

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9906993**  
**Insp Area: 4**

**Site Address: 2400 DEL PASO RD SAC**  
Parcel No: 225-0070-083 BUILDING III LOT 8

Sub-Type: NCOM  
Housing (Y/N): N

CONTRACTOR  
BUZZ OATES  
8615 ELDER CREEK RD  
SACRAMENTO, CA 95828

OWNER  
OATES MARVIN L  
8615 ELDER CREEK RD 100  
SACRAMENTO CA 95828

ARCHITECT  
COMSTOCK JOHNSON  
10304 PLACER LN #A  
SACRAMENTO CA 95827  
**CITY OF SACRAMENTO**

**Nature of Work: 2 STORY OFFICE BLDG SHELL (BUILDING III ) LOT #8**

**JUN 29 2000**

**CONSTRUCTION LENDING AGENCY :** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

**NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES**

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 70264 Date 6/29/00 Contractor Signature Ernest H. Kemp

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00):

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

**CITY OF SACRAMENTO**

**JUN 29 2000**

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvements to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 6/29/00 Applicant/Agent Signature Ernest H. Kemp

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE COMP INS FUND (CA) Policy Number 1579398-00 Exp Date 03/01/2001

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 6/29/00 Applicant Signature Ernest H. Kemp

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

APPLICATION FOR XXXXXXXXXX BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9906793 Insp. Area 4

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 2400 Del Paso Road (Lot 8) Suite \_\_\_\_\_  
 PARCEL # 225 0070 0803

**CONTACT**  
 Name DAN ERIKSSON (Comstock Johnson Arch.)  
 Address 10304 Placer Ln. #A  
SACRAMENTO Zip 95827  
 Phone 362-6303 FAX 362-5841

**LICENSED CONTRACTOR** Lic No. # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_

**ARCHITECT/ENGINEER**  
 Name Comstock Johnson Architects, Inc.  
 Address 10304 Placer Ln. #A  
SACRAMENTO Zip 95827  
 Phone 362-5841 FAX 362-6303

**OWNER**  
 Name Buzz Oates Enterprises  
 Address 8615 Elder Creek Rd.  
SACRAMENTO Zip 95828  
 Phone (916) 381-3600 FAX 381-4707

Will the permittee have any employees on the jobsite?  Yes  No

If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: 2 STORY Office Bldg. Shell (107,154)

DBA: \_\_\_\_\_

VALUATION: \_\_\_\_\_

FLOOD STATUS: <u>Zone</u>				S.C.A.T. <input type="checkbox"/>						
JOB DESCRIPTION		BLDG	SHEL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y/N)		Fed Code	Vio. File	
<u>2</u>	<u>54683</u>	<u>107154</u>	<u>EC-65 PUD</u>	<u>B</u>	<u>III-N</u>	<u>Spr</u>	<u>Alarm</u>	<u>15</u>	<u>NO</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>		

COMMENTS: \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

# City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 2400 Del Paso Rd.

Assessor's Parcel Number: 225-0070-083

PREVIOUS USE N/A - vacant

Current Land Use: \_\_\_\_\_

Description of Request/Proposed Use: Office Shell Bldg

IS THIS A CHANGE OF USE? \_\_\_\_\_

Zoning Designation: EC <sup>40</sup> - PUD

Prior Applications for Project Site (P#, Z#, DRPS#): P99 070

Comments: \_\_\_\_\_

*Carry to check plans with  
P99-070 file*

Are There Any Planning Issues?: (Circle One) YES NO

STAFF Site Plan Check Required? (Circle One) YES NO

FIELD INSPECTION REQUIRED (CIRCLE ONE) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

\*  
\*  
\*

Planning Review by/Date: [Signature] 6/30/99

COUNTY SANITATION DISTRICT NO. 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE**  
 PERMIT AND CALCULATION SHEET

APPLICATION NO: <u>CITY</u>		BLDG PERMIT NO:	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
<u>PERMIT IN</u> <u>CITY OF SAC</u> <u>PHASE DEV. AGG.</u> <u>0.42 ±</u>		<u>253287 7/29/99</u> DEPT 26 \$85,695.00 TRAN 394468 07/29/99 RECEIPT 711657 042 \$85,695.00	
FEE CALCULATION:		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	\$1100	COMMERCIAL USE	UNITS
SRCSD	\$11,550		
CONSTRUCTION			
IN-LIEU			
<b>TOTAL FEE</b>	<b>\$12,650</b>		
APN: <u>225-0270-033</u>			
DESCRIPTION/ SUBDIVISION		LOT:	
<u>2400 QB</u>			
PROPERTY ADDRESS <u>2920 DEL PASO RD</u>			
OWNER <u>LUZZ ONTO ENTERPRISE II</u>			
MAILING ADDRESS <u>2515 ELDER CREEK RD</u>			
CITY-STATE-ZIP		PHONE	
<u>SACRAMENTO CA</u>		<u>381-3600</u>	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE <u>Diana H. Kemp</u>			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	
<b>RECEIPT</b>			

# NATOMAS UNIFIED SCHOOL DISTRICT

1515 Sports Drive, #1 • Sacramento, CA 95834

Phone 916/641-3300 • Fax 916/928-1629

## CERTIFICATION OF COMPLIANCE

### SCHOOL DISTRICT DEVELOPMENT FEES

<b>PART I: TO BE COMPLETED BY APPLICANT</b>															
PROPERTY OWNER'S NAME	DATES / HENDERSON TRUST / PLANNING S														
OWNER'S ADDRESS	8615 ELDER CREEK RD. SHILOH CA														
PROJECT ADDRESS	2400 DEL PASO ROAD														
PARCEL NUMBER	775-0070-083														
SUBDIVISION NAME	DEL PASO CORP CENTER														
NUMBER OF UNITS	1														
PRINT APPLICANT'S NAME	PAUL H KEMP	APPLICANT'S SIGNATURE:	<i>Paul H Kemp</i>												
TITLE OF APPLICANT	PROJECT MGR														
DATE	TELEPHONE NUMBER	381-3600													
<b>PART II: TO BE COMPLETED BY BUILDING DEPARTMENT</b>															
PLAN IDENTIFICATION NUMBER	97 06773														
BUILDING TYPE (CHECK ONE)	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT/CONDOMINIUM <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL														
SQUARE FEET OF CHARGEABLE BUILDING AREA	107,154 SF														
SIGNATURE	<i>David P. [unclear]</i>														
TITLE	CONTRACT MANAGER	DATE	6-19-00												
<b>PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT</b>															
DISTRICT CERTIFICATION NUMBER	[unclear]														
FEES COLLECTED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">RESIDENTIAL</td> <td style="width: 30%; text-align: center;">Sq. Ft. X \$</td> <td style="width: 30%; text-align: center;">= \$</td> <td style="width: 10%;"></td> </tr> <tr> <td>APARTMENT/CONDOMINIUM</td> <td style="text-align: center;">Sq. Ft. X \$</td> <td style="text-align: center;">= \$</td> <td></td> </tr> <tr> <td>COMMERCIAL/INDUSTRIAL</td> <td style="text-align: center;">Sq. Ft. X \$</td> <td style="text-align: center;">= \$</td> <td style="text-align: right; font-weight: bold;">35360.82</td> </tr> </table>			RESIDENTIAL	Sq. Ft. X \$	= \$		APARTMENT/CONDOMINIUM	Sq. Ft. X \$	= \$		COMMERCIAL/INDUSTRIAL	Sq. Ft. X \$	= \$	35360.82
RESIDENTIAL	Sq. Ft. X \$	= \$													
APARTMENT/CONDOMINIUM	Sq. Ft. X \$	= \$													
COMMERCIAL/INDUSTRIAL	Sq. Ft. X \$	= \$	35360.82												

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 have been complied with by the above signed applicant.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL:**

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

WHITE - SCHOOL DISTRICT

YELLOW - SCHOOL DISTRICT

PINK - BUILDING DEPARTMENT

GOLD - APPLICANT

**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: Buzz Oates Enterprises Phone: (916)381-3600  
 Site Address: 2400 Del Paso Road Suite: \_\_\_\_\_  
 (Street) (Zip)  
 Business Owner/Representative: Buzz Oates Enterprises/Bruce Kemp Phone: 381-3600  
 Nature of Business: Office  
 Property Owner: Buzz Oates Enterprises Phone: 381-3600  
 Address: 8615 Elder Creek Road, Ste. 100, Sacramento, CA 95828 Suite: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes X No \_\_\_ Is this permit for a shell building? Yes X No \_\_\_

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_

7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

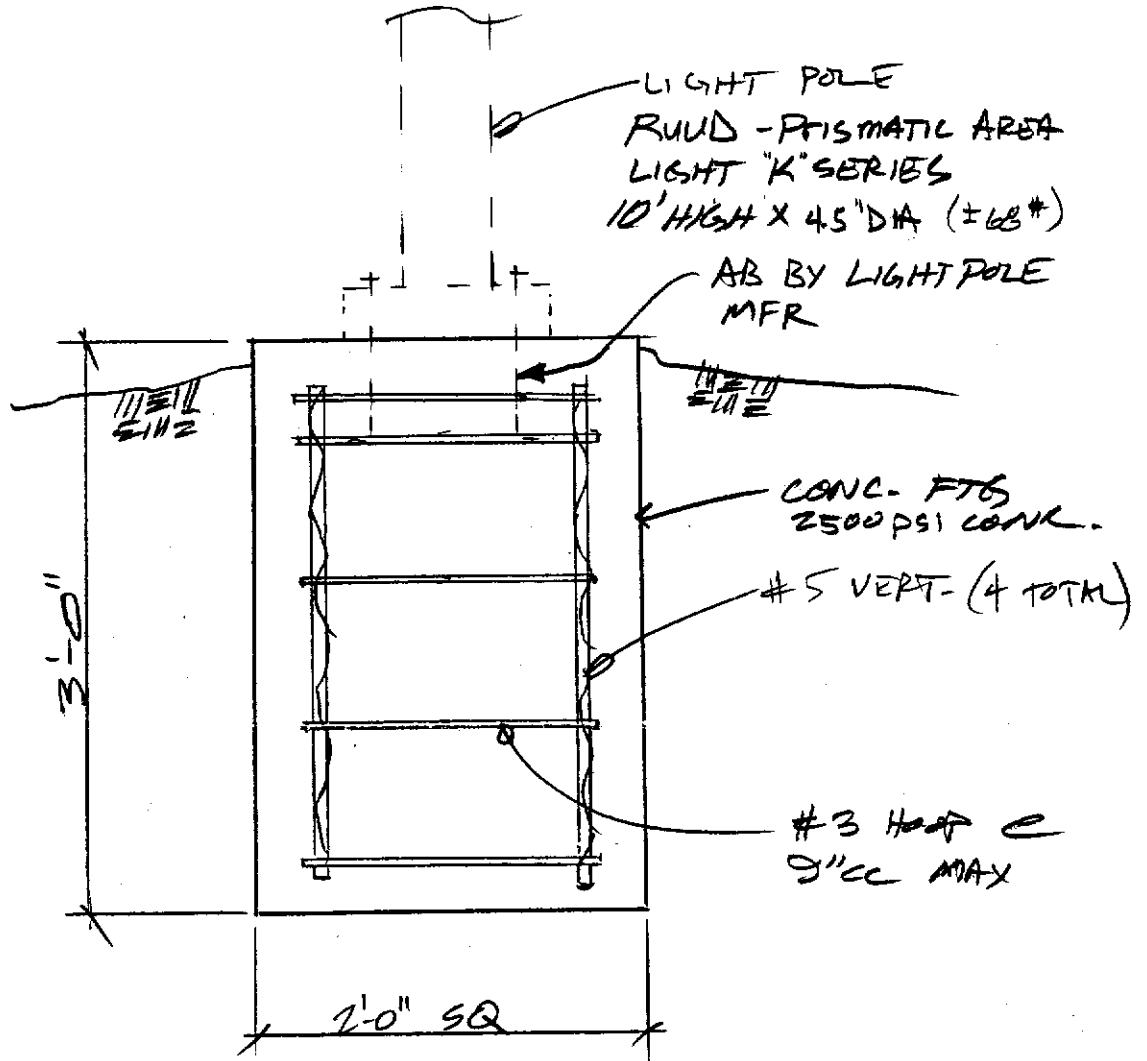
Applicant's Name: Bruce Kemp  
Dave H. Kemp (Print)  
 (Signature) (Date)

BID Use Only: Plan Ck# <u>99-06993</u> Permit # _____ OK to issue prmt? <u>Y</u> <u>BY</u> <u>7/17/00</u> F.D. Appr Req'd? Yes <u>(No)</u> init date	
Hold on Certificate of Occupancy? Yes <u>(No)</u>	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

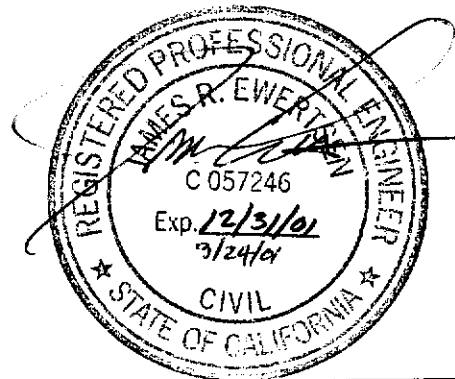
9906993

BUZZ OATES ENTERPRISES II  
8615 ELDER CREEK ROAD  
SACRAMENTO, CA 95828  
(916) 381-3600 Fax (916) 381-0760

JOB: 2400 DOZ PASO RD  
CLIENT: MARY III DATE 9/24/01  
JOB NO: \_\_\_\_\_ BY JRF SHEET NO \_\_\_\_\_

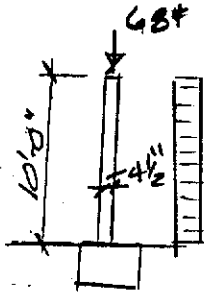


LIGHT POLE FOOTING  
1" = 1'-0"



By: *James R. Ewert*

LIGHT POLE BASE



WIND: EXP. C WIND SPD = 75 mph

$$W = 14.5 \times 1.06 \times 1.4 \times 1.0 = 21.5 \text{ PSF} \times 4.5/12 = 8 \#1$$

FOOTING TRY 2'-0" SQ X 3'-0" DEEP FTG  
 $WT = 2 \times 2 \times 3 \times 150 = 1800 \#$

$$M/P = e = 8 \times 10^2 / 2 \times (1800 + 68) = .22' = 2.6" \text{ INSIDE MIDDLE } 1/3$$

$$q = \frac{1868}{4} \left( 1 + \frac{6 \times .22}{2} \right) = 775 \text{ PSF} < 1333 \text{ OK}$$

2 CODE MIN. NO SOILS  
 REPORT REQ'D

USE 2' X 2' X 3' DEEP FTG W/ 4-#5 VERT. #  
#3 HOOPS @ 9" C MAX

CHECK LATERAL BRG

$$d = \frac{A}{2} \left( 1 + \sqrt{1 + \frac{4 \cdot 36 \cdot h}{A}} \right) \text{ UBC 1806.8.2.1}$$

$S_1 = 100$  - concrv.

$$P = 8 \#1 \times 10 = 80 \# \quad h = 10/2 = 5'$$

$$A = 2.34 \times 80 / 100 \times 2 = .94$$

$$d_R = .94/2 \left( 1 + \sqrt{1 + \frac{4 \cdot 36 \times 5}{.94}} \right) = 2.8' \quad 3'-0" \text{ OK}$$



**City of Sacramento  
Water and Sewer Service Quotation**

FY 99/00

Date: 07/10/00		Time:		Planning No.: P99-070		Plan Check No.: 9906993	
Address: 2400 Del Paso Road						Parcel No.: 225-0070-083	
Description: 2 Story Office Building							
Subdivision Map: Natomas Central (new)						Water Page No.: 60N	
Estimate By: Dilley/PVR							
Engineering Firm: Morton & Pitalo 1788 Tibbute Road Sacramento CA 95815						Project Engineer: Alex A. Phone No.: 927-2400 Fax No.: 567-0120	
Sewer Jurisdiction: <input checked="" type="checkbox"/> County <input type="checkbox"/> City							
Comment No.1      2-8" fire services (easement taps). Comment No.2      1-1.5" irrigation service (easement tap). Comment No.3      1-4" service & 3" meter (easement tap). Comment No.4 Comment No.5 Comment No.6							
TOTAL WATER DEV. FEES: \$25,172						12 hrs x \$75 per hour = \$900	
TOTAL SEWER DEV. FEES: \$0						or \$300.00 (whichever is greater)	
						Total on-site grading and drainage review fee: \$900	

ENTERED  
 B.I.  
 Bx.

**Water Service Quotations**

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
12"			8"		X	fire services	2		\$1,685		\$3,370	
12"		1.5"			X	irrigation service	1	1	\$765	\$500	\$1,265	\$3,692
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
<b>4" TAP AND 3" METER</b>												
12"	4"				X	domestic service	1	1	\$1,395	\$1,790	\$3,185	\$21,480
											n/a	
<b>ABANDONMENT</b>												
	Abandon				in.							
	Abandon				in.							
<b>CREDIT</b>												
	Credit for				in.			1				
	Credit for				in.			1				
								0				
										Fire Hydrant		
<b>Total for Water</b>											<b>\$7,820</b>	<b>\$25,172</b>

**COUNTY SEWER**

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit				\$0	
<b>Total for Sewer</b>						<b>\$0</b>	<b>\$0</b>

Note: Total cost = Qty. x Street/2 x Tap Fee + MH Fee, MH Fee is \$1200.00

Sewer Tap Construction Charge: \$0  
 Water Main Construction Charge: \$7,820  
**Total For Address: \$7,820**



December 9, 1999

Mr. David Brock  
City of Sacramento  
Building Division  
1231 "P" Street  
Sacramento, CA 95814

Dear Dave,

Pursuant to our recent conversation, this is a request to extend the building permit process on the following two (2) permits.

1. Plc # 9907000-2420 Del Paso Road, lot 7, APN 275-0070-082.
2. Plc # 9906993-2400 Del Paso Road, lot 8, APN 225-0070-083.

Our engineers Morton & Pitalo have been working with the City and County of Sacramento for several months to design a sewer outfall system that is acceptable to both City and County.

The sewer line in Del Paso Road was designed and installed to shallow to allow further hookups for our building on Del Paso Road.

Morton & Pitalo will submit the final sewer alignment and complete civil plans to the building department for these two permits in the very near future.

If you have any questions, please call me at (916) 381-3600 ext.3007.

Sincerely,

A handwritten signature in cursive script that reads "Bruce H. Kemp".

**Bruce H. Kemp**  
Project Manager  
Buzz Oates Enterprises II

cc: John Pitalo  
Dan Erickson

**SIGMA ENGINEERING**  
CONSULTING MECHANICAL ENGINEERS

January 7, 2002

**Mr. Farrokh Cooper**  
**Buzz Oates Air Conditioning**  
**6251 A Sky Creek Drive**  
**Sacramento, CA 95828**

**Subject: Del Paso III**

Dear Mr. Farrokh,

Please set the new return air (RA) quantities for the lobby heat pump units shown on drawings M3 & M4 to attain the required outside air supply (OA) as scheduled on drawing M5 for the above project.

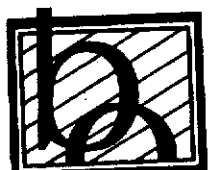
<u>UNIT</u>	<u>SA (M5)</u>	<u>NEW RA</u>	<u>OA (M5)</u>
HP-1	1400 CFM	1010 CFM	390 CFM
HP-2	1400 CFM	1010 CFM	390 CFM
HP-3	560 CFM	560 CFM	- (PROCESS)
HP-4	2100 CFM	1540 CFM	560 CFM
HP-5	2100 CFM	1540 CFM	560 CFM
HP-8	1400 CFM	1010 CFM	390 CFM
HP-9	1400 CFM	1010 CFM	390 CFM

If you have any questions, please call.

Very truly yours,

**SIGMA ENGINEERING**

  
Mel Tarog, Principal  
MT:gtc



**BUZZ OATES**  
AIR CONDITIONING, INC.

JOB NO. 1495  
SECTION \_\_\_\_\_ PAGE 1

## FAN & OUTLET TEST DATA

LOCATION DEL PASO III - LOT 8 , 1st FLOOR SYSTEM HP 1

### MOTOR NAMEPLATE DATA

MFG MARATHON FR 48  
HP 1/2 V 460 FLA 1.8  
PH 1 SF T.P RPM \_\_\_\_\_  
SHEAVE DATA: DIRECT  
DIA \_\_\_\_\_ SHAFT 1/2"  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	1.6 -1.7 -1.7		
BHP			
FAN RPM			
SP -	.28		
SP +	.15		
TSP ESP	.43		
FILTER SP	.05		
CFM TOTAL	1330		
CFM RA	965		
CFM OA	365		

### FAN NAMEPLATE DATA

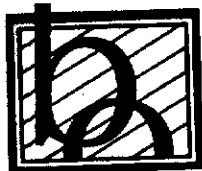
MFG MAMMOTH  
MODEL G043-HHJ-F  
TYPE WATERSOURCE HEAT PUMP  
SIZE 00J252575  
SHEAVE DATA:  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

### FAN DESIGN DATA

TSP \_\_\_\_\_  
CFM 1400 ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
OA 390

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD 2	12X12	1.0		550		500				
	2	CD 2	12X12	1.0		550		555				
	3	CD 2	12X12	1.0		300		275				
						1400		1330				
	R1	RG-2	20X20			1010		965				

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**BUZZ OATES**  
AIR CONDITIONING, INC.

### FAN & OUTLET TEST DATA

LOCATION DEL PASO III-LOT 8, 1st FLOOR SYSTEM HP 2

#### MOTOR NAMEPLATE DATA

MFG MARATHON FR 48  
HP 1/2 V 460 FLA 1.8  
PH 1 SF \_\_\_\_\_ RPM \_\_\_\_\_

SHEAVE DATA: DIRECT  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

#### FAN NAMEPLATE DATA

MFG MAMMOTH  
MODEL G043-HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 00J252582

SHEAVE DATA:  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

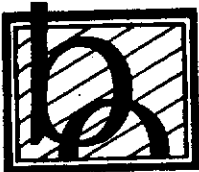
DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	1.7-1.5-1.5		
BHP			
FAN RPM			
SP -	.28		
SP +	.15		
TSP ESP	.41		
FILTER SP	.05		
CFM TOTAL	1000		
CFM RA	370		
CFM OA			

#### FAN DESIGN DATA

TSP \_\_\_\_\_  
CFM 1400 ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
OA 395

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	4	CD-2	12X12	1.0		550		590				
	5	CD-2	12X12	1.0		550		500				
	6	CD-2	12X12	1.0		300		280				
						1000		1370				
	R-2	R6-2	20X20			1010		1000				

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BUZZ OATES**  
AIR CONDITIONING, INC.

JOB NO. 1495

SECTION \_\_\_\_\_ PAGE 3

### FAN & OUTLET TEST DATA

LOCATION DEL PASO III

SYSTEM HP 3

**MOTOR NAMEPLATE DATA**

MFG MARATHON FR \_\_\_\_\_  
HP 1/5 V 265 FLA 1.5  
PH 1 SF \_\_\_\_\_ RPM \_\_\_\_\_

SHEAVE DATA: DIRECT \_\_\_\_\_  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

**FAN NAMEPLATE DATA**

MFG MAMMOTH  
MODEL G019HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 01F277808

SHEAVE DATA:  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_

BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

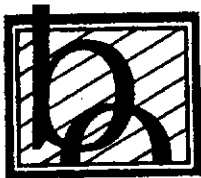
DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	270		
AMPS	1.0		
BHP			
FAN RPM			
SP -	.25		
SP +	.13		
TSP ESP	.38		
FILTER SP	.05		
CFM TOTAL	600		
CFM RA	600		
CFM OA	-		

**FAN DESIGN DATA**

TSP \_\_\_\_\_  
CFM 560 ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
OA -

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	7	SG-1	16X16	1.0		560		600				
	R-3	RG-2	16X16	1.0		560		600				

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BUZZ OATES**  
AIR CONDITIONING, INC.

JOB NO. 1495  
SECTION \_\_\_\_\_ PAGE 4

### FAN & OUTLET TEST DATA

LOCATION DEL PASO III - LOT 8 2nd FLOOR SYSTEM HP 4

**MOTOR NAMEPLATE DATA**

MFG MARATHON FR 48  
HP 3/4 V 460 FLA \_\_\_\_\_  
PH 1 SF T.P. RPM \_\_\_\_\_  
SHEAVE DATA: DIRECT  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

**FAN NAMEPLATE DATA**

MFG MAMMOTH  
MODEL G062-HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 01D275902  
SHEAVE DATA:  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	2.2- 2.1-2.3		
BHP			
FAN RPM			
SP -	.28		
SP +	.15		
TSP ESP	.43		
FILTER SP	.05		
CFM TOTAL	2080		
CFM RA	575		
CFM OA			

**FAN DESIGN DATA**

CFM 2100 TSP \_\_\_\_\_  
OA 560 ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	8	RD 1	2X8'			800		740				
	9	CD 1	12X12			535		550				
	10	CD 1	12X12			535		580				
	11	CD 2	12X12			230		210				
						2100		2080				
	R-5	RG-2	36X18			1540		1505				

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### FAN & OUTLET TEST DATA

LOCATION DEL PASO III - 2nd FLOOR SYSTEM HP 5

**MOTOR NAMEPLATE DATA**

MFG MARATHON FR \_\_\_\_\_  
HP 3/4 V 460 FLA 2.5  
PH 1 SF T.P. RPM \_\_\_\_\_  
SHEAVE DATA: DIRECT \_\_\_\_\_  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

**FAN NAMEPLATE DATA**

MFG MAMMOTH  
MODEL G062-HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 01D275895  
SHEAVE DATA: \_\_\_\_\_  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	2.3-2.2-2.2		
BHP			
FAN RPM			
SP -	.25		
SP +	.16		
TSP ESP	.41		
FILTER SP	.05		
CFM TOTAL	2020		
CFM RA	1440		
CFM OA	580		

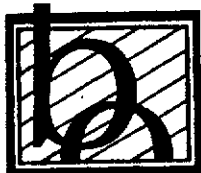
**FAN DESIGN DATA**

CFM 2100 TSP \_\_\_\_\_  
ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
OA 560

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	12	LD 1	2X8'	1.0		800		750				
	13	CD 1	12X12	1.0		535		525				
	14	CD 1	12X12	1.0		535		525				
	15	CD 1	12X12	1.0		230		220				
						2100		2020				
	R-6	RG 2	36X18			1540		1440				

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**BUZZ OATES**  
AIR CONDITIONING, INC.

### FAN & OUTLET TEST DATA

LOCATION DEL PASO III - 2nd FLOOR SYSTEM HP 6

**MOTOR NAMEPLATE DATA**

MFG MARATHON FR 48  
HP 1/3 V 460 FLA 2.5  
PH 1 SF T.P RPM \_\_\_\_\_  
SHEAVE DATA: DIRECT \_\_\_\_\_  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

**FAN NAMEPLATE DATA**

MFG MAMMOTH  
MODEL Go24-HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 00K270674  
SHEAVE DATA: \_\_\_\_\_  
DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

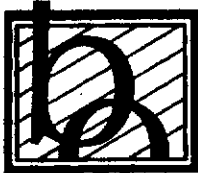
DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	.9- .8- .8		
BHP			
FAN RPM			
SP -	.26		
SP +	.16		
TSP ESP	.42		
FILTER SP	.05		
CFM TOTAL	910		
CFM RA	795		
CFM OA	115		

**FAN DESIGN DATA**

CFM 960 TSP \_\_\_\_\_  
ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
OA 100

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	20	CD-2	12X12	1.0		480		460				
	21	CD-2	12X12	1.0		480		455				
						960		910				
	R-8	RG-2	18X18			860		795				

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BUZZ OATES**  
AIR CONDITIONING, INC.

JOB NO. 1495  
SECTION \_\_\_\_\_ PAGE 7

## FAN & OUTLET TEST DATA

LOCATION DEL PASO III - 2nd FLOOR WEST SYSTEM HP 7

### MOTOR NAMEPLATE DATA

MFG MARATHON FR 48  
HP 1/2 V 460 FLA 1.0  
PH 1 SF T.P RPM \_\_\_\_\_

### SHEAVE DATA:

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

### FAN NAMEPLATE DATA

MFG MAMMOTH  
MODEL G024-HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 00L271365

### SHEAVE DATA:

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

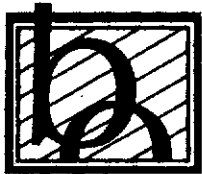
DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	1.0-.8-.8		
BHP			
FAN RPM			
SP -	.25		
SP +	.16		
TSP ESP	.05		
FILTER SP	905		
CFM TOTAL	905		
CFM RA	805		
CFM OA	110		

### FAN DESIGN DATA

CFM 960 TSP \_\_\_\_\_  
OA 100 ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	22	CD-2	12X12	1.0		480		450				
	23	CD-2	12X12	1.0		480		465				
						960		915				
	R-9	RG-2	18X18			860		805				

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BUZZ OATES**  
AIR CONDITIONING, INC.

JOB NO. 1495

SECTION \_\_\_\_\_ PAGE 8

## FAN & OUTLET TEST DATA

LOCATION DEL PASO III - 2nd FLOOR

SYSTEM HP 8

**MOTOR NAMEPLATE DATA**

MFG MARATHON FR 48  
HP 1/2 V 460 FLA 1.8  
PH 1 SF T.P RPM \_\_\_\_\_

**SHEAVE DATA:**

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

**FAN NAMEPLATE DATA**

MFG MAMMOTH  
MODEL G043-HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 00H2456007

**SHEAVE DATA:**

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

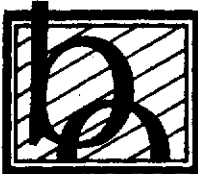
DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	1.7 - .8 - 1.6		
BHP			
FAN RPM			
SP -	.28		
SP +	.15		
TSP ESP	.43		
FILTER SP	.05		
CFM TOTAL	1420		
CFM RA	1045		
CFM OA	375		

**FAN DESIGN DATA**

CFM 1400 TSP \_\_\_\_\_  
OA 390 ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	16	LD-2	2X10'	1.0		1100		1120				
	17	CD-2	12X12	1.0		300		300				
						1400		1420				
	R-6	RG-2	24X24			1010		1045				

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**BUZZ OATES**  
AIR CONDITIONING, INC.

JOB NO. 1495  
SECTION \_\_\_\_\_ PAGE 9

### FAN & OUTLET TEST DATA

LOCATION DEL PASO III - 2nd FLOOR SYSTEM HP 9

**MOTOR NAMEPLATE DATA**

MFG MARATHON FR 48  
HP 1/2 V 460 FLA 1.8  
PH 1 SF T.P RPM \_\_\_\_\_

**SHEAVE DATA:**

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ FIXED \_\_\_\_\_

**FAN NAMEPLATE DATA**

MFG MAMMOTH  
MODEL G043-HHJ-F  
TYPE WATER SOURCE HEAT PUMP  
SIZE 00G251114

**SHEAVE DATA:**

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_ HUB \_\_\_\_\_  
BELTS \_\_\_\_\_  
STARTER \_\_\_\_\_ SIZE \_\_\_\_\_  
HEATERS \_\_\_\_\_

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	470		
AMPS	1.6 - 1.5 - 1.5		
BHP			
FAN RPM			
SP -	.28		
SP +	.16		
TSP ESP	.44		
FILTER SP	.05		
CFM TOTAL	1390		
CFM RA	980		
CFM OA	410		

**FAN DESIGN DATA**

CFM 1400 TSP \_\_\_\_\_  
OA 390 ESP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	18	LD 2	2X10'	1.0		1100		1080				
	19	CD 2	12X12	1.0		300		310				
						1400		1390				
	R-7	RG 2	24X24			1010		980				

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**  
**SACRAMENTO COUNTY - ENVIRONMENTAL HEALTH DIVISION**  
 OFFICE (916) 875-8440 \* FAX (916) 875-8513

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
NAME: <u>A &amp; A Properties</u>	TYPE DC _____ SIZE <u>8"</u> MFG <u>Ames</u>
MAIL ADDRESS: <u>8615 Elder Creek Rd.</u>	MODEL <u>300088</u> SERIAL NO.: <u>11902</u>
CITY, STATE, ZIP: <u>Sacto, CA, 95828</u>	<input type="checkbox"/> EXISTING <input checked="" type="checkbox"/> REFERENCE NO.: _____
CARE OF: _____	<input type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> OLD ASSEMBLY SERIAL NO.: _____
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> PLUMBING PERMIT NO.: _____

SERVICE ADDRESS: 2400 Del Paso Rd. CITY: Sacramento  
 WATER PURVEYOR: SAC CITY IF APPLICABLE, METER NO.: \_\_\_\_\_  
 ASSEMBLY LOCATION: 18ft. South of curb, 35ft East of N/E corner of Bldg  
(Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)

**TEST RESULTS INFORMATION**

	DOUBLE CHECK VALVE ASSEMBLY				
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
<b>INITIAL TEST</b>	HELD AT: <u>1.4</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>1.6</u> PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
<b>REPAIR</b>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
<b>TEST AFTER REPAIR</b>	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>10:20 AM</u>	START TIME: _____
END TIME: <u>10:30 AM</u>	END TIME: _____
DATE: <u>06/25/01</u>	DATE: _____

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASSEMBLY PASSED  FAILED  TAG NO.: AJ8022  
 \* If FAILED, please notify appropriate water purveyor within 24 hours!

SACRAMENTO COUNTY CERTIFICATION NUMBER: 253

MAIL ORIGINAL TO: ATTN: CROSS-CONNECTION CONTROL  
 COUNTY OF SACRAMENTO  
 ENVIRONMENTAL HEALTH DIVISION  
 8475 JACKSON ROAD, SUITE 240  
 SACRAMENTO CA 95826-3904

PLEASE PRINT YOUR NAME: Andrew Aldred

*Andrew Aldred*  
 Signature of Tester



**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**  
**SACRAMENTO COUNTY - ENVIRONMENTAL HEALTH DIVISION**  
 OFFICE (916) 875-8440 • FAX (916) 875-8513

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
NAME: <u>A &amp; A Properties</u>	TYPE <u>DC</u> SIZE <u>3/4"</u> MFG <u>Ames</u>
MAIL ADDRESS: <u>8615 Elder Creek rd.</u>	MODEL <u>2000B</u> SERIAL NO.: <u>17846</u>
CITY, STATE, ZIP: <u>Sacto, CA. 95828</u>	<input type="checkbox"/> EXISTING → REFERENCE NO.:
CARE OF:	<input type="checkbox"/> REPLACEMENT → OLD ASSEMBLY SERIAL NO.:
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED	<input type="checkbox"/> NEW → PLUMBING PERMIT NO.:

SERVICE ADDRESS: 2400 Del Paso Rd. CITY: Sacramento

WATER PURVEYOR: SAC CITY IF APPLICABLE, METER NO.:

ASSEMBLY LOCATION: Attached to 8" Ames ser# 11901  
(Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)

**TEST RESULTS INFORMATION**

	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE		AIR INLET VALVE	CHECK VALVE
	HELD AT: <u>2.0</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>2.0</u> PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	
<b>R E P A I R</b>	1) CLEANED <input type="checkbox"/> REPLACED:	1) CLEANED <input type="checkbox"/> REPLACED:	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED:	1) CLEANED <input type="checkbox"/> REPLACED:	1) CLEANED <input type="checkbox"/> REPLACED:	
	2) DISC <input type="checkbox"/>	2) DISC <input type="checkbox"/>	3) DISC(S) <input type="checkbox"/>	2) DISC <input type="checkbox"/>	2) DISC <input type="checkbox"/>	
	3) SPRING <input type="checkbox"/>	3) SPRING <input type="checkbox"/>	4) SPRING <input type="checkbox"/>	3) DIAPHRAGM <input type="checkbox"/>	3) MODULE <input type="checkbox"/>	
	4) GUIDE <input type="checkbox"/>	4) GUIDE <input type="checkbox"/>	5) DIAPHRAGM(S) <input type="checkbox"/>	4) FLOAT <input type="checkbox"/>	4) OTHER <input type="checkbox"/>	
	5) SEAT <input type="checkbox"/>	5) SEAT <input type="checkbox"/>	6) SEAT(S) <input type="checkbox"/>	5) OTHER <input type="checkbox"/>		
	6) MODULE <input type="checkbox"/>	6) MODULE <input type="checkbox"/>	7) O-RING(S) <input type="checkbox"/>			
	7) OTHER <input type="checkbox"/>	7) OTHER <input type="checkbox"/>	8) MODULE <input type="checkbox"/>			
<b>TEST AFTER REPAIR</b>	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID	

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>10:40 AM</u>	START TIME: _____
END TIME: <u>10:50 AM</u>	END TIME: _____
DATE: <u>06/25/01</u>	DATE: _____

**COMMENTS:**

---



---



---

ASSEMBLY: PASSED  FAILED  TAG NO.: AJ8023  
 \* IF FAILED, please notify appropriate water purveyor within 24 hours!

SACRAMENTO COUNTY CERTIFICATION NUMBER: 253

<b>MAIL ORIGINAL TO:</b>	ATTN: CROSS-CONNECTION CONTROL COUNTY OF SACRAMENTO ENVIRONMENTAL HEALTH DIVISION 8475 JACKSON ROAD, SUITE 240 SACRAMENTO CA 95826-3904
--------------------------	---

PLEASE **PRINT** YOUR NAME: Andrew Aldred

*Andrew Aldred*  
 Signature of Tester



**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**  
**SACRAMENTO COUNTY - ENVIRONMENTAL HEALTH DIVISION**  
 OFFICE (916) 875-8440 • FAX (916) 875-8513

WATER CUSTOMER INFORMATION		ASSEMBLY INFORMATION	
NAME: <u>A &amp; A Properties</u>		TYPE <u>DC</u>	SIZE <u>8"</u> MFG <u>AMES</u>
MAIL ADDRESS: <u>8615 Elder Creek Rd.</u>		MODEL <u>3000 SS</u>	SERIAL NO.: <u>11902</u>
CITY, STATE, ZIP: <u>Sacto, CA. 95828</u>		<input type="checkbox"/> EXISTING = REFERENCE NO.:	
CARE OF:		<input type="checkbox"/> REPLACEMENT = OLD ASSEMBLY SERIAL NO.:	
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED		<input type="checkbox"/> NEW = PLUMBING PERMIT NO.:	
SERVICE ADDRESS: <u>2400 Del Paso Rd.</u>		CITY: <u>Sacramento</u>	
WATER PURVEYOR: <u>SAC CITY</u>		IF APPLICABLE, METER NO.:	
ASSEMBLY LOCATION: <u>15ft. South of curb, 27ft West of N/W corner of Bldg.</u>			

(Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)

**TEST RESULTS INFORMATION**

	DOUBLE CHECK VALVE ASSEMBLY		REDUCED-PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE		AIR INLET VALVE	CHECK VALVE	
	<b>INITIAL TEST</b>	HELD AT: <u>2.2</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>1.6</u> PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	
<b>R E P A I R</b>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>		
<b>TEST AFTER REPAIR</b>	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID		

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>9:30 AM</u>	START TIME: _____
END TIME: <u>9:45 AM</u>	END TIME: _____
DATE: <u>06/25/01</u>	DATE: _____

ASSEMBLY: PASSED  FAILED  TAG NO. AJ8020  
 \* If FAILED, please notify appropriate water purveyor within 24 hours!

SACRAMENTO COUNTY CERTIFICATION NUMBER: 253

**MAIL ORIGINAL TO:**  
 ATTN: CROSS-CONNECTION CONTROL  
 COUNTY OF SACRAMENTO  
 ENVIRONMENTAL HEALTH DIVISION  
 8475 JACKSON ROAD, SUITE 240  
 SACRAMENTO CA 95826-3904

PLEASE **PRINT** YOUR NAME: Andrew Aldred  
  
 Signature of Tester



**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**  
**SACRAMENTO COUNTY - ENVIRONMENTAL HEALTH DIVISION**  
 OFFICE (916) 875-8440 • FAX (916) 875-8513

WATER CUSTOMER INFORMATION		ASSEMBLY INFORMATION	
NAME: <u>A &amp; A Properties</u>		TYPE <u>DC</u>	SIZE <u>3/4"</u> MFG <u>Ames</u>
MAIL ADDRESS: <u>8615 Elder Creek Rd.</u>		MODEL <u>2000B</u>	SERIAL NO.: <u>17771</u>
CITY, STATE, ZIP: <u>Sacto, CA. 95828</u>		<input type="checkbox"/> EXISTING = REFERENCE NO.:	
CARE OF:		<input type="checkbox"/> REPLACEMENT = OLD ASSEMBLY SERIAL NO.:	
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED		<input type="checkbox"/> NEW = PLUMBING PERMIT NO.:	

SERVICE ADDRESS: 2400 Del Paso Rd.

CITY: Sacramento

WATER PURVEYOR: SAC CITY

IF APPLICABLE, METER NO.:

ASSEMBLY LOCATION: Attached to 8V Ames ser# 11902

(Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)

**TEST RESULTS INFORMATION**

	DOUBLE CHECK VALVE ASSEMBLY				
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
<b>INITIAL TEST</b>	HELD AT: <u>1.4</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>1.8</u> PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
<b>REPAIR</b>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
<b>TEST AFTER REPAIR</b>	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

**COMMENTS:**

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>9:50 AM</u>	START TIME: _____
END TIME: <u>10:00 AM</u>	END TIME: _____
DATE: <u>06/25/01</u>	DATE: _____

ASSEMBLY: PASSED  FAILED  TAG NO. AJ8021  
 \* If FAILED, please notify appropriate water purveyor within 24 hours!

SACRAMENTO COUNTY CERTIFICATION NUMBER: 253

**MAIL ORIGINAL TO:** ATTN: CROSS-CONNECTION CONTROL  
 COUNTY OF SACRAMENTO  
 ENVIRONMENTAL HEALTH DIVISION  
 8475 JACKSON ROAD, SUITE 240  
 SACRAMENTO CA 95826-3904

PLEASE PRINT YOUR NAME: Andrew Aldred

*Andrew Aldred*  
 Signature of Tester