

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0416967

Insp Area: 2

Thos Bros: 336J3

Site Address: 28 WATERCREST CT SAC

Parcel No: 031-1340-039

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

RUSSELL J/ELIZABETH B AUSTIN  
261 AUDUBON CIR  
SACRAMENTO, CA 95831

ARCHITECT

Nature of Work: NSFR, 3992 sf, covr porch & patio 703sf w/ garage 844sf

**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).

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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ Contractor Signature \_\_\_\_\_

**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.)

**PAID**  
CITY OF SACRAMENTO  
PLANNING DEPT  
NORTH PERMIT  
CENTER

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).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_  
Date 1/12/05 Owner Signature Elizabeth Aust

**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 improvement 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 4/12/05 Applicant/Agent Signature Elizabeth Aust

**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:

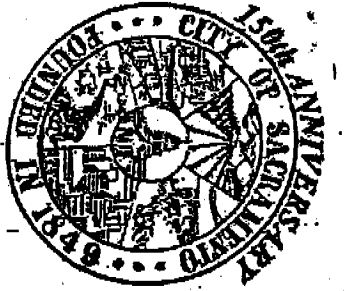
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**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.**



24169167

DATE: 10/7/04

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to a quad fee

RESIDENTIAL  APARTMENTS (+/- value per building)  COMMERCIAL (double)

JOB ADDRESS: 28 Watercrest Ct UNIT # \_\_\_\_\_ CONTRACT PRICE \$ TBD

CONTACT PERSON: Elizabeth Austin CONTACT PHONE: (916) 395-9396

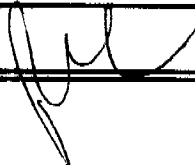
Property Owner: Elizabeth & Russell Austin Contractor: TBD License # \_\_\_\_\_  
Address: 261 Audubon Circle Address: \_\_\_\_\_  
City/State/Zip: Sacramento, CA City/State/Zip: \_\_\_\_\_  
Phone: (916) 395-9396 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # STORIES: _____ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	Value of dist. work: _____ Equipment: \$ _____ Cur-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.		

DESCRIPTION OF WORK: New construction single family residence.

City of Sacramento Planning Division  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 28 WATERCREST COURT		APN: 031-1340-039
DRPB AREA / PUD / SPD: S.POCKET / LPPT PUD		ZONING: R-1-PUD
EXISTING LAND USE: VACANT		
PROPOSED USE: TWO STORY SFR WITH ATTACHED GARAGE		
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:		
<input type="checkbox"/>	Planning review is NOT required.	
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.	
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB	
Required Planning application must be submitted <i>before</i> project can be submitted for plan check.		
<input type="checkbox"/>	Application(s) IN PROGRESS:	
Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.		
<input type="checkbox"/>	Application(s) COMPLETED:	
Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.		
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.	
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.	
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.	
<input type="checkbox"/>	Route to SITE for plan check and inspection.	
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.	
COMMENTS: NO APPLICATION IS REQUIRED FOR NEW CONSTRUCTION OF SFR WITHIN THE LPPT PUD DUE TO HOA APPROVAL. PLAN SHOW LOT SQ FT 11766 SQ FT / FOOTPRINT 4674 = 39.7 = 40% LOT COVERAGE. LOT IS AT MAXIMUM LOT COVERAGE. CAN'T EXPAND ANY FURTHER EXCEPT TO GO 2 <sup>ND</sup> STORY. JOY APPROVED SUBMITTAL OF PLANS TO RES. PLAN CHECK AS IS. NO PLANNING ENTITLEMENTS APPARENT.		
DATE: 10-07-2004	BY: PCALDWELL 	



**CITY OF SACRAMENTO  
BUILDING INSPECTION  
DIVISION**

**PERMIT OFFICES**  
Downtown (916) 264-7619  
1231 I St., Rm. 200, Sacramento 95814  
Natomas Center (916) 808-2534  
2101 ARENA BL., Sacramento 95834  
<http://www.sacto.org>

**RESIDENTIAL PLAN REVIEW  
2001 CBC Adopted Codes  
Effective November 1<sup>st</sup>, 2002**

**PROJECT ADDRESS**

**& DESCRIPTION**

**28 WATERCREST CT. NEW SFR W/ ATTACHED GARAGE**

**PERMIT**

**NO: 04 16967**

These sheets, when attached to a set of plans, become part of those plans and must remain attached thereto. The approval of this plan and the specifications shall not be held to permit or approve the violation of any City ordinance or State or Federal law. (Note: Authorized agent must provide a letter from Owner verifying Authorization.) (The code requirements circled do not limit the code requirements for this project.)

I have read and will comply with the items in this document and as marked on the plans.

*Elizabeth Aust*  
Signature of:  Owner  Authorized Agent  Contractor  Architect/Engineer

Date 12/9/04

**BUILDING CODE REQUIREMENTS**

- B-1 Smoke detector location within dwelling units.** In dwelling units, a detector shall be installed in each sleeping room and at a point centrally located in the corridor or area giving access to each separate sleeping area. When the dwelling unit has more than one story and in dwellings with basements, a detector shall be installed on each story and in the basement. In dwelling units where a story or basement is split into two or more levels, the smoke detector shall be installed on the upper level except that, when the lower level contains a sleeping area, a detector shall be installed on each level. When sleeping rooms are on an upper level, the detector shall be placed at the ceiling of the upper level in close proximity to the stairway. In dwelling units where the ceiling height of a room open to the hallway serving the bedrooms exceeds that of the hallway by 24 inches (610 mm) or more, smoke detectors shall be installed in the hallway and in the adjacent room. Detectors shall sound an alarm audible in all sleeping areas of the dwelling unit in which they are located. In new construction, required smoke detectors shall receive their primary power from a commercial source and have a battery back up. 2001 CBC, Section 310.9.1.
- B-2** When alteration, repairs, or additions having a value in excess of \$1,000 are made, provide an approved smoke detector to protect existing sleeping rooms. The detector may be battery operated as per 2001 CBC, Section 310.9.1.2.  
**Exception:** Repairs to the exterior surfaces of a Group R occupancy are exempt from the requirements of this section.
- B-3 Emergency escape and rescue.** Basements in dwelling units and every sleeping room below the fourth story shall have at least one operable window or door approved for emergency escape or rescue that shall open directly into a public street, public way, yard, or exit court. Escape or rescue windows shall have a minimum net clear openable area of 5.7square feet / 821 SQ. inches. The minimum net clear openable height dimension shall be 24 inches. The minimum net clear openable width dimension shall be 20 inches. Emergency escape or rescue windows shall have a finished sill height not more than 44 inches above the floor. 2001 CBC, Section 310.4.
- B-4 All Group U occupancies attached to Group R, Division 3 occupancies shall be separated by** materials approved for one-hour fire-resistive construction. The separation may be limited to the garage side only and requires a self-closing, tight fitting solid wood door 1 3/8 inches in thickness or a self-closing, tight fitting door having a fire protection rating of not less than 70 minutes. CBC, Section 302.4, Exception 3. **Note:** All members supporting such separation shall be equivalent fire resistive construction as per 2001 UBC, Section 302. All electrical outlet boxes on opposite sides of the wall shall be supported by a horizontal distance on not less than 24 inches per 2001 CBC 709.7, Exception

BIDDING rev. 8/20/04

**OFFICE COPY**

Department of Planning and Development  
Building Inspection Division

**Grading and Erosion Control Questionnaire**

To be completed for all residential new construction and additions

**PART I (To be completed by applicant)**

Site Address 28 WATERCREST CT. A.P.N. 031-1340-039

**Applicant Information**

Name Elizabeth and Russell Austin  
Address 2161 Audubon Circle  
Sacramento CA 95831  
Phone (916) 395-9396

**Project Information (Check One)**

Single Family Dwelling    
Duplex    
Triplex    
Deep Lot Development

**PART II (To be completed by the applicant when the project is not a part of a larger subdivision)**

Are there existing structures on site?  Y  N

Does the site front on a paved road?  Y  N\*

Is the site higher than the crown of adjacent road?  Y  N\*

Is the proposed building site higher than the back of the sidewalk or curb?  Y  N\*

Describe existing frontage improvements along road.

Ditch \*  Curb and Gutter  Curb, Gutter, and Sidewalk

The direction of drainage on this site is:

Front to Rear \*  Rear to Front  Side to Side

Does an adjacent site drain across this parcel?  Y  N

Does this site have an existing low area or drainage swale?  Y\*  N

Will construction require cut or fill on site? (\* >50FT3 or >2FT)

- How much cut? \_\_\_\_\_ Yards Depth  Y  N

- How much fill? \_\_\_\_\_ Yards Depth  Y\*  N

Has building site been previously been filled?  Y\*  N

Will existing drainage be re-routed?  Y\*  N

Do you plan to construct or modify culverts or drainage ditches?  Y\*  N

Print Name Elizabeth Austin Title \_\_\_\_\_ Date 12/9/04

Signature Elizabeth Austin Owner or Contractor

**PART III (To be completed by staff)**

What is the acreage of the parcel to be built on? \_\_\_\_\_ Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided?  Y  N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP?  Y  N

Is the parcel to be built on part of a larger subdivision?  Y  N

Subdivision Name: \_\_\_\_\_

If yes has an approved erosion and sediment control plan been provided?  Y  N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP?  Y  N

Is grading and drainage approval required prior to permit issuance?  Y  N

Approved by: C.F. Date: 12-21-04

Building permit #: 0416967

White Copy - Permit Jacket  
Yellow - Utilities  
Pink - Rld. Div.

PLS  
comp.

RECEIVED  
NOV 10 2004  
CITY OF SACRAMENTO  
CENTRAL PERMITTING

**N**orman

**S**cheel

**S**tructural

**E**ngineer

5022 Sunrise Blvd.  
Fair Oaks, CA 95628  
(916) 536-9585  
(916) 536-0260 (fax)

Norman Scheel  
Structural Engineer  
Email: [norm@nsse.com](mailto:norm@nsse.com)

Rob Coon  
General Manager  
Email: [robcoon@nsse.com](mailto:robcoon@nsse.com)

Brad Moser  
Project Manager  
[brad@nsse.com](mailto:brad@nsse.com)

Steve Smith  
Project Manager  
Email: [stevesmith@nsse.com](mailto:stevesmith@nsse.com)

Steven Cooksey  
CAD Supervisor  
Email: [steve@nsse.com](mailto:steve@nsse.com)

December 2, 2004

Elizabeth & Russell Austin  
28 Watercrest Ct.

**Re: Austin Residence (NSSE Job No. 24106)  
Plan Check Comments**

Hello, Carey Boyd,

The following is a written response to your review dated October 29, 2004, for the Austin Residence.

**Item # and Response:**

1. Response by others.
2. Response by others.
3. Detail by civil engineer or contractor.
4. Response by others.
5. Response by others.
6. T-24 revised. See newer report.
7. Changes made according to red ink notes on the electrical plan, including the addition of a smoke detector at the hallway to Bedroom 3. Sheet E1.
8. Switches for the kitchen lighting have been revised to place the switch controlling the primary fluorescent lighting fixtures in the first position to comply with the energy form MF-1R. Sheet E1.
9. Unlabeled light fixtures in the kitchen have been identified as either fluorescent or incandescent. Sheet E1.
10. An electrical provision was made per attached BID001 form for a future electrical vehicle recharging station. Sheet E1. Note added to E1.
11. Insulation now R-30 w/ 1" air space over.
12. Detail revised for venting requirements. See detail 555, which replaces 554.
13. Detail 518 added to plans.
14. A CS16 strap has been added at the junction of a 4X and 6X top plate along shear wall line 25 at the Study wall. Sheet S2.
15. Detail 628 has been added to the detail sheets as specified on plan sheets S2 and S4. Sheet SD.2.

**N**orman

**S**cheel

**S**tructural

**E**ngineer

5022 Sunrise Blvd.  
Fair Oaks, CA 95628  
(916) 536-9585  
(916) 536-0260 (fax)

**Norman Scheel**  
Structural Engineer  
Email: [norm@nsse.com](mailto:norm@nsse.com)

**Rob Coon**  
General Manager  
Email: [robcoon@nsse.com](mailto:robcoon@nsse.com)

**Brad Moser**  
Project Manager  
[brad@nsse.com](mailto:brad@nsse.com)

**Steve Smith**  
Project Manager  
Email: [stevesmith@nsse.com](mailto:stevesmith@nsse.com)

**Steven Cooksey**  
CAD Supervisor  
Email: [steve@nsse.com](mailto:steve@nsse.com)

16. Wall framing elevation added to plans. Sheet S3.
17. Detail 572 added to plans. Sheet S4.
18. Detail 557 is the strongback over the top of ceiling joists where occurs. Callout 66 refers to the ceiling joist span table. Sheet S2.
19. Detail 565 added. Sheet S4.
20. Shear transfer and details added. Sheet S4.
22. Roof framing detail revised at kitchen nook. Sheet A6.

Carey, thank you for examining our plans and calculations for code compliance. If you have any questions or concerns, feel free to call me, Steve Cooksey, at Norman Scheel Structural Engineers.

Sincerely,



Steve Cooksey  
Plan Preparation



DEC 03 2004

# WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-5371 FAX: 916 / 264-8376	TEST NO: <b>04-22472</b>	FILE NO: <b>204-0224</b>
	COMPLETE DATE:	PC#
	ANALYSIS FEE: <del>\$90.00</del> <b>\$110.00</b>	DATE PAID: <b>10-8-04</b>
	FIELD TEST FEE: <del>\$360.00</del> <b>\$415.00</b>	DATE PAID: <b>10-8-04</b>
CONTACT PERSON: <input checked="" type="checkbox"/> <b>Elizabeth Austin</b>	PHONE NO: <input checked="" type="checkbox"/> <b>(916) 395-9396</b>	FAX NO: <input checked="" type="checkbox"/> <b>(916) 395-9396</b> <small>CALL FIRST</small>
COMPANY: <input checked="" type="checkbox"/> <b>N/A</b>	CELL NO: <input checked="" type="checkbox"/> <b>(916) 769-7881</b>	EMAIL ADDRESS: <input checked="" type="checkbox"/> <b>vaustfam@softcomm.net</b>
COMPLETE CO. ADDRESS: <input checked="" type="checkbox"/> <b>261 Audubon Circle Sacramento 95831</b>	STREET ADDRESS OF TEST: <input checked="" type="checkbox"/> <b>28 Watercrest Court</b>	
PURPOSE OF TEST: <input checked="" type="checkbox"/> <b>building permit</b>	ASSESSOR'S PARCEL NUMBER: <input checked="" type="checkbox"/> <b>031-1340-039-0000</b>	

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) 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.
- (3) 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.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
  - I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) 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:  **Elizabeth Austin** Signature:  *Elizabeth Austin* Date:  **10/8/04**

FIELD REQUEST DATE: \_\_\_\_\_ DATE OF TEST: **10-25-04** TIME OF TEST: **1:00pm**

WATER MAIN SIZE: **6"-8"** TEST CONDUCTED BY: **Ledesma**

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C <sub>1</sub>	C <sub>2</sub>		
RESIDUAL	<b>204</b>	<b>0011</b>	<b>55</b>	<b>50</b>						
FLOWED	<b>401</b>	<b>0011</b>			<b>14</b>	<b>4 1/2</b>	<b>0.90</b>	<b>0.83</b>	<b>1688</b>	<b>4829</b>
FLOWED										
FLOWED										
FLOWED										

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

	ACTUAL		DESIGN (1)	
STATIC PRESSURE	<b>55</b>	<b>PSI</b>	<b>30</b>	<b>PSI</b>
RESIDUAL PRESSURE	<b>50</b>	<b>PSI</b>	<b>25</b>	<b>PSI</b>
TOTAL FLOW @ RESIDUAL	<b>1700</b>	<b>G.P.M.</b>	<b>1700</b>	<b>G.P.M.</b>
TOTAL FLOW @ 20PSI	<b>N/A</b>	<b>G.P.M.</b>	<b>2500</b>	<b>G.P.M.</b>

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

10/18/01



# WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-5371 FAX: 916 / 264-8376	TEST NO: <b>04-224#1</b> FILE NO: <b>204-0224</b> COMPLETE DATE: _____ PC#: _____ ANALYSIS FEE: <del>\$90.00</del> <b>\$110.00</b> DATE PAID: <b>10-8-04</b> FIELD TEST FEE: <del>\$360.00</del> <b>\$475.00</b> DATE PAID: <b>10-8-04</b>
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COMPANY: <input checked="" type="checkbox"/> <b>N/A</b>	CELL NO: <input checked="" type="checkbox"/> <b>(916) 769-7881</b> EMAIL ADDRESS: <input checked="" type="checkbox"/> <b>austfam@sfccom.net</b>
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The undersigned agrees to the following items and conditions:

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 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:  **Elizabeth Austin** Signature:  *Elizabeth Austin* Date:  **10/8/04**

FIELD REQUEST DATE: _____	DATE OF TEST: <b>10-25-04</b>	TIME OF TEST: <b>11:35 am</b>
WATER MAIN SIZE: <b>8"</b>	TEST CONDUCTED BY: <b>Ledema</b>	

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C <sub>1</sub>	C <sub>2</sub>		
RESIDUAL	206	U11	57	35						
FLOWED	204	U11			21	4 1/2	0.90	0.83	2068	
FLOWED	205	U11			19	4 1/2	0.90	0.83	1967	
FLOWED										
FLOWED								TOTAL	4035	5342

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

WATER SUPPLY DATA SUMMARY				
	ACTUAL		DESIGN (1)	
STATIC PRESSURE	57	PSI	30	PSI
RESIDUAL PRESSURE	35	PSI	8	PSI
TOTAL FLOW @ RESIDUAL	4000	G.P.M.	4000	G.P.M.
TOTAL FLOW @ 20PSI	5300	G.P.M.	2000	G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 10/18/01

**Certification of Compliance**  
School District Development

**Part I - To be completed by the APPLICANT**

Owner's Name/Address Elizabeth and Russell Austin  
Project Address 28 WATERCREST CT.  
Parcel Number 031-1340-039 Lot No. 99  
Subdivision Name Riverlake / Hillwater Village No. of Units one  
Applicant's Signature Elizabeth Austin Title owner  
Phone No. (916) 395-9396 Date 1/10/05

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

**Part II - To be completed by the BUILDING DEPARTMENT**

Plan Identification Number 0416967  
Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
Square Feet of Chargeable Building Area 3992 sq'  
Signature/Title Chris Boyd Date 10-29-04

**Part III - To be completed by the SCHOOL DISTRICT**

School District SLUSD Certificate No. 10332  
 Exempt Comments unrelated  
 Residential/Apartment/etc. 3992 Square ft. x \$ 214 = \$ 8,542.88  
Commercial/Industrial \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ -8000  
Total fees collected..... = \$ 7,742.88

*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 official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.*

Signature Tamie E. Zetter Date 1/12/05

*White & Canary - School District • Pink - Building Department • Goldenrod - Applicant*