NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

	INSPECTION	INSPECTOR	DATE
B10	FOUNDATION FORMS		
E60/B11	UFER GROUND		
B12	CONCRETE SLAB FORMS		
P40	PLUMB UNDERFLOOR/SLAB		
M30	MECH UNDERFLOOR/SLAB		
E61	ELECT UNDERGROUND		
E62	ELECT CONDUIT-SLAB		
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13	FLOOR JOISTS OR GIRDERS		
	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/15	INSULATION/WALL/FLOOR		
P41	TOP PLUMBING		
M31	TOP MECHANICAL/WALL/CEIL.		
E63	ROUGH ELECTRICAL/WALL/CEIL.		
B19	FRAME	VJ	7-25-00
B17	ROOF PLYWOOD NAIL COMM & APTS		
B18	EXTERIOR LATH/SIDING	lath plaster VJ	8-22-00
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22	INT LATH OR WALL BD NAILING	VJ	7-26-00
	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66	SERVICE UNDERGRD CONDUIT		
P43	SEWER SERVICE		
P42	WATER SERVICE		
P46	SPRINKLER SYSTEM		
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47/M33	GAS TEST		
P48	TEMP [illegible]		
E68	POWER [illegible]		
E67	[illegible]		

SWIMMING POOLS ONLY

P47	GAS TEST		
P51	PLUMBING PRE GUNITE		
P52	PLUMBING PRE DECK		
E70	ELECTRICAL PRE GUNITE		
E71	ELECTRICAL PRE DECK		
E72	ELECTRICAL UNDERGRD		
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B29		FINAL APPROVALS 10/12/00	
E79			
P59			
M39			
E94			

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

THIS CARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS: 1614 19TH ST | SUITE: | INSP AREA: 1C

ASSESSOR PARCEL NO: 007-0311-021 | COMMUNITY PLAN NO: | PLAN CHECK NO:

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE NO
LICENSED CONTRACTOR: RICK OSEN	4191 POWER INN RD, STE C		916-739-8669
PROPERTY OWNER: LUCY & TY EIDAM	932 44TH ST SACRAMENTO, CA	95819	916-739-6561
ARCH ENGR: LBDC, KERRY VOHCER	1919 19TH ST SACRAMENTO, CA	LICENSE NO.	

NO. OF STORIES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	STREET WDTH

THIS PERMIT IS FOR: (X) BUILDING (X) MECHANICAL (X) PLUMBING (X) ELECTRICAL (X) SITE (X) FIRE

NATURE OF WORK IN DETAIL: ADD 966 SQ FT TO OFFICE SPACE & INTERIOR REMODEL OF 2206 SQ FT OF EXISTING OFFICE SPACE

FLOOD STATUS ( ) SPECIAL CONDITIONS X11, X16, X1.11, X1.16, X1.21 ATTACHMENTS

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
INSPECTIONS 264-5191

WORKER'S COMPENSATION DECLARATION

VALUATION $88,984.48

ISSUED BY:

DATE ISSUED:

BUILDING PERMIT FEE	$
PLAN CHECK FEE	$
S M FEE	$
INSP EXCISE TAX	$
CITY BUS LICENSE	$
TECH FEE	$
WATER DEV FEE	$
CITY SEWER DEV FEE	$
REG SEWER FEE	$
RESIDENTIAL CONSTR TAX	$

TOTAL FEES $

OCCUP. GROUP: B

CONSTR TYPE: V-1

FIRE SP: N

FED CODE: 1

PERM NO: 0 0 C 1 9 5 3 (

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
BUILDING SERVICES SECTION

ACTIVITY # 0001953 Insp. Area 1

Applicant MUST complete ALL Unshaded areas

ADDRESS 9322 44TH STREET SACRAMENTO Suite

PARCEL # 067-0311-024-0000

CONTACT	LICENSED CONTRACTOR Lic No. # 676690
Name ACKA KNUDSEN	Name RICK OSEN
Address 119 13TH ST., SACRAMENTO	Address 4191 POWER INN RD., SUITE C
Phone (916) 552-1100 FAX (916) 552-1110	Phone (916) 739-8669 FAX (916) 457-5047
E-mail ACKA@BDG.COM	E-mail RWOSEN@GOLDSTATE.NET
ARCHITECT/ENGINEER	**OWNER**
Name BDG, KERRY YOKER	Name HEY & TY EIDAM
Address 119 13TH ST., SACRAMENTO	Address 9322 44TH ST., SACRAMENTO 95819
Phone (916) 552-1100 FAX (916) 552-1110	Phone (916) 739-6561 FAX (916) 491-3160
E-mail KERRY@BDG.COM	E-mail

→ Will you have employees on the project? ☐ No ☑ Yes → INSURANCE CO: MID-CENTURY

→ WORKER'S COMPENSATION POLICY # 3509-59-25-00 EXPIRATION DATE:

NATURE OF WORK IN DETAIL: NEW ADDITION OF OFFICE SPACE; TI OF EXISTING OFFICE SPACE; REVISED PARKING LOT & LANDSCAPING
2206 SQ FT

OCCUPANT/TENANT: HEY & COMPANY

VALUATION: $ 88984.48

FLOOD STATUS: SCAT. X11, X16, X1.11, X1.12, X1.16, X1.21

JOB DESCRIPTION BLDG SHELL APT TI( ) REM(X) SW FIRE ADD OTH

INSPECTION DISCIPLINES: BLDG MECH PLUMB ELEC SITE FIRE

# Stories	Area	Total Area	Use Zone	Occup Group	Const type V-N	Fire Req. Y/N SPR	Fire Req. Y/N ALARM	Fed Code	Vio. File [H]	Vio. File [Quad]
		3172		B	V-N			15		

B	L	P	M	E	F	S	D	PW	UTIL
							SR		

Ross
Details

REGIONAL SANITATION FEES? ☐ Yes ☑ No HEALTH DEPARTMENT? ☐ Yes ☑ No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Provided ☐ Faxed

Date of Request:__________
By __________

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Address: ... St

Assessor Parcel Number: ... 311 - 021

Zoning Designation: C-2

DR 00-017

... of DR 00-017

... residential use

... requiring ...

... MUST BE ...

Permits Issued? (circle one) YES NO

(YES) NO
YES NO
(YES) NO

... provided on the reverse side of this form

... AFTER FINAL

WATER SUPPLY TEST - DEPT OF UTILITIES

	TEST NO:	FILE NO: 000/953
	REQUEST DATE: 3-6-00	
	COMPLETE DATE:	
	ANALYSIS FEE: [redacted]	DATE PAID:
916/264-1499	FIELD TEST FEE: 360.00	DATE PAID: 3-3-00

CONTACT PERSON: LAURA KUNKEL	PHONE NO: 558-1900	FAX NO: 558-1919
COMPANY: [illegible] 9TH ST	CELL PHONE NO:	
COMPANY ADDRESS:	STREET ADDRESS OF TEST: 1614 19TH ST	
PURPOSE OF TEST: ADDITION	ASSESSOR'S PARCEL NUMBER: 007-031-021-0000	

The undersigned agrees to the following items and conditions

The street address shown above is correct.

Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.

Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.

If the undersigned desires to witness the water supply test performed by the City, please check the box below:

☐ *I want to witness the water supply test which will be scheduled at the convenience of the Department of Utilities.*

If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below.

☐ *At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.*

Print Name: MARGARET ELLIS Signature: [signature] Date: 3-3-00

ENGINEERING REQUEST DATE: DATE OF TEST: TIME OF TEST:

WATER MAIN SIZE: TEST CONDUCTED BY:

	ADDRESS	MAP PAGE	STATIC PRES. PSI	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT C_1	COEFFICIENT C_2	CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
TESTED AT										
FLOWED										
FLOWED										
FLOWED										
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- STATIC PRES. - RESIDUAL PRES. IS STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

$$Q_{20} = Q_t \left(\frac{20}{P_s - P_r} \right)^{0.54}$$

WATER SUPPLY DATA SUMMARY

	ACTUAL	DESIGN (1)
STATIC PRES.	PSI	PSI
RESIDUAL PRES.	PSI	PSI
TOTAL FLOW @ RESIDUAL PRES.	G.P.M.	G.P.M.
TOTAL FLOW @ 20 PSI	G.P.M.	G.P.M.

[illegible] Dan : 425B

(1) The Design Water Supply Data includes fluctuations and future demands on the water distribution system. It is to be used for design purposes.

7/18/98

City of Sacramento

Water and Sewer Service Quotation

FY 99/00

Date	05/16/00 Time	Planning No.	Plan Check No.: 0001953
Address	1614 19th Street Sacramento		Parcel No.: 007-0311-021-0000

Description: **966 Addition to existing building. Esisitng parking lot is to be reconfigured and repaved. Existing drain inlet to be relocated. No new sewer or water service required.**

Subdivision Map			Water Page No.:
Estimate By	RThaung		
Engineering Firm	Lionakis Beaumont Design Group 1919 19th Street Sacramento, CA 95814	Project Engineer: Phone No.: Fax No.:	Magaret 558-1900 558-1919
Sewer Jurisdiction	[ ] County	[x] City	

Comment No.: No water and sewer

Comment No.:

Comment No.:

Comment No.:

Comment No.:

Comment No.:

TOTAL WATER DEV. FEES	$0
TOTAL SEWER DEV. FEES	$0

8 hrs x $75 per hour = $600

or $300.00 (whichever is greater) ENTERED

Total on-site grading and drainage review fee: **$600**

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
									$0	
									$0	
									$0	
									$0	
									$0	
									$0	
									$0	
				4" TAP AND 3" METER						
									n/a	
									n/a	
				ABANDOMENT						
			in	Abandon						
			in	Abandon						
				CREDIT						
			in	Credit for						
			in	Credit for						
					0		Fire Hydrant			
							Total for Water		$0	$0

Sewer Service Quotations

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
					Total for Sewer	$0	$0

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:	$0
Total For Address:	**$0**

Certification of Compliance

School District Development Fees

Part I—To be completed by APPLICANT

_____ Lot no. _____

_____ No. of units _____

_____ Title _____

_____ Date _____

code section 66020(d), this will serve to notify you that
the fees or other payment identified above will begin
obligation permit for this project is issued or on which they are
collect them on behalf of the district(s).

Part II—To be completed by BUILDING DEPARTMENT

❑ Commercial/industrial

_____ Date _____

Part III—To be completed by SCHOOL DISTRICT

Cert. no. _____

Square ft. x $ _____ = $ _____

Square ft. x $ _____ = $ _____

_____ = $ _____

square footage indicated above. Any additions or corrections to
amendment to the Certificate of Compliance.

certify that the requirements of government code section
been complied with by the above signed applicant.

_____ Date _____

Building Department • Goldenrod-Applicant

Date Received: 03 09 00 Plan Check #: 000 1953

Project: LUCY AND CO

Address: 1619 19TH ST

Legal Description: 007 0311 02

Contact Person: LAURA KNAUSS Telephone: 916 · 558 · 1900

Address: 1919 19TH ST

Architect or Civil Engineer: LBDG Telephone: 916 · 558.1900

PUBLIC WORKS - DEVELOPMENT SERVICES
STREET IMPROVEMENTS

Approved: N/A Date Received: 3·16·00

Total frontage length of New Street Improvements: _____ lf

Comments: _____

Right of Way Dedication Approved N/A Disapprove _____

Public Improvement Agreement Approved N/A Disapprove _____

Surety Bond, etc. Approved N/A Disapprove _____

Staking and Inspection Fee N/A $ _____

PUBLIC WORKS - DEVELOPMENT SERVICES
DRIVEWAY

Driveway Required: ☐ **Yes** ☑ **No** Date Received: 3·16·00

Approved N/A Disapproved _____

Removal of abandoned driveway _____

Comments: _____

PUBLIC WORKS - DEVELOPMENT SERVICES
ENCROACHMENT/EXCAVATION PERMIT

Encroachment/Excavation Permit Required: ☑ **Yes** ☐ **No**

Approved N/A Disapproved: _____

Comments: _____

DEPT. OF UTILITIES
DRAINAGE, SEWER, & WATER

Date Received: _____

Approved: _____ Disapproved: _____

Comments: _____

PLANNING AND DEVELOPMENT SERVICES
SITE CONDITIONS

Date Received: _____

Approved: _____ Approved with Changes: _____ Disapproved: _____

Review Zone: _____ Special Permit: _____ Variances: _____

Parking Spaces Furnished _____ Parking Spaces Required: _____

Comments: _____

RECEIVED
MAY 0 4 2000

PRECISION PLUMBING CONTRACTORS
C-36 #689641

Response Letter

May 3, 2000

PC# 0001953

Job Address: 1614 19th Street

Discipline: Plumbing

00-01953

ITEM #

3. The current water sizing will be adequate after the installation of the back flow prevention device. Please see calculations below.
4. Plumbing plans have been revised to be consistent with the mechanical drawings

Water calculations

Fixture		Cold	Hot
Laundry Tray	1 @ [illegible] Ft	2.000 FU	1.500 FU
Lavatory	2 @ [illegible] Ft	2.000 FU	1.500 FU
Water Closet	2 @ [illegible] Ft	5.000 FU	0.000 FU
Kitchen Sink	1 @ [illegible] Ft	1.500 FU	1.125 FU
Hose Bib	1 @ [illegible] Ft	2.500 FU	0.000 FU
Hose Bib (2nd)	1 @ [illegible] Ft	1.000 FU	0.000 FU
Total		14.000 FU	4.125 FU

Water Pipe Size Criteria

40.00 psi	Available from water department
2.00 psi	Loss thru meter
3.44 psi	Elevation loss (8 x 0.43)
8.00 psi	Minimum residual pressure (flush tank)
8.00 psi	Loss thru backflow prevention device
18.56 psi	Pressure remaining for pipe loss

Developed pipe length from meter to furthest fixture is 150'.

Allowable pressure loss per 100' of pipe calculation
[illegible] feet x 100 = 12 [illegible] psi/100'

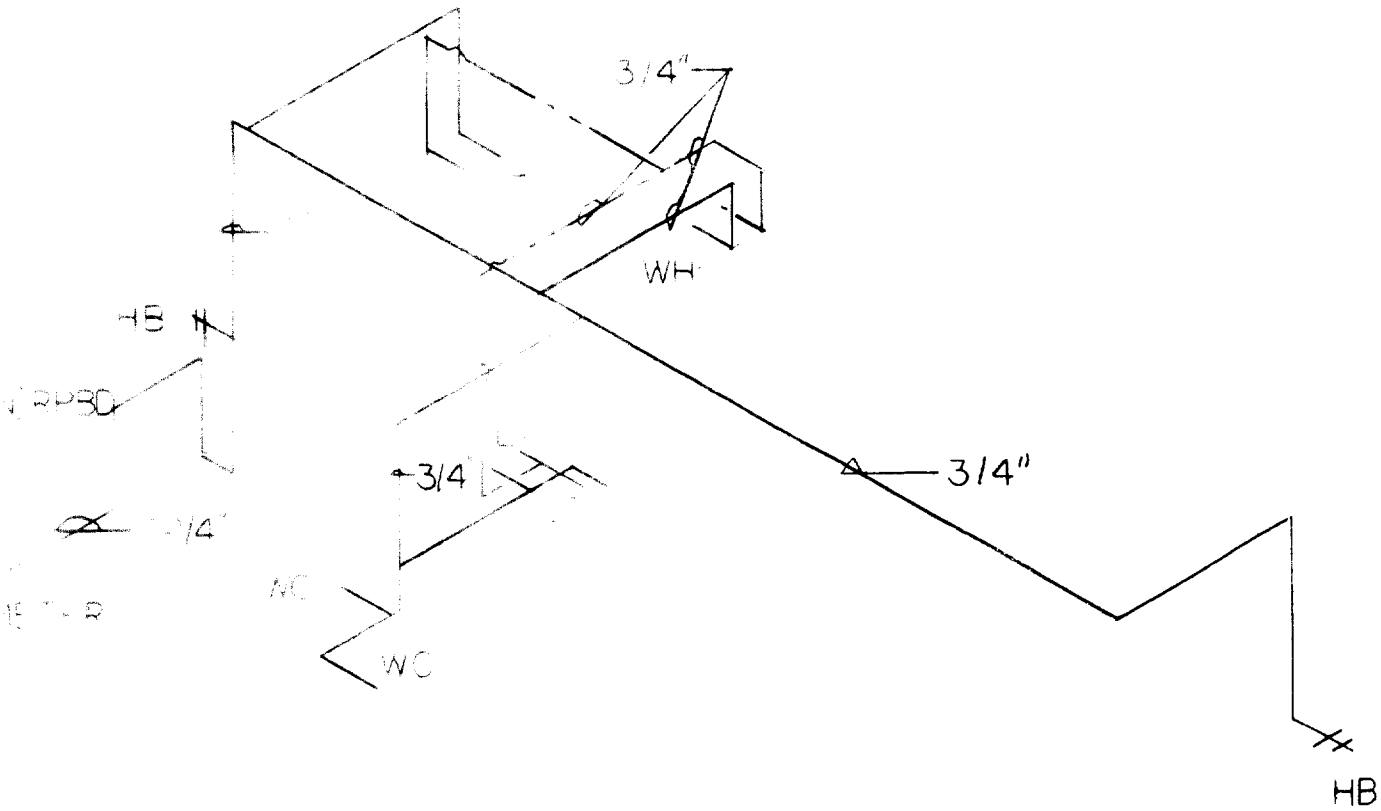
Pipe size	FU
[illegible]"	2
[illegible]"	9
[illegible]"	20
[illegible]"	32

[illegible] Table 6-[illegible]

PRECISION PLUMBING
PPC
CONTRACTORS

8 Light Sky Court, Ste. #1
Sacramento, CA 95828
CA Lic #689641

Andy Munyon
(916) 383-6805
FAX 383-2771



ALL PIPING & FIXTURES ARE EXISTING

ALL PIPE [illegible] 2" UNLESS NOTED

WATER ISOMETRICS

NTS

CITY OF SACRAMENTO

DEVELOPMENT SERVICES DIVISION

231 I STREET, ROOM 200, SACRAMENTO, CA 95814

[illegible] permit the applicant shall complete Part [illegible] this form. Part II and Part III shall be completed by the project Architect/Engineer and the Development Services Department as a part of the plan review process. Before permit issuance all parties must sign this agreement. Please note that failure to [illegible] special inspection requirements could be expensive in terms of retrofit design and construction as well as delays in the project.

PART I • SPECIAL INSPECTION AND TESTING AGREEMENT

PROJECT NAME [illegible] Company

PROJECT ADDRESS [illegible] 9th Street, Sac[illegible] [illegible]

PLAN REVIEW NUMBER [illegible]

PERMIT NUMBER

OWNER'S NAME [illegible]

OWNER'S ADDRESS [illegible] 44th Street, Sac[illegible] [illegible]

OWNER'S REPRESENTATIVE [illegible] Design Group

PHONE NUMBER (916) 558-1900

TESTING/INSPECTION FIRM(S) ITEMS

CONTACT PERSON

CONTACT PERSON

PART II • SPECIAL INSPECTION AND TESTING AGREEMENT •INSPECTION REQUIRED

[illegible] with Chapter 17 Section 170[illegible] of the UBC as adopted by this jurisdiction. SPECIAL INSPECTION is required as noted below

PRECONSTRUCTION MEETING ( ) REQUIRED ( ) WAIVED

CODE SECTION	TYPE OF WORK	CONTINUOUS	PERIODIC
1701.5.1	CONCRETE ***3,000 PSI (S1.1)***		x
[illegible]	BOLTS INSTALLED IN CONCRETE	x	
[illegible]	SPECIAL MOMENT - RESISTING CONCRETE FRAME		
[illegible]	REINFORCING STEEL AND PRESTRESSING STEEL TENDONS		
[illegible]	STRUCTURE WELDING		
	GENERAL		
	FIELD STRUCTURAL WELDING	x	
	SHOP STRUCTURAL WELDING *(REQUIRING SPECIAL INSPECTION)*		
[illegible]	SPECIAL MOMENT - RESISTING STEEL FRAMES		
[illegible]	WELDING OF REINFORCING STEEL		
1701.5.6	HIGH STRENGTH BOLTING		
[illegible]	STRUCTURAL MASONRY		x
[illegible]	REINFORCED GYPSUM CONCRETE		
[illegible]	INSULATING CONCRETE FILL		
[illegible]	SPRAY APPLIED FIREPROOFING		
[illegible]	PILING, DRILLED PIERS AND CAISSONS		
[illegible]	SHOTCRETE		
[illegible]	SPECIAL GRADING, EXCAVATION & FILLING		
[illegible]	SMOKE CONTROL SYSTEM		
[illegible]	SPECIAL CASES		

[illegible] STRUCTURAL OBSERVATION PER SECTION 307 REQUIRED: ( ) YES ( ) NO

SEC 9.26.1004 FLOOD PROOFING INSPECTION & CERTIFICATION

OTHER [illegible]

SPECIAL INSTRUCTIONS [illegible]

CITY OF SACRAMENTO

DEVELOPMENT SERVICES DIVISION

2[illegible] STREET, ROOM 200, SACRAMENTO, CA 95814

SPECIAL INSPECTION AND TESTING AGREEMENT

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, but not the contractor nor any other person responsible for the work (such as an owner-builder/developer).

These special inspection firms named in Part II have been authorized to perform the special inspection and testing services described in this agreement, and in accordance with the Uniform Building Code (UBC) requirements, and to report all activities to the Building Official and other parties as listed. It is understood that special inspections are required in addition to the normal inspections performed by the Building Inspector.

The undersigned hereby affirm, under penalty of law, that the special inspection program is in accordance with the requirements of the UBC and the City of Sacramento.

The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	SIGNATURES	PHONE NUMBER
OWNER		
ARCHITECT		916·558·1900
ENGINEER		916·558·1900
CONTRACTOR		916·739·8669
DEVELOPER		
SPECIAL INSPECTOR		

***WARNING:** Any person who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.*

PART III • GEOTECHNICAL INSPECTION REQUIREMENTS

GEOTECHNICAL FIRM

GEOTECHNICAL FIRM ADDRESS — PHONE NUMBER

GEOTECHNICAL ENGINEER

REPORT NUMBER

REPORT DATE — RECEIPT NUMBER — REVISION DATES

TYPE OF WORK	REQUIRED
SITE PREPARATION/FILL COMPACTION	
FOUNDATION OBSERVATION	
DRILLED PIERS AND CAISSONS	

IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.

ACCEPTED FOR THE BUILDING DEPARTMENT

PLAN CHECK ENGINEER (Please Print) [illegible]

PLAN CHECK ENGINEER SIGNATURE [illegible] — DATE 6/5/00

INSTRUCTIONS TO THE SPECIAL INSPECTOR

1 • PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.

2 • A COPY OF ALL SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.

3 • UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED AND SIGNED BY THE RESPONSIBLE PROFESSIONAL ENGINEER.

CONSTRUCTION TESTING & ENGINEERING, INC.

SAN DIEGO, CA · RIVERSIDE, CA · VENTURA, CA · TRACY, CA · SACRAMENTO, CA

VENTURA, CA
464 Pacific Ave
Suite 105
Oxnard, CA 93033
(805) 486-6475
(805) 486-6476 Fax

TRACY, CA
242 W. Larch Rd
Suite F
Tracy, CA 95376
(209) 839-2890
(209) 839-2895 Fax

SACRAMENTO, CA
3628 Madison Ave
Suite 22
North Highlands, CA 95660
(916) 331-6030
(916) 331-6037 Fax

R W Osen
4191 Power Inn Road, Suite C
Sacramento, CA 95826

Attention: Rick Osen

REGARDING: **Compaction Test Report**
1614 19th Street
Sacramento, California

Dear Rick

In accordance with your request, Construction Testing & Engineering, Inc., (CTE), has performed a site reconnaissance and soil compaction test on the proposed building slab sub grade at the referenced project. CTE's observation of the existing sub grade soil revealed a non-expansive silty sand, which is suitable to use under a concrete slab.

In addition to our observation, two in-place density compaction tests were taken at sub grade, having test results above 90% relative compaction based on ASTM 1557 method.

If you have any questions, please call our office at (916) 331-6030.

Sincerely,

CONSTRUCTION TESTING & ENGINEERING, INC.

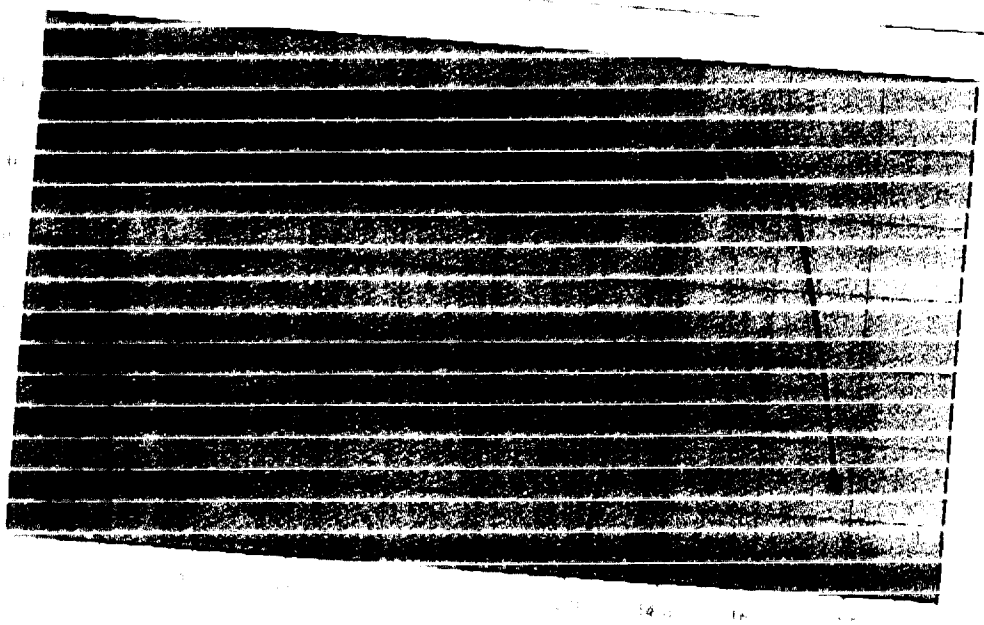
Kirt Lamb
Regional Manager

onstruction ... & Engineering INC

... KPLE ... Sample#

... ARRIS ... Tested By C HARRIS

... Test Date 05/...



... ent moisture ... 20.0

Maximum Dry Density	Optimum Moisture
111	15.00%

... Visual Soil Description ...

... Assistant Engineer

Air Quality International, Inc.
ThermaTech Mechanical
HVAC Products & Services

clean Air Zone

3612 Madison Avenue #32
North Highlands, CA 95660
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734666 Class C-20
thermatc@ix.netcom.com

www.cleanairzone.com

IAQ Report

Project Name UCY Temporary Date 9-14-00

Technician RE Project No. All A/C Systems

Outdoor Reference Test

Test		Test	Standard Reference Notes
CO	75 PPM	0.7	
CO^2	500 PPM	319	#
Temp (DB)	N/A	84°f	
Humidity	N/A	NA	#1
Wind (EPM)	N/A	-0-	-
Wind Direction	N/A	-0-	-
Respirable Particulates	200,000 @0.5µ and larger per ft³	NA	#1

Indoor Test – Average

Test	Ref Note	Healthy Standard	Test Results
CO	#1	9 PPM (8 hours)	1.0 to 1.2
CO^2	#2	650 PPM	400 to 450
Dry Bulb Temp		72° f - 75°f DB	72°
Humidity	#3	30-65%	NA
Air Movement	#3	15-20 FPM @4' AFF	15
Building Pressure		(+) or (-)	+
Respirable Particulates	#3	200,000 @0.5µ and larger/cubic foot	NA

Note #1 ASHRAE 62-1989
#2 ASHRAE 62-1999
#3 World Health Organization (WHO)

NOTE: Finish construction in process at time of Test

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HVAC Specialty Products and Services – Manufacturers Agent

AIR BALANCE REPORT

Project: LUCY Date: 9-14-00
System: AC-3 SA By: R. E. Page 1 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL					
NA	#1	240	243	225	225		12	72		Not occupied
	#2	240	260	238	238		12			
	#3	240	265	245	245		12			
	#4	185	140	190	190		10			
	#5	195	130	190	190		10			
	#6	195	165	186	186		10			
TOTALS OR AVERAGES		1295			1274					

OUTDOOR CONDITIONS:
TEMPERATURE: 83 °F
HUMIDITY
WIND: FPM

INDOOR:
THERMOSTAT SETTING: 72 °F
OCCUPIED (YES) (NO)

NOTES: Cooling
SA RA
Δt: 52 73 °F
OSA: ~52 CFM

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AIR BALANCE REPORT

Project: LUCY Date: 9-14-00
System: AC-3 RA By: R. E. Page 2 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE	AIR	TEMPERATURE	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL	(+) OR (-)	MOVEMENT FPM @ 5' AFF	°F		
NA	#1	360	348	348	348		See 3A AC-3			
	#2	190	188	188	188					
	#3	190	186	186	186					
	#4	360	350	350	350					
TOTALS OR AVERAGES		1100			1072					

OUTDOOR CONDITIONS
TEMPERATURE 82 °F
HUMIDITY
WIND FPM

INDOOR
THERMOSTAT SETTING 72 °F
OCCUPIED (YES) (NO)

NOTES
SA RA
Δt 52 73 °F
OSA 32 CFM

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HVAC Specialty Products and Services – Manufacturers Agent

AIR BALANCE REPORT

Project: Lucy Date: 9-14-00
System: AC-2 SA By: RE. Page 1 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE	AIR	TEMPERATURE	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL	(+) OR (-)	MOVEMENT FPM @ 5' AFF	°F		
NA	#1	160	200	166	166		15	72		Not occupied
	#2	120	178	115	115					
	#3	145	180	130	130					
	#4	310	175	270	270					
	#5	310	188	270	270					
	#6	100	125	100	100					
	#7	70	110	65	76					
	#8	90	173	91	91		12			
TOTALS OR AVERAGES		1305			1218					

OUTDOOR CONDITIONS
TEMPERATURE 82 °F
HUMIDITY
WIND FPM

INDOOR:
THERMOSTAT SETTING 72 °F
OCCUPIED (YES) (NO)

NOTES:
SA RA
Δt 53 72 °F
OSA 43 CFM

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AIR BALANCE REPORT

Project: LUCY Date: 9-14-00
System: AC-2 RA By: RE. Page 2 of 3

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL					
NA	#1	160	150	160	160		See AC-2 SA			
	#2	120	101	122	122					
	#3	145	130	143	143					
	#4	585	600	590	590					
TOTALS OR AVERAGES		1010			1015					

OUTDOOR CONDITIONS
TEMPERATURE _____ °F
HUMIDITY _____
WIND _____ FPM

INDOOR
THERMOSTAT SETTING _____ °F
OCCUPIED (YES) (NO)

NOTES
Δt _____ °F
OSA 203 CFM

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HVAC Specialty Products and Services – Manufacturers Agent

AIR BALANCE REPORT

Project: LUCY
System: AC-1 SA
By: RE
Date: 9-14-00
Page 1 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL					
NA	#1	310	300	306	306		15	72		Not occupied
	#2	170	185	175	175					
	#3	170	175	170	170					
	#4	170	151	166	166					
	#5	170	177	177	177					
	#6	170	183	183	183					
	#7	75	82	82	82		20			
	#8	75	85	85	85		20			
TOTALS OR AVERAGES		1310			1344					

OUTDOOR CONDITIONS:
TEMPERATURE: 83 °F
HUMIDITY:
WIND: FPM

INDOOR:
THERMOSTAT SETTING: 72 °F
OCCUPIED (YES) (NO)

NOTES:
SA RA
Δt: 52 71 °F
OSA 205 CFM

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HVAC Specialty Products and Services – Manufacturers Agent

AIR BALANCE REPORT

Project: LUCY
System: AC-1 RA
By: RE
Date: 9-14-00
Page 2 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL					
NA	#1	210	230	220	220					
	#2	890	899	909	909					
TOTALS OR AVERAGES	1100				1129					

OUTDOOR CONDITIONS
TEMPERATURE 83 °F
HUMIDITY
WIND FPM

INDOOR
THERMOSTAT SETTING 72 °F
OCCUPIED (YES) (NO)

NOTES:
SA RA
Δt 52 71 °F
OSA 105 CFM

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HVAC Specialty Products and Services – Manufacturers Agent

AIR BALANCE REPORT

Project: LUCY
System: REF-1
By: RE.
Date: 9-14-00
Page 1 of 1

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL					
NA	#1	50	85	65	65		15	NA		Not occupied
	#2	50	93	80	80		↓	↓		↓
	#3	100	125	105	105		↓			
	#4	150	130	147	147		20			
	#5	150	132	149	149		20	↓		
TOTALS OR AVERAGES		500			546					

OUTDOOR CONDITIONS:
TEMPERATURE: 83 °F
HUMIDITY
WIND FPM

INDOOR:
THERMOSTAT SETTING: 72 °F
OCCUPIED (YES) (NO)

NOTES:
Δt: NA °F
OSA CFM

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Mailing Address - 4900 San Juan Avenue #245 - Fair Oaks, CA 95610
e-mail address** thermatc@ix.netcom.com
HVAC Specialty Products and Services - Manufacturers Agent

MINIMUM FRESH INTAKE AIR CERTIFICATION REPORT

(Post in public place)
Title 8 - 121B

Project: Lucy Company Test Date: 9-14-00

Address: 1414 19th ST City: SACRAMENTO

Test by ThermaTech Mechanical - Readings by: Rod EVANS (Technician)

Number of occupants at design concept 30 people 400 CFM

Total outside intake air required (people and general exhaust) 600 CFM

Continuous air movement when occupied ✓ Yes _____ No

Design Air Totals					Outside Air Test Measurement		Exhaust Measurement	Building Pressure
Symbol	Supply	Return / Exhaust	OSA	Building Pressure	Test 1	Test 2		
AC-1	310	1110	200	+	205	205	NA	0.02
AC-2	305	1105	200	+	198	198	NA	0.02
AC-3	1295	1095	200	+	202	202	NA	0.02
EF-1		500					546	<0.05
TOTALS			600			605		+0.01

Method used for testing:

Test apparatus - ALNOR #9850

Test method - one square foot cone placed over air intake and the velocity measured at the opening of the cone. Direct air measurement into CFM.

CFM Airflow Range Formula:

Supply CFM =	S
Return CFM =	R
Outside Air =	O
Outside Temperature =	t_1
Space Temperature =	t_2
Supply Temerature =	t_3

Test to be done without heating or cooling. $\frac{(R \times t_2) + (O \times t_1)}{S} = t_3$

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EQUIPMENT START-UP

Project Name: Lucy Project No.: _____ Outside Temp.: 88°

Serviceman: Rod/Kial Date: 9-13-00 Room Temp.: _____

Symbol	Unit	Model No. Serial No.	Voltage	MIN 19.2 AMPS RLA Max 30 11.8			Blower Speed/RPM		Pressure		☑ Cool or ☐ Heat temp. diff.		Belt No.	Filters
				L-1	L-2	L-3	DD	BD	High	Low	Supply	Return		
TRANE	1	m/i VCC036F3L0bc #R3315J41H	MIN 187 max 253 209	11.3	11.2	8.4	✓		NA	NA	52	71	D/D	
TRANE	2	YCC036 R32[illegible]	206	11.2	11.0	8.4	✓		✓	✓	53	72	NA	11
TRANE	3	YCC036 R325[illegible]AA1H	206	10.2	10.9	9.1	✓		✓	✓	52	73	NA	11

ITEMS REQUIRED

- ☐ Thermometer
- ☐ Guages
- ☐ Freon
- ☐ Amp probe
- ☐ Stat wire
- ☐ Wire nuts
- ☐ Equipment O & M's
- ☐ Thermostats
- ☐ Interface boards
- ☐ Wire ties
- ☐ Tachometer
- ☐ Record model no & serial no on O&M in equipment & return to office

NOTES: _____

equipeu wpd