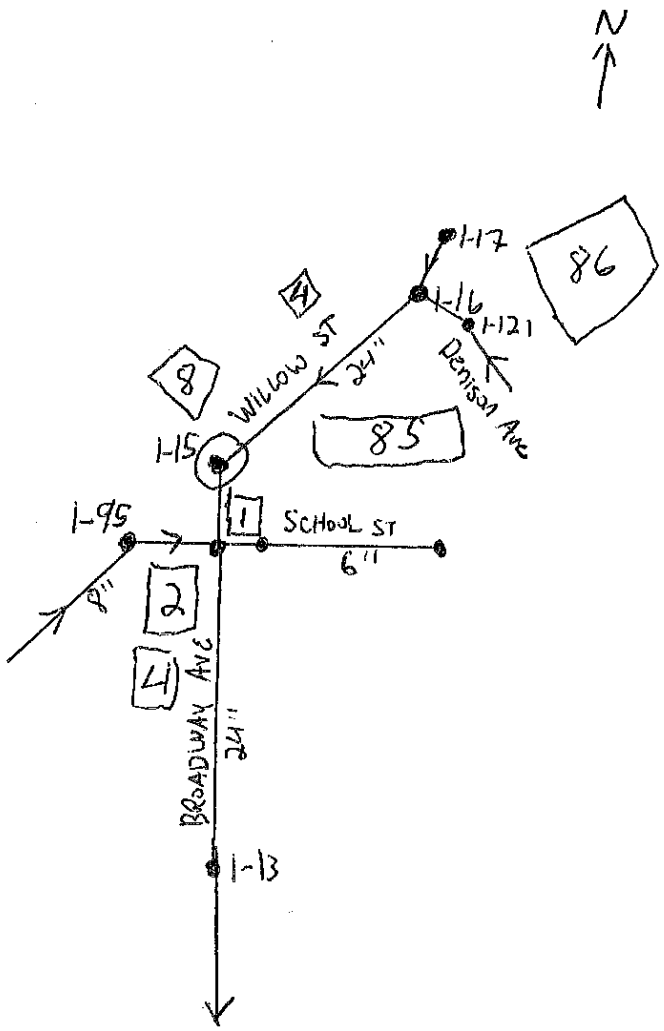
NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 13

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH ASSOCIATES, LLC

Subsystem #: M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

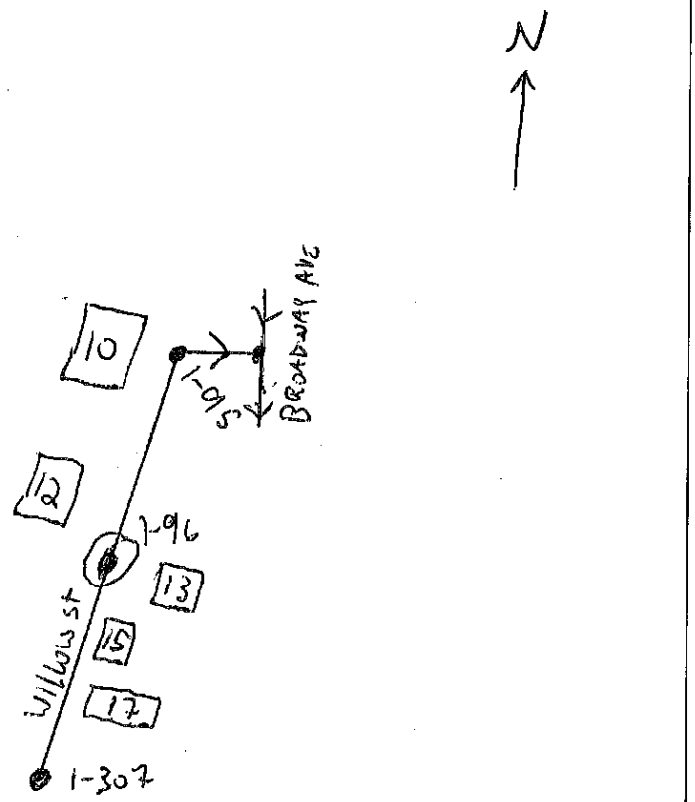
SMOKE TESTING	Map Sketch St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow
Location: WILLOW ST & BROADWAY AVE From MH 1-15 Thru MH 1-16 To MH _____ Footage _____ Pipe Size 24" #Candles 1 Date 07/20/2022 Time 2:15 am (pm)	
MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ :	
LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND)	
SMOKE TESTING Street Name: BROADWAY AVE. Hse # 1, (2), (4) Street Name: WILLOW ST Hse # 4, 8 Street Name: Denison Ave Hse # 85, (86) Street Name: _____ Hse # _____ Street Name: _____ Hse # _____	
DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP	
1 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
2 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
3 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
4 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
5 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 14

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING	Map Sketch St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow
Location: Willow St From MH 1-96 Thru MH 1-95 To MH 1-307 Footage _____ Pipe Size 8" #Candles 1 Date 07/20/2022 Time 2:55 am/pm	
MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ :	
LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND)	
SMOKE TESTING Street Name: Willow St Hse # 10, 12, 13, 15, 17 Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ Street Name: _____ Hse # _____	
DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP	
1 Location: _____ Btwn MH_____To MH_____ Pic: C___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
2 Location: _____ Btwn MH_____To MH_____ Pic: C___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
3 Location: _____ Btwn MH_____To MH_____ Pic: C___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
4 Location: _____ Btwn MH_____To MH_____ Pic: C___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
5 Location: _____ Btwn MH_____To MH_____ Pic: C___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 15

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH · ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: MISTUXET AVE
From MH 1-137 Thru MH _____ To MH _____
Footage _____ Pipe Size 8" #Candles 1
Date 07/20/2022 Time 3:50 am/(pm)

MH ___ To ___ Ft ___ : MH ___ To ___ Ft ___ :
MH ___ To ___ Ft ___ : MH ___ To ___ Ft ___ :
MH ___ To ___ Ft ___ : MH ___ To ___ Ft ___ :
MH ___ To ___ Ft ___ : MH ___ To ___ Ft ___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: MISTUXET AVE
Hse # 11, (19), 20, (22) 19, 17
Street Name: Denison Ave
Hse # (86)
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: 13 Mistuxet Ave Rear Bldg
Btwn MH 1-137 To MH _____ Pic: C ___/P ___
Drainage Area (Grass 200 sf)(Roof ~300 sf)
Dir __ Ind __ Comb __ (Pvmt/Conc 200 sf)
Comments: Smoke comming from under Porch

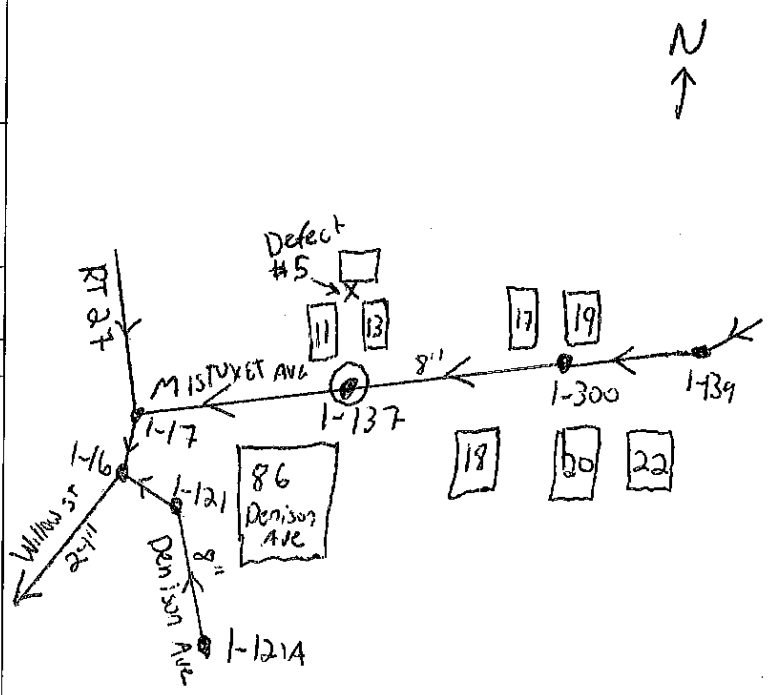
2 Location: _____
Btwn MH _____ To MH _____ Pic: C ___/P ___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb __ (Pvmt/Conc _____ sf)
Comments:

3 Location: _____
Btwn MH _____ To MH _____ Pic: C ___/P ___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb __ (Pvmt/Conc _____ sf)
Comments:

4 Location: _____
Btwn MH _____ To MH _____ Pic: C ___/P ___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb __ (Pvmt/Conc _____ sf)
Comments:

5 Location: _____
Btwn MH _____ To MH _____ Pic: C ___/P ___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb __ (Pvmt/Conc _____ sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 16

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA
MARTINEZ COUCH · ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Kevin M. Inspector2: Ryan B. Inspector3:

SMOKE TESTING

Location: Mistuxet Ave
From MH 1-297 Thru MH 1-139 To MH 1-143
Footage _____ Pipe Size 8" #Candles 1
Date 07/20/2022 Time 9:10 am/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Mistuxet Ave
Hse # (24) 25, 26, (28), (30), 31, 35, (36)
Street Name: Brown St.
Hse # 5, 6, 7
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: 5 Brown St.
Btwn MH 1-143 To MH 1-296 Pic: C ___/P___
Drainage Area (Grass 500 sf)(Roof 500 sf)
Dir __ Ind __ Comb__ (Pvmt/Conc 100 sf)
Comments: Smoke from Clean out in backyard

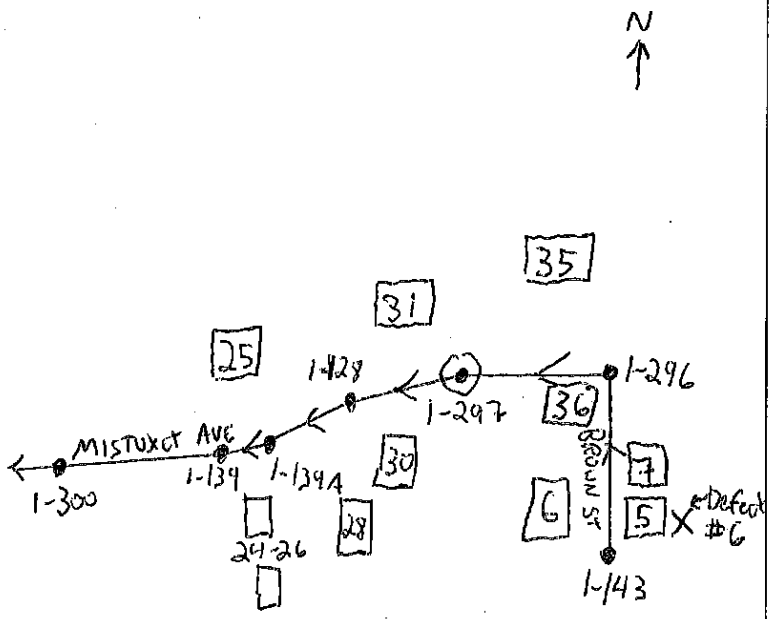
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P___
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



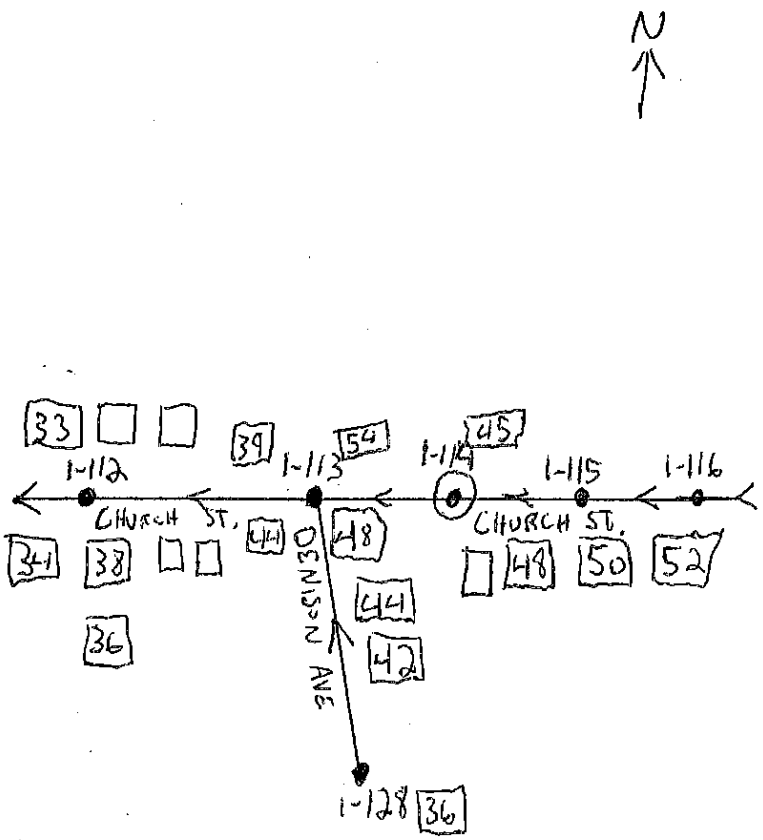
NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 17

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH · ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Myles M. Inspector2: Robert H. Inspector3: Kevin M.

SMOKE TESTING	Map Sketch St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow
Location: Church St. From MH I-114 Thru MH I-116 To MH I-112 Footage _____ Pipe Size 8" #Candles 2 Date 07/28/2022 Time 2:30 am/(pm)	
MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ :	
LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND)	
SMOKE TESTING	
Street Name: Church St. Hse # (52), 50, 48, 45, 44, Street Name: Denison Ave Hse # 54, (48), 44, 43, 41, 42, 36, 39, 34, 33 Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ Street Name: _____ Hse # _____	
DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP	
1 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
2 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
3 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
4 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
5 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 18

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Myles M. Inspector2: Robert H. Inspector3: Kevin M.

SMOKE TESTING

Location: Summit St.
From MH 1-119A Thru MH _____ To MH 1-116
Footage _____ Pipe Size 8" #Candles 1
Date 07/27/2022 Time 2:55 am (pm)

MH____ To____ Ft____ : MH____ To____ Ft____ :
MH____ To____ Ft____ : MH____ To____ Ft____ :
MH____ To____ Ft____ : MH____ To____ Ft____ :
MH____ To____ Ft____ : MH____ To____ Ft____ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Summit St.
Hse # 1, 3, 5, 8
Street Name: Church St.
Hse # (54), (56), 51 All units (units 15-19)
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

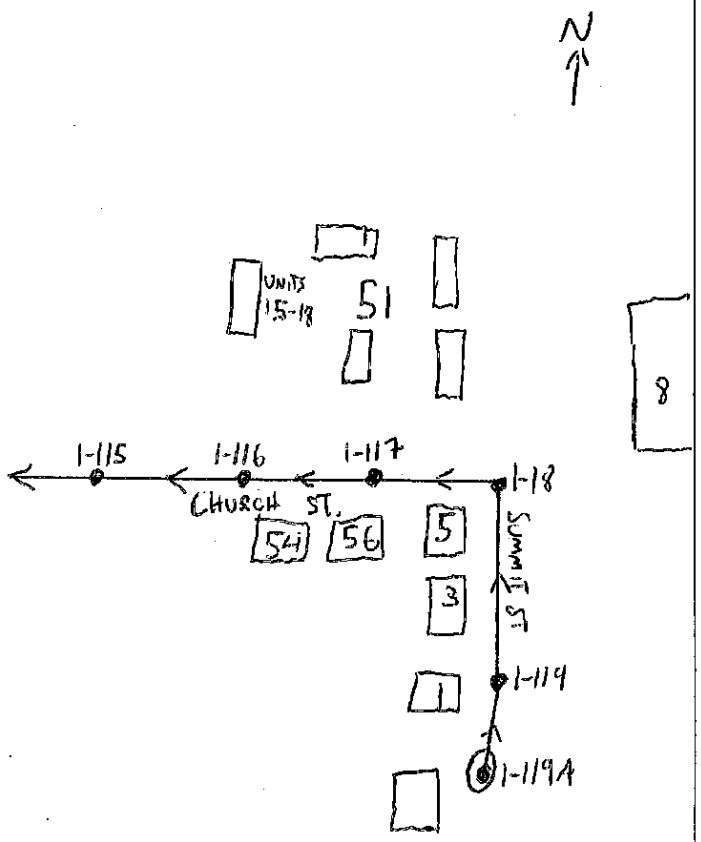
2 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 19

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH · ASSOCIATES, LLC

Subsystem # M-09 Inspector1: Myles M. Inspector2: Robert H. Inspector3: Kevin M.

SMOKE TESTING

Location: Denison Ave & Reynolds Hill Rd.
From MH 2-116 Thru MH 2-117 To MH 2-115
Footage _____ Pipe Size 8" #Candles 1
Date 07/27/2022 Time 3:15 am (pm)

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Denison Ave
Hse # 30, 26, 25, 23, 24
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

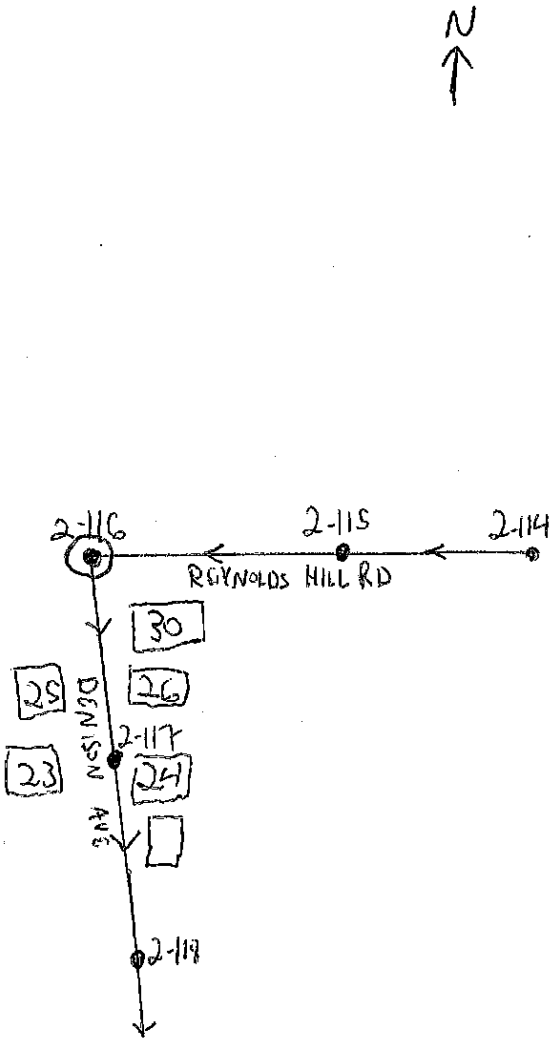
2 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____ To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



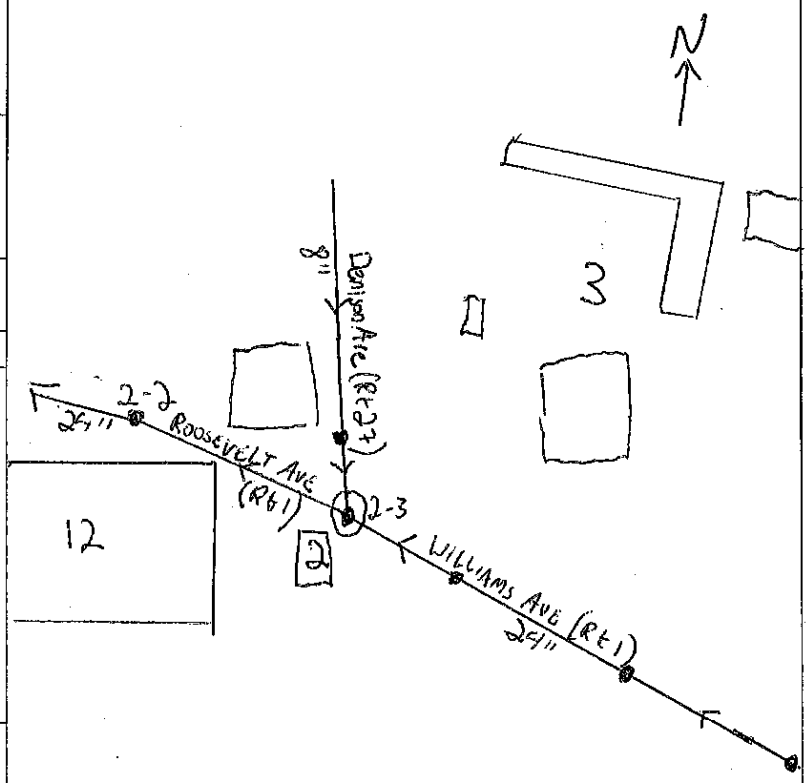
NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 20

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Myles M. Inspector2: Robert H. Inspector3: Kevin M.

SMOKE TESTING	Map Sketch St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow
Location: US Rt 1 & CT Rt 27 From MH 2-3 Thru MH 2-2 To MH 2-6 Footage _____ Pipe Size 24" #Candles 1 Date 07/27/2022 Time 3:40 am/(pm)	
MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ : MH___ To___ Ft___ :	
LOCATIONS WHERE NO VENT SMOKE INDICATED (CIRCLE BUILDINGS IF LEADERS ENTER GROUND)	
SMOKE TESTING Street Name: Williams Ave (US Rt 1) Hse # 3 - All Bldgs Street Name: Roosevelt Ave (US Rt 1) Hse # 2, 12 Street Name: _____ Hse # _____ Street Name: _____ Hse # _____ Street Name: _____ Hse # _____	
DRAW POSITIVE SET UPS, PLACE ITEM # & "X" AT EACH SMOKE FINDING ON MAP	
1 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
2 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
3 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
4 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	
5 Location: _____ Btwn MH_____ To MH_____ Pic: C ___/P____ Drainage Area (Grass _____ sf)(Roof _____ sf) Dir __ Ind __ Comb__ (Pvmt/Conc _____sf) Comments:	NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

SETUP #: 21

SMOKE TESTING DEFECT FORM
STONINGTON SSES

MCA MARTINEZ COUCH & ASSOCIATES, LLC

Subsystem # M-08 Inspector1: Myles M. Inspector2: Robert H. Inspector3: Kevin M.

SMOKE TESTING

Location: Broadway & Roosevelt (Rt 1)
From MH 1-6 Thru MH 1-8 To MH 1-3
Footage _____ Pipe Size 24" #Candles 2
Date 07/27/2022 Time 11:00 am/pm

MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :
MH___ To___ Ft___ : MH___ To___ Ft___ :

LOCATIONS WHERE NO VENT SMOKE INDICATED
(CIRCLE BUILDINGS IF LEADERS ENTER GROUND)

SMOKE TESTING

Street Name: Roosevelt Ave (Rt 1)
Hse # (2)
Street Name: Broadway Ave (Rt 1)
Hse # (34), 31, 27
Street Name: Broadway Ave Ext
Hse # 2, 4, 7
Street Name: _____
Hse # _____
Street Name: _____
Hse # _____

DRAW POSITIVE SET UPS, PLACE ITEM # & "X"
AT EACH SMOKE FINDING ON MAP

1 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

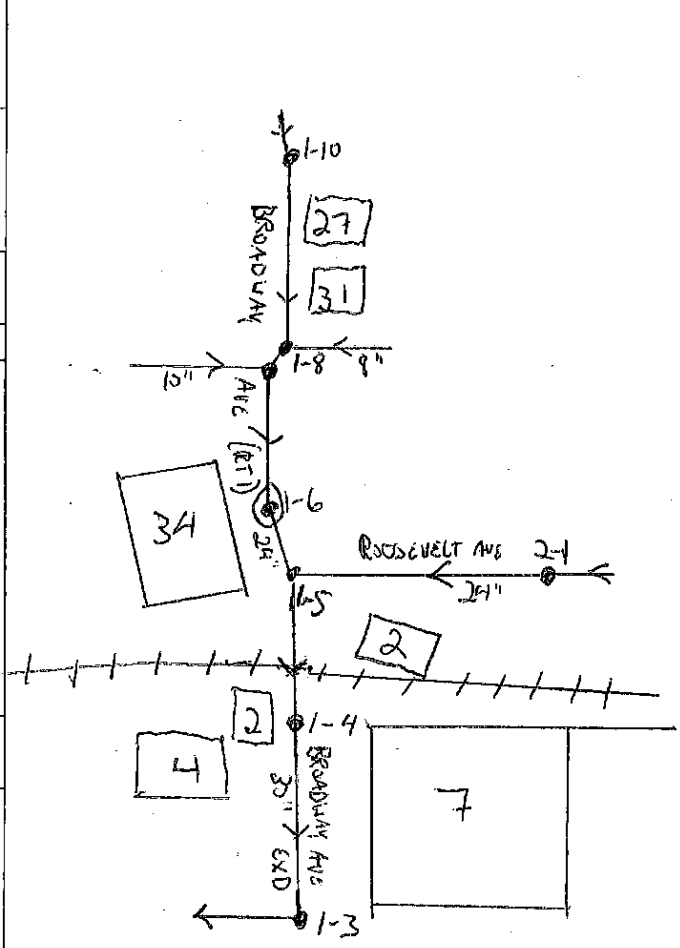
2 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

3 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

4 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

5 Location: _____
Btwn MH_____To MH_____ Pic: C ___/P____
Drainage Area (Grass _____ sf)(Roof _____ sf)
Dir __ Ind __ Comb__ (Pvmt/Conc _____sf)
Comments:

Map Sketch
St Names, MH#'s, Flow Directions San/Storm/CB, North Arrow



NOTE SUSPECT SOURCES (DYE-TEST CANDIDATES) ON OTHER SIDE →

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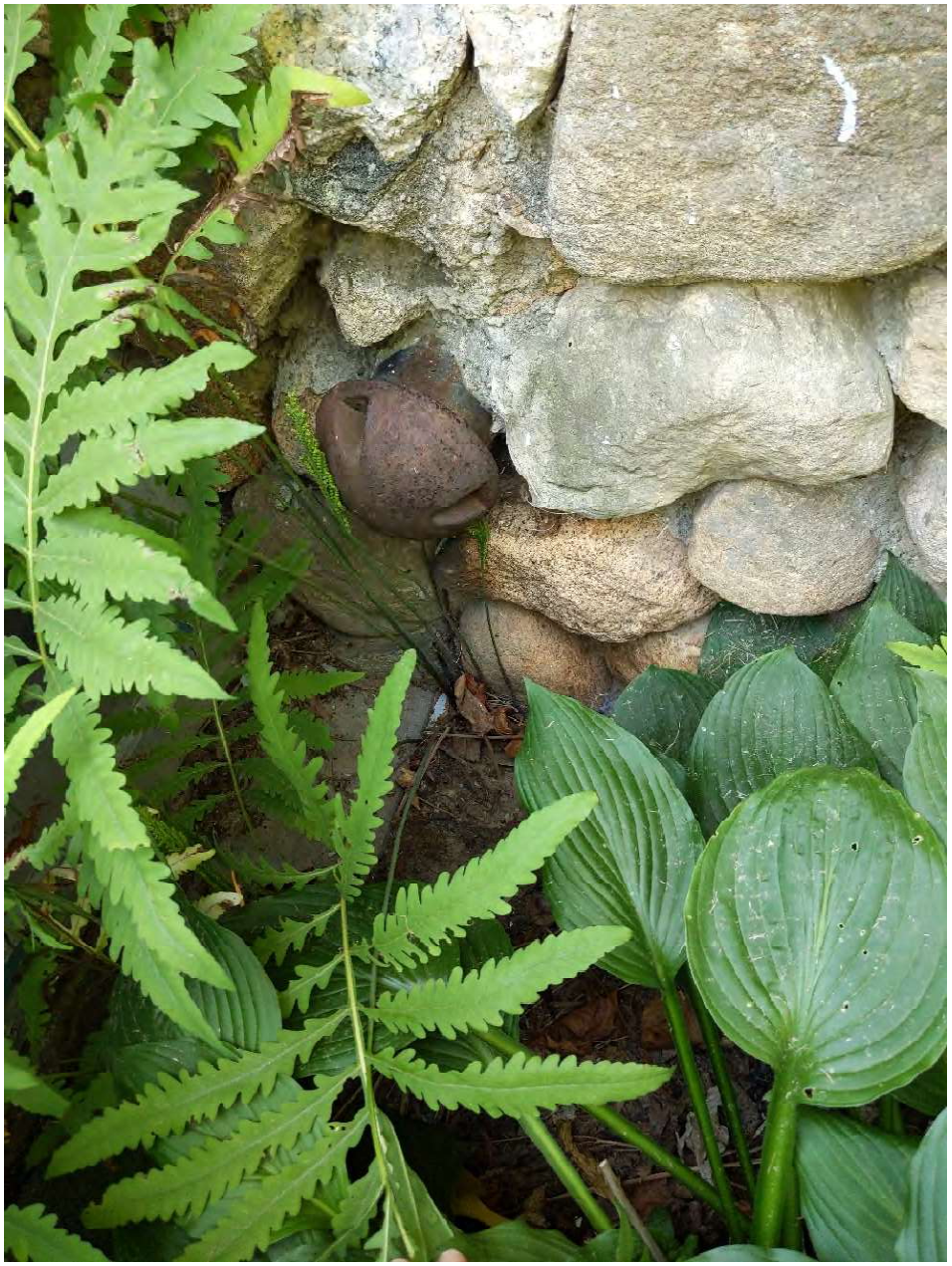
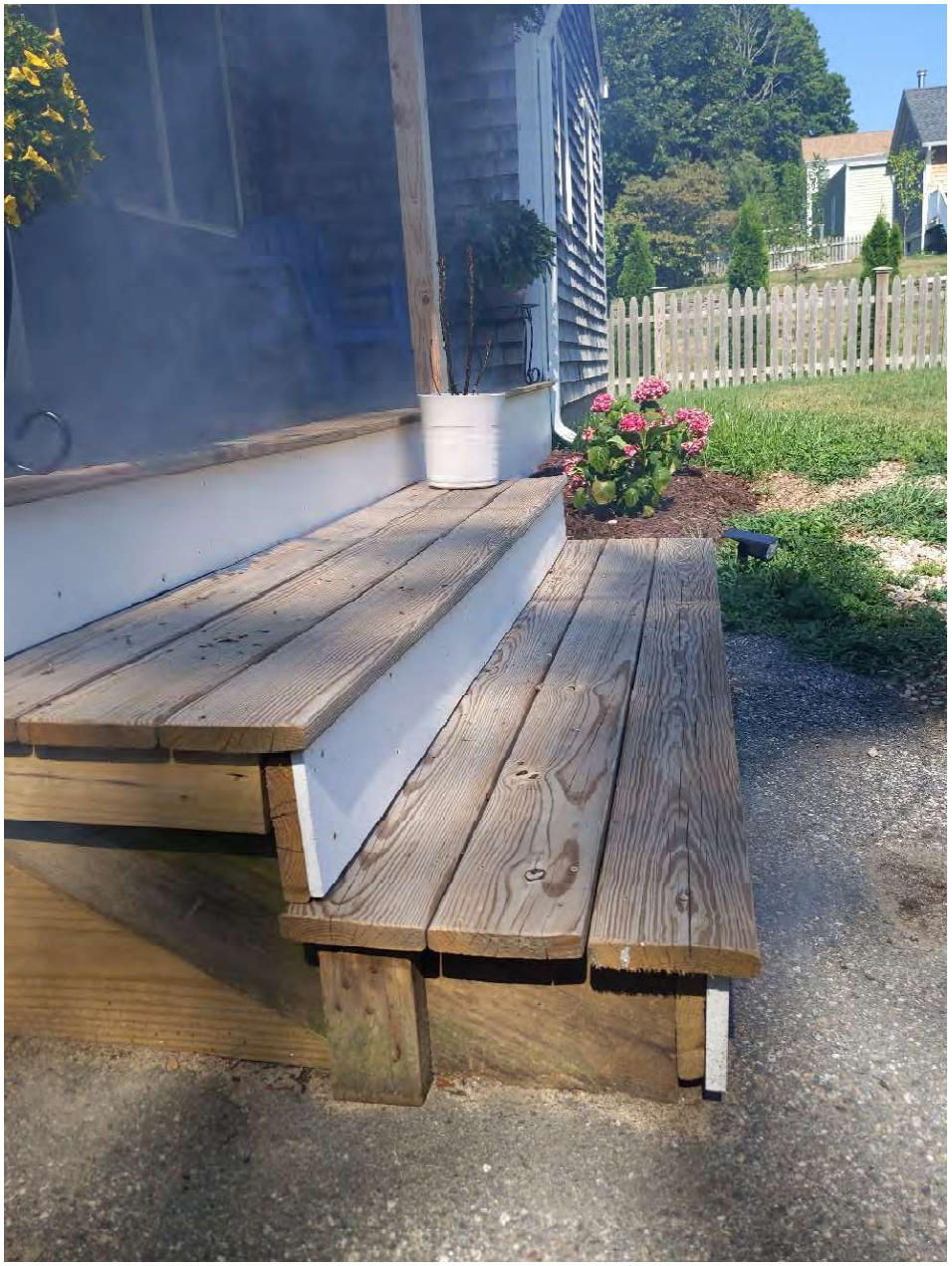
4 Reynolds Hill Road (1)



4 Reynolds Hill Road (2)

5 Brown Street



13 Mistuxet Avenue

29 Cottrell Street (1)

29 Cottrell Street (2)

56 Washington Street