

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0504759

Insp Area: 3

Thos Bros: 318D4

Site Address: 8151 FRUITRIDGE RD SAC

Parcel No: 061-0010-039

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR
DONALD J MC KUSICK
14031 FLAGSTAFF DR
SLOUGHOUSE, CA 95683

OWNER
STS
975 KENT STREET
ELK GROVE, CA 95624

ARCHITECT
WILLIAM A. REID
BILLREID12@SBCGLOBAL.NET
900 J STREET, 4TH FLR 95814

Nature of Work: 1-HROPEN'GFILLINCONCTILT-UPWALL,NEWI-HRWALL,REROUTEWTR/SWRFORPROPOSEDLOTSPLITHRU
STOR/WRHSE
BLDGS 4A & 5A

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 584472 _____ 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.)

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: _____

X Date 6/22/05 _____ 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 a ny 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.

X Date 6/22/05 _____ Applicant/Agent Signature _____

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following: 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 COMPENSATION INSURANCE F Policy Number 1205620 Exp Date 07/01/2005

(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.

X Date 6/22/05 _____ 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.

PAID
CITY OF SACRAMENTO
JUN 22 2005
PERMIT CENTER

COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON RD, STE 240
 SACRAMENTO CA 95826-3904
 (916) 875-8440 • FAX (916) 875-8513

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: SAC

IF APPLICABLE, WATER METER NO.:

ASSEMBLY INFORMATION		
TYPE: <u>RP</u>	SIZE: <u>3/4"</u>	MFG: <u>WIK</u>
MODEL: <u>975XL</u>	SERIAL NO.: <u>2108996</u>	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.:		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.:		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: <u>By-PASS</u>		
TYPE OF SERVICE: DOMESTIC <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

FACILITY	BUSINESS NAME: <u>Vanguard Vaults</u>	SITE PHONE:
	SITE ADDRESS: <u>8151 Fruitridge Rd</u>	CITY: <u>Sacto</u>
	ASSEMBLY LOCATION: <u>on 3" RP Swilkris</u>	
	(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)	
	INTERNAL <input type="checkbox"/> : (Please provide location description such as name of room and/or room / unit / suite number)	
OWNER / MANAGEMENT	HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? HOME: <input type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>	
	OWNER / CONTACT NAME (ATTN): <u>Vanguard Vaults</u>	PHONE:
	MANAGEMENT NAME (C/O): <u>Vanguard Vaults</u>	CELL PHONE:
	MAILING ADDRESS: <u>9750 Kent St</u>	FAX NUMBER:
	CITY, STATE, & ZIP: <u>Elk Grove CA 95624</u>	OTHER:

TEST RESULTS INFORMATION

INITIAL TEST	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>8.9</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>8.8</u> PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: <u>2.1</u> 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"/>	HELD AT: _____ PSID LEAKED <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"/> 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"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) 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"/>
TEST AFTER REPAIR	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: _____	START TIME: _____
END TIME: _____	END TIME: _____
DATE: <u>8/30/05</u>	DATE: _____

COMMENTS: _____

ASS ASSEMBLY: PASSED FAILED TAG NO: BA1792
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

PLEASE MAIL ORIGINAL TO THE COUNTY OFFICE

SAC. COUNTY TESTER NUMBER: 202

PLEASE PRINT YOUR NAME: _____

FREI FREEZE BAG? FREEZE CAGE?

THOMAS GUIDE MAP, PAGE - GRID: _____

SIGNATURE: [Signature]

(REV: BACK (REV: 08/12/02) BACKFLOW PREVENTION REPORT FORM.DOC ORIGINAL: ENV HEALTH YELLOW COPY: CUSTOMER PINK COPY: TESTER