

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0604018

Insp Area: 3

Thos Bros:

Sub-Type: NOTHR

Housing (Y/N): N

Site Address: 6600 BRUCEVILLE RD SAC

Parcel No: 117-0170-072

CONTRACTOR

OWNER

KAISER FOUNDATION HOSPITALS  
6600 BRUCEVILLE RD  
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: SITE REWORK IN CONSTRUCTED WITH MULTIPLE PROJECT HOSPITAL EXPANSION

**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 ABC-8 License Number 780997 Date 9/29/06 Contractor Signature [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.)

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: SEP 29 2006

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 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 9/29/06 Applicant/Agent Signature [Signature]

**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 Zurich American Insurance Co Policy Number WC 3696719-3 Exp Date 8/1/07

(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 9/29/06 Applicant Signature [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.**

Permit # 0604018  
6600 Bruceville Rd.

CITY

TOTAL COLIFORM

BOTTLE CAP NO. 2 DATE AND TIME COLLECTED 11/28/07 8:00am DATE AND TIME ANALYSIS STARTED 0930 LAB NO. 001473

COLLECTOR ERIN COPELAND REASON FOR TEST:  ROUTINE  REPEAT  REPLACEMENT  OTHER: NEW LINE

NAME OF SYSTEM OR OWNER KAISER So. Sac. SAMPLE POINT

SAMPLING ADDRESS Bruceville Rd. So. Sac.

RESULT REPORTED TO WHOM DOUG SCHNEIDER FAX 530-461-1554 PHONE # DATE TIME

DO NOT WRITE BELOW HEAVY LINE

TUBE NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PORTIONS IN ml	10	10	10	10	10	10	10	10	10	10					
<input type="checkbox"/> COLURET 24															
<input type="checkbox"/> GAS IN LTB 48															
GAS IN B.G.L.B. BROTH 24															
<input type="checkbox"/> GAS IN B.G.L.B. BROTH 48															
<input type="checkbox"/> E. COLI 24															
<input type="checkbox"/> GAS IN E.C. BROTH 24															

TEST PERFORMED  MMO-MUG (100 ml)  MPT (100 ml)

RESULTS OF TEST  
TOTAL COLIFORM  PRESENCE  ABSENCE

DENSITY INDEX:

FECAL COLIFORM / E. COLI  PRESENCE  ABSENCE

DENSITY INDEX:

\* TEST RESULT: ABSENCE OR < 1.1 MPN/100 ml OF COLIFORM MEANS THE WATER TESTED IS BACTERIOLOGICALLY SAFE FOR HUMAN AND ANIMAL CONSUMPTION

YOLO COUNTY HEALTH DEPARTMENT LAB 137 N. COTTONWOOD ST., SUITE 1300 WOODLAND, CA 95666 WATER FOR BACTERIOLOGICAL EXAMINATION DATE AND TIME REPORTED 11/29/07 11:50 ANALYST [Signature]

TOTAL PLATE COUNT

BOTTLE CAP NO. 1 DATE AND TIME COLLECTED 11/28/07 8:00am DATE AND TIME ANALYSIS STARTED 1340 LAB NO. 001472

COLLECTOR ERIN COPELAND REASON FOR TEST:  ROUTINE  REPEAT  REPLACEMENT  OTHER: NEWSYSTEM

NAME OF SYSTEM OR OWNER KAISER So. Sac. SAMPLE POINT

SAMPLING ADDRESS BRUCEVILLE RD. So. Sac.

RESULT REPORTED TO WHOM DOUG SCHNEIDER FAX 530-461-1554 PHONE # DATE TIME

DO NOT WRITE BELOW HEAVY LINE

TUBE NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PORTIONS IN ml	10	10	10	10	10	10	10	10	10	10					
<input type="checkbox"/> COLURET 24															
<input type="checkbox"/> GAS IN LTB 48															
GAS IN B.G.L.B. BROTH 24															
<input type="checkbox"/> GAS IN B.G.L.B. BROTH 48															
<input type="checkbox"/> E. COLI 24															
<input type="checkbox"/> GAS IN E.C. BROTH 24															

TEST PERFORMED  MMO-MUG (100 ml)  TOTAL PLATE COUNT

RESULTS OF TEST  
TOTAL PLATE COUNT  PRESENCE  ABSENCE

DENSITY INDEX: 72 CFU/ml

FECAL COLIFORM / E. COLI  PRESENCE  ABSENCE

DENSITY INDEX:

\* TEST RESULT: ABSENCE OR < 1.1 MPN/100 ml OF COLIFORM MEANS THE WATER TESTED IS BACTERIOLOGICALLY SAFE FOR HUMAN AND ANIMAL CONSUMPTION

YOLO COUNTY HEALTH DEPARTMENT LAB 137 N. COTTONWOOD ST., SUITE 1300 WOODLAND, CA 95666 WATER FOR BACTERIOLOGICAL EXAMINATION DATE AND TIME REPORTED 11/30/07 1540 ANALYST [Signature]