



Community Residence, Assisted Living, and Nursing and Convalescent Home Registration Application

Facility Name: Legacy Recovery Center

Number of Residents: 10 Fire Sprinklers Installed? ☒ Yes ☐ No

Facility's Address: 2338 E. Minton Street

City: Mesa State: AZ Zip Code: 85213

Facility's Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Facility's Phone Number: (936) 615-0981 Facility's E-Mail: richard@legacyrecoverycenter.com

Facility's Operator: Richard Miller, CEO of Legacy Recovery Center, LLC

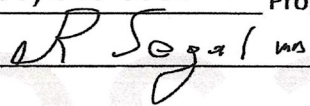
Operator's Phone Number: (936) 615-0981 Operator's E-Mail: richard@legacyrecoverycenter.com

Property Owner (Print): Roland Segal

Property Owner's Address: 24745 S. Lindsay Road

City: Chandler State: AZ Zip Code: 85249

Property Owner's Phone Number: (936) 615-0981 Property Owner's E-Mail: drsegal@azforensicpsychiatry.com

Property Owner's Signature:  (owner authorization is required)

The applicant has read and understands all rules and regulations of the City of Mesa; has physically inspected the site and verifies that the proposed site is in compliance with all applicable city, state and federal laws; and is responsible for the accuracy of all information provided in this application. Submittal of erroneous information, or failure to disclose any requested information may result in denial of application. Errors found after processing application may result in loss of registration, and removal of registered location from Mesa Map of Registered Community Residences.

I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:


Applicant's Signature

1/28/2025
Date



Occupancy Confirmation Worksheet

Residential Care – Non-Treatment (Assisted Living Facility/Behavioral Health/Foster/Group/Sober Living)

Property Address: 2338 E. Minton St., Mesa, Arizona

Facility Name: Legacy Recovery Center

Type of residential care Facility as licensed: Behavioral Health Home

Number of Care Residents (not including staff): 10

Is the home equipped with automatic fire sprinkler protection and attic protection monitored off site by a third party in accordance with [Mesa Fire Code](#)? Yes* ☐ No ☒ *If Yes, Provide a Current Third Party Fire Inspection Report.

Select the appropriate occupancy group, per [Mesa Building Code](#) and [Mesa Fire Code](#):

R-5. Residential Group R-5 occupancies where the occupants are primarily permanent in detached one- and two-family dwellings and multiple single-family dwellings (townhouses) and their accessory structures conforming with the Mesa Residential Code. 24-hour care facility R-5 occupancies include:

☐ **R-5 Residential care/assisted living facility, with 5 or fewer residents**, all capable of self-preservation or responding to an emergency situation without physical assistance from staff. MBR 4-2-1 Section 310.6

☐ **R-5 Residential care/assisted living homes** including facilities providing directed care services, with 5 or fewer residents, any (persons) not capable of self-preservation or responding to an emergency situation without physical assistance from staff. Such assisted living homes shall be protected with automatic sprinkler systems in accordance with section 903.3 and a smoke alarm system in accordance with section 907.2.10.1.3. MBR 4-2-1 Section 310.6

R-4 Residential Group R-4 occupancy for **more than five but not more than 10 persons** in care (per MZO 11-31-14), excluding staff, who reside on a 24-hour basis in a supervised residential environment and receive custodial care (*custodial care includes persons receiving care who have the ability to respond to emergency situations and evacuate at a slower rate and/or who have mental and psychiatric complications*). R-4 includes, but is not limited to, the following: Alcohol and drug center, Assisted living facilities, Congregate care facilities, Group Home, Halfway Houses, Residential board and care facilities, Social rehabilitations.

☒ **R-4 Condition 1;** This occupancy condition shall include buildings in which all persons receiving custodial care, without any assistance, are capable of responding to an emergency situation to complete building evacuation. MBR 4-2-1 Section 310.5

☐ **R-4 Condition 2;** Residential care home with **6 to 10 residents** [per [Mesa Zoning Ordinance](#)], not including staff, all capable of self-preservation. This occupancy condition shall include buildings in which there are any persons receiving custodial care who require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation. Automatic fire sprinklers with attic protection monitored by third party required. MBR 4-2-1 Section 310.5

The applicant has read and understands all rules and regulations of the City of Mesa; has physically inspected the site and verifies that the proposed site is in compliance with all applicable city, state and federal laws; and is responsible for the accuracy of all information provided in this application. Submittal of erroneous information, or failure to disclose any requested information may result in denial of application. Errors found after processing application may result in loss of local jurisdiction approval. The applicant is confirming the true and correct occupancy for this facility.

I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:

Heather N. Dukes

11/22/2024

Applicant Printed Name

Applicant Signature


Date



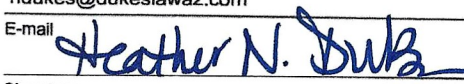
Property Owner's Authorization Signature Form

www.mesaaz.gov/planning
480-644-2385

Property Owner:

Ehab Abdallah and Roland Segal
Name
24745 S. Lindsay Road, Chandler, AZ 85249
Address (Street, City, State, Zip Code)
(936)615-0981
Phone Number
N/A
Fax Number
esabdallah07@gmail.com; drsegal@azforensicpsychiatry.com
E-mail

Signature
11/18/24
Date

Applicant:

Heather N. Dukes of Dukes Law, PLLC
Name
5527 N. 25th Street, Phoenix, AZ 85016
Address (Street, City, State, Zip Code)
602-320-8866
Phone Number
N/A
Fax Number
hdukes@dukeslawaz.com
E-mail

Signature
11/18/2024
Date
N/A
Registration Number (required for professional registrants)

Address of Site: 2338 E. Minton Street, Mesa, AZ 85213

APN: 141-06-237

Select Type of Request:

☐ Administrative Review

- Minor Modifications/Changes to existing cases
- Desert Uplands Reviews
- Form Based Code /Zoning Clearance
- Land Division (Lot Splits)

- Historic Preservation (Certificate of Appropriateness)
- Medical Marijuana
- Wireless Communication Facilities (Cell Towers)

☐ Planning & Zoning

- Rezone
- Pre-Plats
- Council Use Permits
- Development Unit Plans

- Site Plan Review/Modifications Special Use Permits
- Minor General Plan Amendments

☐ Board of Adjustment

- Variances
- Substantial Conformance Improvement Permit (SCIP)
- Development Incentive Permit (DIP)

- Special Use Permits
- Wireless Communication Facilities (Cell Towers)

☐ Design Review

☐ Annexation

☐ General Plan Amendment – Major

☒ Community Residence [Residential Care Home]

☐ Group Foster Care Home [DCS]

DUKES LAW, PLLC

5527 N. 25th Street
Phoenix, AZ 85016
602.320.8866

VIA EMAIL

Pamela Williams
Charlotte Bridges
CITY OF MESA
Development Services Department
55 N. Center Street
Mesa, AZ 85211-1466

January 28, 2025

**RE: 1st Revised Narrative for Family Community Residence Located at 2338 E. Minton Street,
Mesa, AZ 85213 (Assessor Parcel Number 141-06-237) (the "Property")**

Dear Ms. Williams and Ms. Bridges,

On behalf of my clients, Legacy Recovery Center, LLC, an Arizona limited liability company, ("Legacy" or the "Applicant") and the owners of the above-referenced Property, Roland Segal and Ehab Abdallah (the "Property Owners"), I am submitting this narrative in support of the enclosed community residence application for a behavioral health residence. The Property is comprised of approximately 0.48 acres within the RS-15 residential zoning district and has been developed with a large home offering 6 bedrooms and approximately 6,194 s.f. of livable space. The Property is being licensed as a behavioral health residential facility ("BHRF") with the Arizona Department of Health Services.

The following information is responsive to the City's request for a narrative describing the proposed family community residence:

- **The name of the facility:**
 - Legacy Recovery Center, LLC will be the license-holder and applicant.
- **The type of Community Residence:**
 - Family Community Residence specializing in residential behavioral health
- **The number of residents:**
 - Up to 10 residents:
- **The age range of the residents**
 - Adults (Typically 18 to 60 years old)

- **What Arizona State agency will be licensing this facility?**
 - The Arizona Department of Health Services will be licensing this residence as a behavioral health residential facility.
- **Indicate whether or not all residents are capable of recognizing and responding to emergency situations without assistance from staff.**
 - Yes, all residents are capable of recognizing and responding to emergency situations without assistance from staff. They are ambulatory and able to complete tasks and chores necessary to live as a family.
- **Does the residence have fire sprinklers?**
 - Yes
- **Explain what services are provided at the facility.**
 - The residents at the property are in treatment/recovery for substance and alcohol use, with some residents seeking treatment for co-occurring behavioral health issues (i.e. depression, anxiety). The only individuals receiving treatment at the location will be the 10 individuals approved to occupy the home. Legacy's housing replicates a family environment in the look and feel of the home. Residents at Legacy are not adjudicated, and they come to the program of their own free will to seek help with behavioral health issues. Clinical services provided on-site include resident assessments, individual therapy, and group therapy. The therapists and house managers will also assist with teaching life skills such as cooking and cleaning, resume building, and employer interview coaching.
 - No medical or treatment services will be provided at the Property that would not typically occur in a residential setting. A nursing assessment and vitals check are completed upon intake, but those are the only medical services provided at the location. No detoxification will occur on-site.
 - The residents live in a family environment and emulate a family. They go grocery shopping, cook, clean and complete chores together. They hold each other accountable and support one another.
- **Explain how the residents are supervised at the facility.**
 - **The residence will be staffed at all hours. No staff live on-site. There will be a total of 6-7 staff members with staggered shifts, as follows:**
 - A house manager who will be scheduled in shifts throughout the week.
 - A licensed therapist who will provide individual and group therapy intermittently on weekdays (Monday through Friday).
 - A staff member to coordinate transportation for resident appointments and to provide support to residents in the event the house manager is busy helping another resident.
 - A registered, on-call nurse,
 - A program director, and

- Richard Miller, CEO and Member of Legacy Recovery Center, LLC.
 - Typically, a max of 2-3 staff members will be on-site between 8 a.m. and 4 p.m. Approximately 2 staff members will be on-site after hours.
- **Length of Residency**
 - There is no maximum or minimum time period that residents may live at the home. Some residents may live there for 3-6 months while others may choose to live there for longer than a year.
- **Vehicles**
 - Residents living in the community residence do not have their own vehicles on-site. Legacy staff will provide transportation to residents with a company vehicle.
- **Visitors**
 - Visitors at the location will be allowed in the evenings from 4 to 8 pm during the week, and weekends from 4 to 9 pm. Legacy allows up to 2 adult visitors per resident, with one-hour time slots. The visitors are staggered so that only 2 to 3 residents have visitors on-site at any given time.
- **Contact Information for Person Responsible for Facility**
 - **Contact Name:** Richard Miller, CEO and Member
 - **Mailing Address:** LEGACY RECOVERY CENTER
24745 S. Lindsay Road
Chandler, AZ 85249
 - **Email Address:** richard@legacyrecoverycenter.com
 - **Phone No.:** (936) 615-0981

If you need any additional information or documentation to process this request, please do not hesitate to contact me at the email address or phone number below. Thank you.

Very truly yours,

/s/ Heather N. Dukes

Heather N. Dukes, Esq.

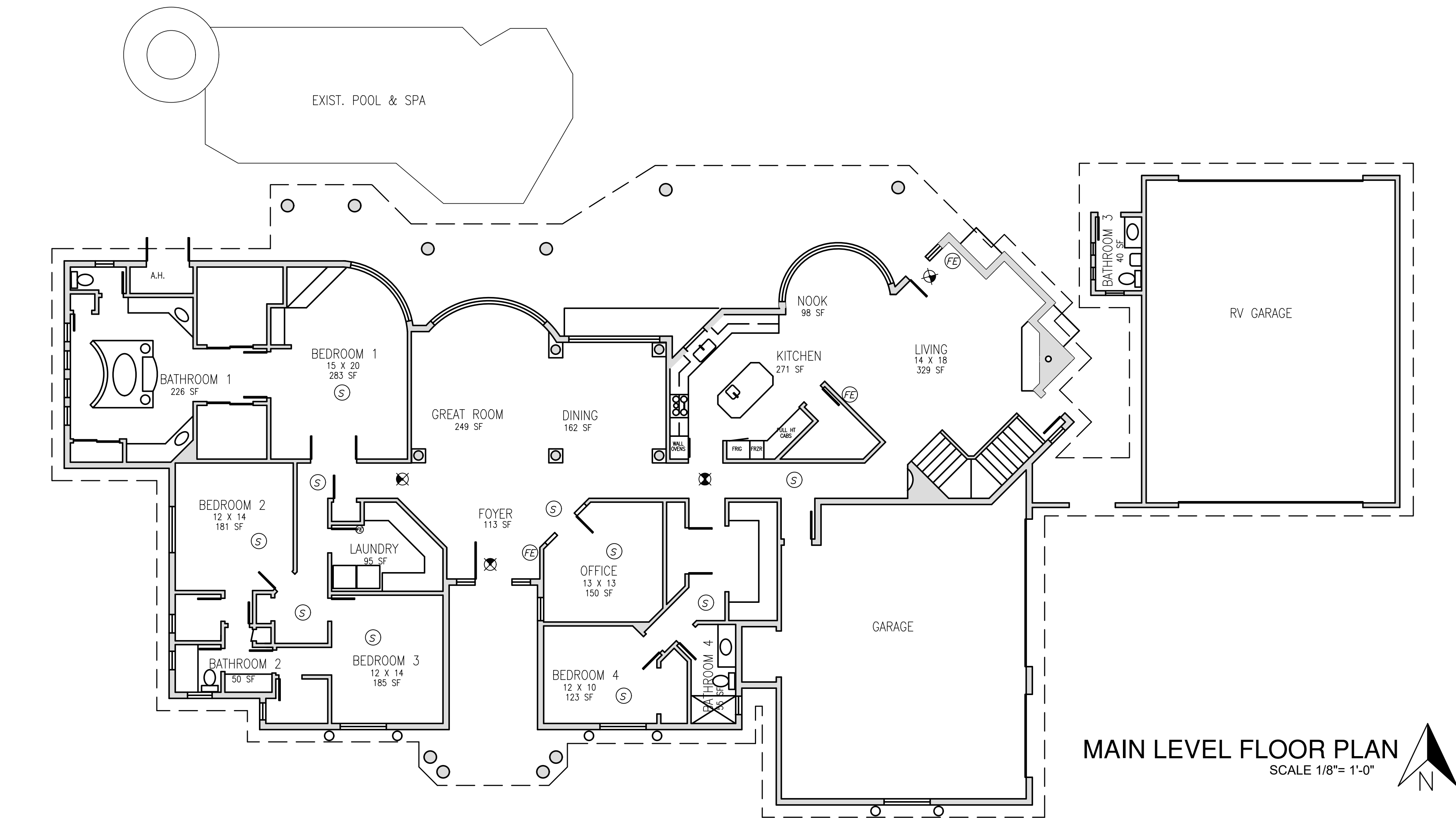
602.320.8866 | hdukes@dukeslawaz.com

Enclosures



JOB NO: 2425

FAMILY COMMUNITY RESIDENCE
for
LEGACY RECOVERY CENTER
2338 E MINTON ST.
MESA AZ 85213



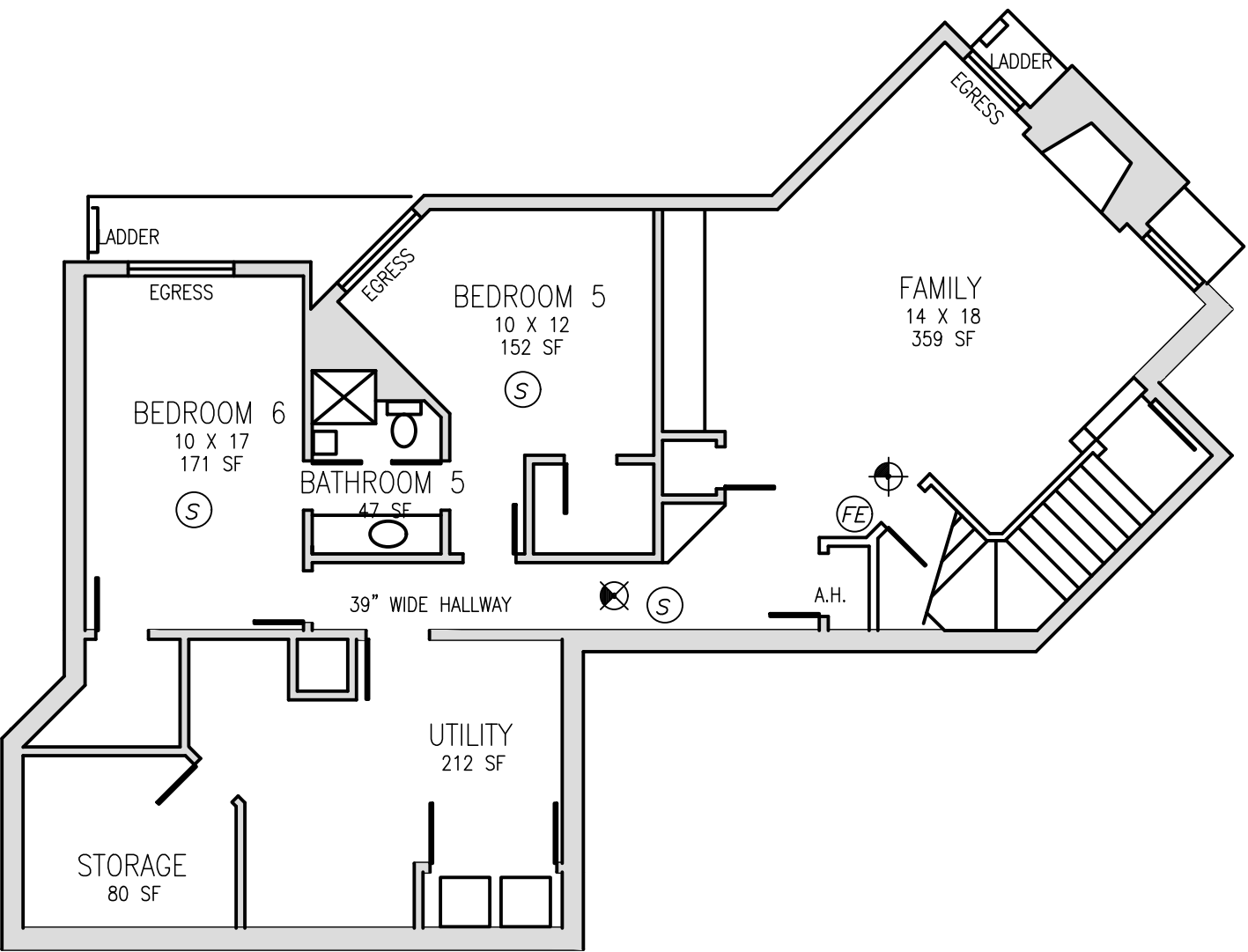
MAIN LEVEL FLOOR PLAN
SCALE 1/8"= 1'-0"

PLAN SYMBOLS

- X LIT EXIT SIGN
- FE 2A10BC FIRE EXTINGUISHER ON WALL CLIP
- MAX TRAVEL DISTANCE= 75'
- S SMOKE DETECTORS

FIRE SPRINKLER NOTE

THIS RESIDENCE HAS AN EXISTING AUTOMATIC FIRE SPRINKLER SYSTEM.



BASEMENT FLOOR PLAN
SCALE 1/8"= 1'-0"

NOTES: THIS DRAWING IS AN INSTRUMENT OF SERVICE AND IS THE SOLE PROPERTY OF ONPOINT ARCHITECTURE, LLC. ANY USE OF THIS DRAWING WITHOUT THE WRITTEN CONSENT OF ONPOINT ARCHITECTURE, LLC IS PROHIBITED.

DRAWING SCALES INDICATED ARE FOR REFERENCE ONLY AND ARE NOT INTENDED TO ACCURATELY REFLECT ACTUAL OR DESIGN CONDITIONS. WRITTEN DIMENSIONS SHALL GOVERN.

ALWAYS USE DIMENSIONS AS SHOWN. DRAWINGS ARE NOT TO BE SCALED.

DATE	ITEM
11/20/24	OWNER REVIEW

FLOOR PLAN
FOR REFERENCE
ONLY

DWG NO:

A2

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: LEGACY RECOVERY CENTER, LLC
ENTITY ID: 23282452
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 10/08/2021
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Member-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Ehab S. Abdallah
PHYSICAL ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262
MAILING ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262

PRINCIPAL ADDRESS

4666 E. Redfield Road, GILBERT, AZ 85234

PRINCIPALS

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - esabdallah07@gmail.com - Date of Taking Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - drsegal@azforensicpsychiatry.com - Date of Taking Office:

ORGANIZERS

Ehab S. Abdallah: 10840 E Scopa TRL, SCOTTSDALE, AZ, 85262, USA, esabdallah07@gmail.com

Richard Cullen Miller: 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA, rcm6113@gmail.com

Roland Segal: 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA, drsegal@azforensicpsychiatry.com

SIGNATURES

Organizer: Ehab S. Abdallah - 10/08/2021

Organizer: Richard Cullen Miller - 10/08/2021

Organizer: Roland Segal - 10/08/2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: LEGACY RECOVERY CENTER, LLC
ENTITY ID: 23282452
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Member-Managed

FORMER ENTITY NAME No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Ehab S. Abdallah
PHYSICAL ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262
MAILING ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262

KNOWN PLACE OF BUSINESS

4666 E. Redfield Road, GILBERT, AZ 85234

PRINCIPALS

Member: Andy Bennett - 8350 E. Raintree Dr., Suite 130, SCOTTSDALE, AZ, 85259, USA - - Date of Taking Office:

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA -
esabdallah07@gmail.com - Date of Taking Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA -
rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA -
drsegal@azforensicspsychiatry.com - Date of Taking Office:

SIGNATURE

Member: Ehab S. Abdallah - 01/10/2022

TEXT OF AMENDMENT
FOR
LEGACY RECOVERY CENTER, LLC

The Articles of Organization for Legacy Recovery Center, LLC, are amended to add Andy Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, as a member.

Ehab S. Abdallah
Ehab S. Abdallah, Member

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: LEGACY RECOVERY CENTER, LLC
ENTITY ID: 23282452
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Member-Managed

FORMER ENTITY NAME No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Ehab S. Abdallah
PHYSICAL ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260
MAILING ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260

KNOWN PLACE OF BUSINESS

24745 S. Lindsay Road, CHANDLER, AZ 85249

PRINCIPALS

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -
esabdallah07@gmail.com - Date of Taking Office:

Member: John Bennett - 8350 E. Raintree Dr., Suite 130, SCOTTSDALE, AZ, 85260, USA - - Date of Taking
Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -
rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -
drsegal@azforensicpsychiatry.com - Date of Taking Office:

SIGNATURE

Member: Ehab S. Abdallah - 03/31/2022

TEXT OF AMENDMENT
FOR
LEGACY RECOVERY CENTER, LLC

The Articles of Organization for Legacy Recovery Center, LLC, are amended to:

1. Change the street and mailing address of the statutory agent, Ehab S. Abdallah, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85262, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
2. Change the address of member, Ehab S. Abdallah, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
3. Change the address of member, Richard Cullen Miller, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
4. Change the address of member, Roland Segal, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
5. Change the name and address of member, Andy Bennett, from Andy Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to John Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
6. Change the address of the LLC's known place of business from 4666 E. Redfield Road, Gilbert, Arizona 85234, to 24745 S. Lindsay Road, Chandler, Arizona 85249.

Ehab S. Abdallah

Ehab S. Abdallah, Member

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: LEGACY RECOVERY CENTER, LLC
ENTITY ID: 23282452
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Member-Managed

FORMER ENTITY NAME No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Ehab S. Abdallah
PHYSICAL ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260
MAILING ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260

KNOWN PLACE OF BUSINESS

24745 S. Lindsay Road, CHANDLER, AZ 85249

PRINCIPALS

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -
esabdallah07@gmail.com - Date of Taking Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -
rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -
drsegal@azforensicpsychiatry.com - Date of Taking Office:

SIGNATURE

Member: Ehab S. Abdallah - 08/05/2024

TEXT OF AMENDMENT
FOR
LEGACY RECOVERY CENTER, LLC

The Articles of Organization for Legacy Recovery Center, LLC, are amended to remove John Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260, as a member.

Ehab S. Abdallah
Ehab S. Abdallah, Member



ARIZONA FIRE SYSTEMS
2098 S. SAILOR WAY
GILBERT, AZ 85295
602-714-0801
chad@arizonafiresystems.com
ROC # C16 310827



Annual Fire Sprinkler Report

CUSTOMER INFORMATION

Legacy Recovery Center
2338 E Minton St.
Mesa, AZ 85213
Phone 936-615-0981 /
E-mail rcm6113@gmail.com
Customer # Ticket #
Date January 24th, 2025
Next Insp. January 1, 2026

SYSTEM INFORMATION

System # 1
Location Garage Access Hatch
Mfg/Size Residential / 1"
System Type

SYSTEM TEST & CONDITION

Main control valve exercised and is in good condition? Type: Ball Valve Yes
Alarm Valve Internally Inspected? N/A
Main waterflow switch operating properly? Yes
Set @ Low Trip @ 2 Sec.
Main tamper switch operating properly? N/A
Local alarm operating properly? Yes
ITV Location At Riser
All visible piping and heads free of rust, dust, corrosion and leaks? Yes
All visible hangers and bracing in good condition? Yes
Sprinkler coverage acceptable? Yes
FDC has caps/plugs, is working properly, unobstructed & correct threads? N/A
Spare head box present & complete? Yes
Missing?
Flow Test System gauge's MFG Date: 11/22/22
Pressure Before Residual After
100 / N/A 80 100

SYSTEM INFORMATION

System # 2
Location
Mfg/Size /
System Type

SYSTEM TEST & CONDITION

Main control valve exercised and is in good condition? Type:
Alarm Valve Internally Inspected?
Main waterflow switch operating properly?
Set @ Trip @ Sec.
Main tamper switch operating properly?
Local alarm operating properly?
ITV Location
All visible piping and heads free of rust, dust, corrosion and leaks?
All visible hangers and bracing in good condition?
Sprinkler coverage acceptable?
FDC has caps/plugs, is working properly, unobstructed & correct threads?
Spare head box present & complete?
Missing?
Flow Test System gauge's MFG Date:
Pressure Before Residual After
/ / /

Comments:

Found two sprinkler heads in basement room which were taped for painting purposes. Tape was removed.
Provided to customer spare head box and wrench. Customer had spare heads from another location to fill box.

CERTIFICATION OF SYSTEM OPERATION All operational features and functions of this system were tested this service in accordance with the NFPA 25 as well as local AHJ requirements and was found to be: Passing