

Champion Fire Protection, Inc.
825 Wheaton Street
Savannah, GA 31401
Phone: (912) 234-0111
Fax: (912) 236-1303

INVOICE

INVOICE NO
144754

CUST SHIP8 INC
45875 NORTHPORT LOOP E
FREMONT, CA 94538

SITE 311 INTERNATIONAL TRADE PKWY
SHIP8
PORT WENTWORTH, GA 31407

ACCOUNT NO	PO NUMBER	INVOICE DATE	TERMS	DUE DATE	PAGE
193342	325060628	4/7/2026	Net 30	5/7/2026	1

DATE COMPLETED 03/30/2026

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
5	ANNUAL BACKFLOW CERTIFICATION	125.0000	625.00 *
5	SAVANNAH BACKFLOW FEE	20.0000	100.00 *

* means item is non-taxable

TOTAL AMOUNT 725.00

Champion Fire is paperless!
If you would like your invoices emailed
send request to: ar@championfp.com

To request inspection reports please
email: aweldon@championfp.com

If you would like to be emailed a credit
card payment link send request to:
["ar@championfp.com"](mailto:ar@championfp.com) with your
invoice number. (Invoices over \$1500 are
subject to a 3% processing fee)



**Backflow Prevention Assembly
Test / Maintenance / Repair Report**

PERMIT # _____

File Code:	_____
Line PSI:	80

Name of Premises (company, Person, Etc.) SHIP8	Person to Contact: James Burford
--	--

Service Address: 311 Int Trade Pkwy	Mailing Address:
---	-------------------------

Location of Device: Hotbox at entrance

Type of Service: Fire () Fire Bypass () Domestic () Irrigation () Other Meter Number: 37335589 Meter Reading: 008892

Device Type RP	Manufacturer Watts	Size 10	Model No. 957	Serial No. SF1689	Installation Date Unknown
--------------------------	------------------------------	-------------------	-------------------------	-----------------------------	-------------------------------------

Initial Test	Check Valve No. 1	Check Valve No. 2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
	<input checked="" type="radio"/> Closed Tight at 8.6 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at 2.6 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Opened at 2.2 PSI Reduced Pressure <input type="radio"/> Did Not Open	<input type="radio"/> Opened at _____ PSI Reduced Pressure <input type="radio"/> Did Not Open

Repairs	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe
----------------	--	--	--	--

Final Test	<input type="radio"/> Closed Tight at _____ PSI	<input type="radio"/> Closed Tight at _____ PSI	Opened At _____ PSI Reduced Pressure	<input checked="" type="radio"/> Satisfactory
-------------------	---	---	---	---

Note: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS.

Test Kit Mfg. Midwest	T-Kit Model No. 845	Serial No. 11161501	Expiration Date 10-27-2026	Company ISI
---------------------------------	-------------------------------	-------------------------------	--------------------------------------	-----------------------

Comments: Passed

NOTE: ALL TEST REPORTS MUST BE E-MAILED OR HAND DELIVERED "WITHIN TEN (10) DAYS OF BACKFLOW TEST"

Initial Test Performed By: Tyriq Johnson	Affiliation: Champion Fire	B.F.D.T. Cert. No.: T_34828	Date: 3-30-2026
Repaired By:	Affiliation:	License No.:	Date:
Final Test Performed By:	Affiliation:	B.F.D.T. Cert. No.:	Date:

I, hereby, certify that the above data is accurate to the best of my knowledge and reflects the proper operation and maintenance of the assembly.

Print Name: Tyriq Johnson	Signature:
----------------------------------	-------------------



**Backflow Prevention Assembly
Test / Maintenance / Repair Report**

PERMIT #

File Code:	
Line PSI:	80

Name of Premises (company, Person, Etc.) SHIP8	Person to Contact: James Burford
--	--

Service Address: 311 Int Trade Pkwy	Mailing Address:
---	-------------------------

Location of Device: Hotbox at entrance

Type of Service: () Fire Fire Bypass () Domestic () Irrigation () Other Meter Number: 37335589 Meter Reading: 008892

Device Type RP	Manufacturer Watts	Size 3/4	Model No. 919QT	Serial No. 75380	Installation Date Unknown
--------------------------	------------------------------	--------------------	---------------------------	----------------------------	-------------------------------------

Initial Test	Check Valve No. 1	Check Valve No. 2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
	<input checked="" type="radio"/> Closed Tight at 8.2 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at 2.2 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Opened at 2.0 PSI Reduced Pressure <input type="radio"/> did Not Open	<input type="radio"/> Opened at _____ PSI Reduced Pressure <input type="radio"/> Did Not Open

Repairs	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe
----------------	--	--	--	--

Final Test	<input checked="" type="radio"/> Closed Tight at _____ PSI	<input type="radio"/> Closed Tight at _____ PSI	Opened At _____ PSI Reduced Pressure	<input checked="" type="radio"/> Satisfactory
-------------------	--	---	---	---

Note: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS.

Test Kit Mfg. Midwest	T-Kit Model No. 845	Serial No. 11161501	Expiration Date 10-27-2026	Company ISI
---------------------------------	-------------------------------	-------------------------------	--------------------------------------	-----------------------

Comments: Passed

NOTE: ALL TEST REPORTS MUST BE E-MAILED OR HAND DELIVERED "WITHIN TEN (10) DAYS OF BACKFLOW TEST"

Initial Test Performed By: Tyriq Johnson	Affiliation: Champion Fire	B.F.D.T. Cert. No.: T_34828	Date: 3-30-2026
Repaired By:	Affiliation:	License No.:	Date:
Final Test Performed By:	Affiliation:	B.F.D.T. Cert. No.:	Date:

I, hereby, certify that the above data is accurate to the best of my knowledge and reflects the proper operation and maintenance of the assembly.

Print Name: Tyriq Johnson **Signature:**



**Backflow Prevention Assembly
Test / Maintenance / Repair Report**

File Code:	
Line PSI:	80

PERMIT #

Name of Premises (company, Person, Etc.) SHIP8	Person to Contact: James Burford
--	--

Service Address: 311 Int Trade Pkwy	Mailing Address:
---	-------------------------

Location of Device: Hotbox at entrance

Type of Service: () Fire () Fire Bypass () Domestic Irrigation () Other Meter Number: NA Meter Reading: NA

Device Type DC	Manufacturer Watts	Size 1.5	Model No. LF007M2QT	Serial No. 020162	Installation Date Unknown
--------------------------	------------------------------	--------------------	-------------------------------	-----------------------------	-------------------------------------

Initial Test	Check Valve No. 1	Check Valve No. 2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
	<input checked="" type="radio"/> Closed Tight at <u>2.2</u> PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at <u>2.2</u> PSI <input type="radio"/> Leaked	<input type="radio"/> Opened at _____ PSI <input type="radio"/> Reduced Pressure <input type="radio"/> did Not Open	<input type="radio"/> Opened at _____ PSI <input type="radio"/> Reduced Pressure <input type="radio"/> Did Not Open

Repairs	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe
----------------	--	--	--	--

Final Test	<input type="radio"/> Closed Tight at _____ PSI	<input type="radio"/> Closed Tight at _____ PSI	<input type="radio"/> Opened At -----PSI <input type="radio"/> Reduced Pressure	<input type="radio"/> Satisfactory
-------------------	---	---	--	------------------------------------

Note: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS.

Test Kit Mfg. Midwest	T-Kit Model No. 845	Serial No. 11161501	Expiration Date 10-27-2026	Company ISI
---------------------------------	-------------------------------	-------------------------------	--------------------------------------	-----------------------

Comments: Passed

NOTE: ALL TEST REPORTS MUST BE E-MAILED OR HAND DELIVERED "WITHIN TEN (10) DAYS OF BACKFLOW TEST"

Initial Test Performed By: Tyriq Johnson	Affiliation: Champion Fire	B.F.D.T. Cert. No.: T_34828	Date: 3-30-2026
Repaired By:	Affiliation:	License No.:	Date:
Final Test Performed By:	Affiliation:	B.F.D.T. Cert. No.:	Date:

I, hereby, certify that the above data is accurate to the best of my knowledge and reflects the proper operation and maintenance of the assembly.

Print Name: Tyriq Johnson	Signature:
----------------------------------	-------------------



**Backflow Prevention Assembly
Test / Maintenance / Repair Report**

PERMIT #

File Code:	
Line PSI:	80

Name of Premises (company, Person, Etc.) SHIP8	Person to Contact: James Burford
--	--

Service Address: 311 Int Trade Pkwy	Mailing Address:
---	-------------------------

Location of Device: Hotbox at entrance

Type of Service: () Fire () Fire Bypass () Domestic () Irrigation () Other Meter Number: 3735713 Meter Reading: 047435

Device Type	Manufacturer	Size	Model No.	Serial No.	Installation Date
RP	Watts	3	957	SF988	Unknown

Initial Test	Check Valve No. 1	Check Valve No. 2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
	<input checked="" type="radio"/> Closed Tight at 9.4 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at 2.8 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Opened at 2.2 PSI Reduced Pressure <input type="radio"/> did Not Open	<input type="radio"/> Opened at _____ PSI Reduced Pressure <input type="radio"/> Did Not Open

Repairs	Check Valve No. 1	Check Valve No. 2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe

Final Test	Check Valve No. 1	Check Valve No. 2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
	<input type="radio"/> Closed Tight at _____ PSI	<input type="radio"/> Closed Tight at _____ PSI	Opened At -----PSI Reduced Pressure	<input type="radio"/> Satisfactory

Note: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS.

Test Kit Mfg.	T-Kit Model No.	Serial No.	Expiration Date	Company
Midwest	845	11161501	10-27-2026	ISI

Comments: Passed

NOTE: ALL TEST REPORTS MUST BE E-MAILED OR HAND DELIVERED "WITHIN TEN (10) DAYS OF BACKFLOW TEST"

Initial Test Performed By: Tyriq Johnson	Affiliation: Champion Fire	B.F.D.T. Cert. No.: T_34828	Date: 3-30-2026
Repaired By:	Affiliation:	License No.:	Date:
Final Test Performed By:	Affiliation:	B.F.D.T. Cert. No.:	Date:

I, hereby, certify that the above data is accurate to the best of my knowledge and reflects the proper operation and maintenance of the assembly.

Print Name: Tyriq Johnson	Signature:
----------------------------------	-------------------



**Backflow Prevention Assembly
Test / Maintenance / Repair Report**

PERMIT # _____

File Code:	_____
Line PSI:	80

Name of Premises (company, Person, Etc.) SHIP8	Person to Contact: James Burford
--	--

Service Address: 311 Int Trade Pkwy	Mailing Address:
---	-------------------------

Location of Device: Hotbox at entrance

Type of Service: () Fire () Fire Bypass () Domestic () Irrigation () Other Meter Number: 3735713 Meter Reading: 047435

Device Type RP	Manufacturer Watts	Size 3/4	Model No. 919QT	Serial No. 75385	Installation Date Unknown
--------------------------	------------------------------	--------------------	---------------------------	----------------------------	-------------------------------------

Initial Test	Check Valve No. 1	Check Valve No. 2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
	<input checked="" type="radio"/> Closed Tight at 9.6 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at 2.2 PSI <input type="radio"/> Leaked	<input checked="" type="radio"/> Opened at 2.2 PSI <input type="radio"/> Reduced Pressure <input type="radio"/> did Not Open	<input type="radio"/> Opened at _____ PSI <input type="radio"/> Reduced Pressure <input type="radio"/> Did Not Open

Repairs	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe	<input type="radio"/> Cleaned Replaced: <input type="radio"/> Valves <input type="radio"/> C.V. Assembly <input type="radio"/> Seat Disc. <input type="radio"/> O-Rings <input type="radio"/> Springs <input type="radio"/> Gaskets <input type="radio"/> Retainer <input type="radio"/> Stem / Guide <input type="radio"/> Poppet <input type="radio"/> Other, Describe
----------------	--	--	--	--

Final Test	<input type="radio"/> Closed Tight at _____ PSI	<input type="radio"/> Closed Tight at _____ PSI	<input type="radio"/> Opened At _____ PSI <input type="radio"/> Reduced Pressure	<input type="radio"/> Satisfactory
-------------------	---	---	---	------------------------------------

Note: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS.

Test Kit Mfg. Midwest	T-Kit Model No. 845	Serial No. 11161501	Expiration Date 10-27-2026	Company ISI
---------------------------------	-------------------------------	-------------------------------	--------------------------------------	-----------------------

Comments: Passed

NOTE: ALL TEST REPORTS MUST BE E-MAILED OR HAND DELIVERED "WITHIN TEN (10) DAYS OF BACKFLOW TEST"

Initial Test Performed By: Tyriq Johnson	Affiliation: Champion Fire	B.F.D.T. Cert. No.: T_34828	Date: 3-30-2026
Repaired By:	Affiliation:	License No.:	Date:
Final Test Performed By:	Affiliation:	B.F.D.T. Cert. No.:	Date:

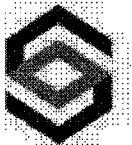
I, hereby, certify that the above data is accurate to the best of my knowledge and reflects the proper operation and maintenance of the assembly.

Print Name: Tyriq Johnson	Signature:
----------------------------------	-------------------

Re: Invoice 144754

From James Burford <james.burford@ship8.com>
Date Wed 4/8/2026 8:15 AM
To Christine Jenkins <christine.jenkins@ship8.com>

Confirmed



SHIP8 INC.

James Burford
Regional Facilities Director
311 International Trade Pkwy
Port Wentworth, GA 31407

www.ship8.com
C:912.507.7881

From: Christine Jenkins <christine.jenkins@ship8.com>
Sent: Wednesday, April 8, 2026 5:52 AM
To: James Burford <james.burford@ship8.com>
Subject: Fw: Invoice 144754

James

Is the attached invoice 144754 okay to pay?



SHIP8 INC.

Christine Jenkins
Purchasing Coordinator
550 Northport Parkway