

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0302412

Insp Area: 3

Thos Bros: 318 C1

Site Address: 7716 FOLSOM BL SAC

Parcel No: 079-0230-008

Sub-Type: NCOM

Housing (Y/N): N

CONTRACTOR

PARKLAND CONSTRUCTION
777 S HAM LANE
LODI

OWNER

GIBSON SELF STORAGE GROUP,LLC
8265 SIERRA COLLEGE BL, 314
ROSEVILLE, CA 95661

ARCHITECT

Nature of Work: NEW COM STORAGE, RESIDENCE, OFFICE
118,936 SF SELF STORAGE, 1062 SF OFFICE, 1549 SF RESIDENCE,
473 SF GARAGE

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 B License Number 741633 Date 9-9-03 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).

PAYED CITY OF SACRAMENTO

I am exempt under Sec. B & PC for this reason: SEP 09 2003

Date Owner Signature

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant that he/she has 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 9-9-03 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.

X 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 9-9-03 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 7716 FOLSOM BLVD Permit No.: 0302412

Building Use: SELF STORAGE Occupancy: B, R, S-1

Building Owner: GIBSON SELF STORAGE GROUP LLC Construction Type: _____

Owner Address: 8265 SIERRA COLLEGE BL. STE314 Sprinkled? Yes No

Portion of Building Occupied: OFFICE & RESIDENCE Area: 3084 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: MOVE BUILDING MANGER & SET UP THE OFFICE.

04/15/05 Tom Rodgers Tom Rodgers RON BEEHLER
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals: CED, MJB, SLG, GRS, JH]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # <u>0302412</u>	Insp. Area <u>3C</u>
---------------------------	----------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 7716 Folsom Blvd Sacramento, CA Suite _____
 PERMIT # 079-0230-008

CONTACT ATTN: DAVE Kindelt
 Name Superior Self Storage, Inc.
 Street Address 8265 Sierra College Blvd #314
 City/State/Zip Roseville CA 95661
 Phone 789-0500 FAX 789-0505
 E-mail: superiorselfstorage@msn.com

LICENSED CONTRACTOR Lic No. # 741633-B
 Name Parkland Construction, Inc.
 Address 777 S. Ham Lane
 City/State/Zip Lodi
 Phone (209) 334-6385 FAX (209) 334-6391
 E-mail: _____

ARCHITECT/ENGINEER
 Name Valley Arch. Attn: Rick Wallace
 Address 81 Columbia, Suite 200
 City/State/Zip Aliso Viejo CA 92656
 Phone (949) 349-1777 FAX (949) 349-1778
 E-mail: _____

OWNER
 Name Gibson Self Storage Group, LLC
 Address 8265 Sierra College Blvd #314
 City/State/Zip Roseville CA 95661
 Phone 789-0500 FAX 789-0505
 E-mail: superiorselfstorage@msn.com

Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Jenkins / Athens Insurance
 WORKER'S COMPENSATION POLICY # 165377202 EXPIRATION DATE: 10/1/2003

NATURE OF WORK IN DETAIL: _____
(925) 798-3334
Beninski, Inc

OCCUPANT/TENANT: _____ VALUATION: \$ _____

GOOD STATUS:		S.C.A.T.							
BLDG DESCRIPTION	BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
SPECTION 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
						SPR	ALARM		[H] [Quad]
3	1 L	2 P	M	3E	4F	6	S	D	PW [UTR]

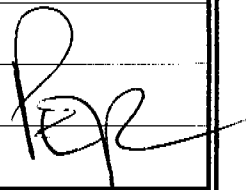
REMARKS: 118,936 sq ft # 1 HL S-1, 15494 sq ft
1062 sq ft B # 1 HL

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

0302412

PLANNING AND ZONING REVIEW
..... filled out by Planning staff

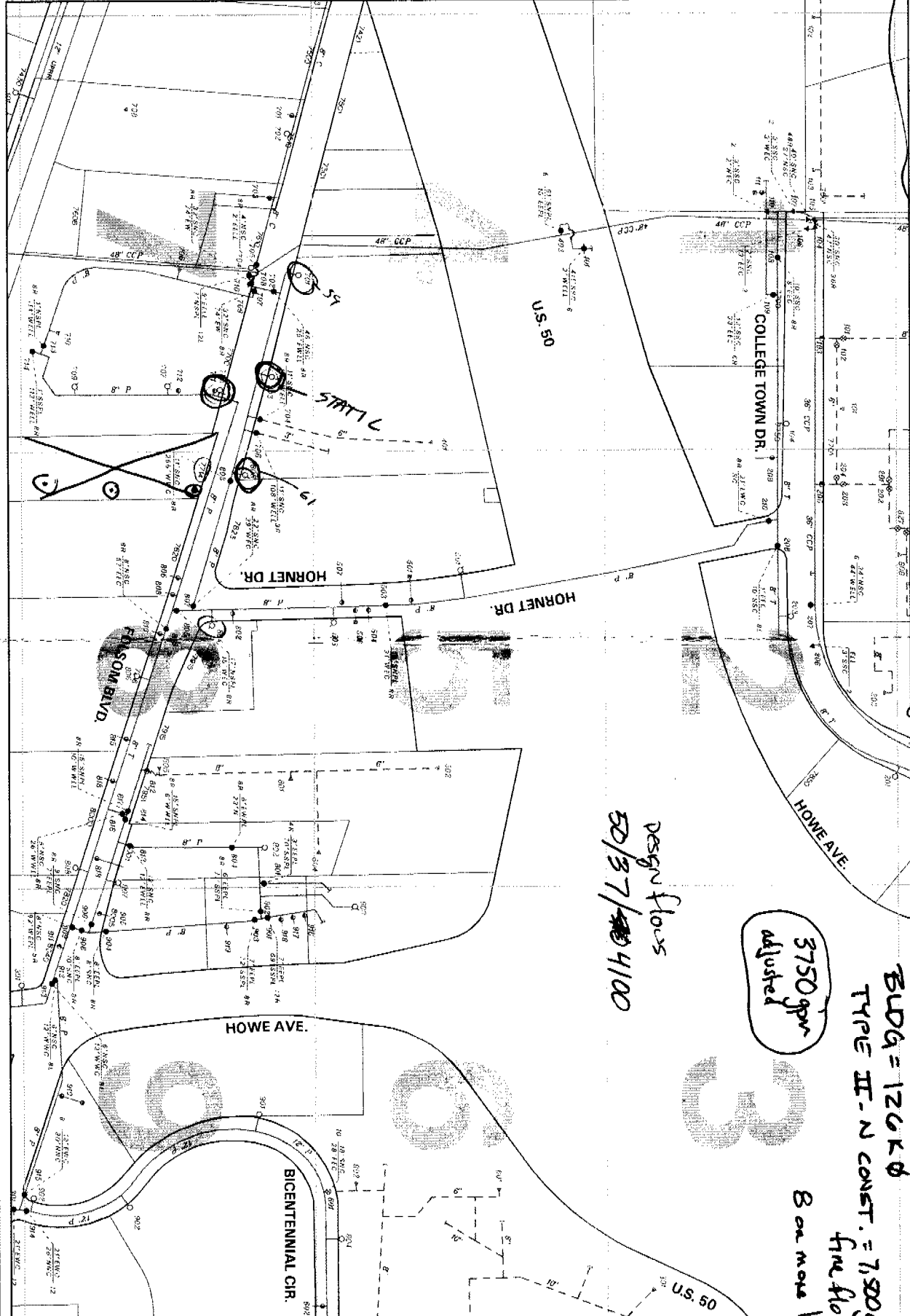
ADDRESS:	7716 Folsom Blvd		
APN:	079-0230-008	ZONING:	M-2S
DESIGN REVIEW AREA:	None		
PREVIOUS FILES RELATED TO SITE:	IR02-298		
EXISTING LAND USE:	SFR (parcel has a housing case on it)		
PROPOSED USE:	New mini-storage, following demo of house		
COMMENTS:	Use is allowed in the zone without entitlements.		
IR02-298 concerns prelim review of proposal by Planning with requirement that the new facility include two trash enclosures on the site.			
DATE:		BY:	
DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?			
(Enter an "X" next to those that apply)		YES	NO XXX
Staff:	Planning Commission:	Design Review:	
ZA:	Preservation Review:		
CONCLUSION:	Route to SITE		
DATE:		BY:	
02/21/03		Phil Reed 	

Maxwell
07-9-03
Alex w/
Morton photo

7716 Folsom Blvd.

Storage facility

HH22 REV. DATE JULY 2002 SCALE 1" = 200' HH21 GG22 I122 HH23 WATER 2002 CITY OF SACRAMENTO HH22



3750 gpm
adjusted

BUDG = 120K
TYPE II-N CONST. = 7500 gpm
fire flow

8 or more h/d.

design flows
50/37/4100



KLEINFELDER

An employee owned company

April 7, 2005

File: 36169

Mr. Paul Kaminski
Parkland Construction
777 South Ham Lane, Suite L
Lodi, CA 95241

**Subject: Final Report
Special Inspection and Testing
Superior Self Storage
7716 Folsom Blvd.
Sacramento, CA**

City of Sacramento Permit Number 0302412

Dear Mr. Kaminski:

During construction of the subject project, personnel of our firm provided special inspection services in general conformance with Section 1701 of the Uniform Building Code. These construction observation services were performed from September 25, 2003 through October 21, 2004. The scope of our services consisted of testing and observation for the following items:

- **High Strength Bolting**
- **Field Welding**
- **Epoxyed Bolts**
- **Cast-In-Place Concrete**
- **Structural Masonry**

Based on the construction observations and testing of our representatives, it is our opinion the work observed requiring special inspection was, to the best of our inspector's knowledge, in conformance with the approved plans and specifications. Our services did not include architectural detailing observations such as dimensioning, color, fit, or finish.

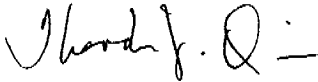
We have performed our services in a manner consistent with the level of care and skill ordinarily exercised by inspection firms practicing in the same locality under similar conditions. No other representation, expressed or implied, and no warranty or guarantee is included or intended. Our services have been completed within the responsibilities, authority, and legal protection of an agency Deputy Inspector.

36169/SAC5L098

If you have any questions regarding the contents of this report or require additional information, please contact this office.

Sincerely,

KLEINFELDER, INC.

A handwritten signature in black ink, appearing to read "Theodore Oien".

Theodore Oien
Manager, Construction Materials Testing

CC: City of Sacramento, Building Department

36169/SAC5L098

Copyright 2005 Kleinfelder, Inc.

KLEINFELDER 3077 Fite Circle, Sacramento, CA 95827-1815 (916) 366-1701 (916) 366-7013 fax

Gibson Self Storage Corp, LLC
 8265 Sun City Blvd suite 314
 Roseville, CA 95661

90-3700/1211

Aug 28, 2003 DATE

PAY TO THE ORDER OF Sacramento County Sewer Sanitation \$ 28,749.00

Twenty eight thousand seven hundred forty nine and 00/100 DOLLARS



TELE BANK (209) 725-7300 (800) 340-BANK

FOR sewer impact fees/reimburse

Charles M. [Signature]

⑆ 12113700 ⑆ 1850501076 ⑆



10845 Armstrong Avenue
 Suite 107
 Mather, California
 95655
 Office: (916) 876-6100
 Fax: (916) 876-6101
 www.srccd.com



PERMIT SERVICES:
 Sewer Fees,
 Permitting Information,
 Sewer Service Locations
 www.csd-1.com

OK \$2803

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO:	BLDG PERMIT <u>6WD2003-00775</u>
GENERAL INFORMATION <u>City of Sac</u>	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION	
INSPECTION	RESIDENTIAL SF U MF U
CSD-1	COMMERCIAL USE
<u>SRCS D In-Lieu</u> 13,800	<u>Mini-Store SFD</u>
CONSTRUCTION	
<u>IN-LIEU SRCS D</u> 2314	<u>121,000* Storage</u>
TOTAL FEE 28,749	
APN: 079-0230-008	
DESCRIPTION/SUBDIVISION	LOT:
PROPERTY ADDRESS <u>7716 Folsom Blvd</u>	
OWNER <u>Gibson Self Storage</u>	
MAILING ADDRESS	
CITY-STATE-ZIP	PHONE
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.	
APPLICANT SIGNATURE <i>[Signature]</i>	
CONSOLIDATED UTILITY BILLING USE ONLY	
ACCT _____	INPUT _____
	START _____

Certification of Compliance

School District Development Fees

Part I—To be completed by APPLICANT

Owner's name Gibson Self Storage Group, LLC
 Owners's address 8265 Surver Colly Blvd Suite 314
 Project address 7716 Folsom Blvd
 Parcel number 279-0730-003 Lot no. _____
 Subdivision name _____ No. of units _____
 Applicants signature [Signature] Title owner
 Phone no. 916 769-0500 Date 8-20-03

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 BUILDING DEPARTMENT

Plan identification number 25-2412
 Building type (check one)
 Residential Apartment/condominium Commercial/industrial
 Square feet of chargeable building area 121,547 sq. ft.
 Signature/title [Signature] Date 8-22-03

Part III—To be completed by SCHOOL DISTRICT

School district [Signature] Cert. no. 17135
 Exempt-Comments _____
 Residential/apartment/etc. _____ Square ft. X \$ _____ = \$ _____
 Commercial/industrial _____ Square ft. X \$ _____ = \$ 11,275.00
 Total fees collected \$11,275.00 = \$ 11,275.00

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 and any other authorized requirements have been complied with by the above signed applicant.

Signature _____ Date _____

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

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 7716 FOLSOM BLVD. Permit No.: 0302412

Building Use: SELF STORAGE Occupancy:

Building Owner: GIBSON SELF STORAGE GROUP, LLC Construction Type:

Owner Address: 8265 SIERRA COLLEGE BL. #314 Sprinkled? [X] Yes [] No

Portion of Building Occupied: ENTIRE Area: 126050 Sq. Ft.

4/20/05 Date By: (Print) Sign RON BEEHLER CHIEF BUILDING OFFICIAL

[Finaled By: CED, MJB, SLG, GRS, JH]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

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

ASSEMBLY INFORMATION		
TYPE: <u>RP</u>	SIZE: <u>1"</u>	MFG: <u>WAH</u>
MODEL: <u>009 m 2</u>	SERIAL NO.: <u>220916</u>	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> FIRE <input type="checkbox"/>		

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: CITY OF SACR

IF APPLICABLE, WATER METER NO.: 27486M

FACILITY	BUSINESS NAME: <u>SUPERIOR SELF STORAGE</u>	SITE PHONE: <u>NOT VET</u>
	SITE ADDRESS: <u>7716 FOLSOM BLVD</u>	CITY: <u>SACRAMENTO</u>
	ASSEMBLY LOCATION: <u>10 S. OF FOLSOM 200' W. OF HORNET DR.</u> <small>(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</small>	
	INTERNAL <input type="checkbox"/> : _____ <small>(Please provide location description such as name of room and/or room / unit / suite number)</small>	
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 checked="" type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>	
	OWNER / CONTACT NAME (ATTN): _____	PHONE: _____
	MANAGEMENT NAME (C/O): <u>GIBSON SELF STORAGE GROUP LLC</u>	CELL PHONE: _____
	MAILING ADDRESS: <u>8265 SIERRA COLLEGE BLVD #314</u>	FAX NUMBER: _____
	CITY, STATE, & ZIP: <u>ROSEVILLE CA 95661</u>	OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY		DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
	CHECK VALVE NO. 1	CHECK VALVE NO. 2			
INITIAL TEST	HELD AT: _____ PSID LEAKED <input checked="" type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input checked="" 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"/>
REPAIR	1) CLEANED <input checked="" 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 checked="" 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"/>
TEST AFTER REPAIR	HELD AT: <u>8.4</u> PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/>	OPENED AT: <u>3.6</u> PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>11:10 am</u>	START TIME: <u>12:05 pm</u>
END TIME: <u>11:57 am</u>	END TIME: <u>12:11 pm</u>
DATE: _____	DATE: <u>2-9-04</u>

COMMENTS: _____

ASSEMBLY: PASSED FAILED TAG NO.: AP 3452
 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: 1371

PLEASE PRINT YOUR NAME: BOY RICHISON

FREEZE BAG? FREEZE CAGE?

THOMAS GUIDE MAP, PAGE - GRID: 38/C-1

SIGNATURE: [Signature]

COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON RD, STE 240
 SACRAMENTO CA 95828-3904
 (916) 875-8440 * FAX (916) 875-8513

ASSEMBLY INFORMATION		
TYPE: <u>RP</u>	SIZE: <u>2</u>	MFG: <u>WILKINS</u>
MODEL: <u>975 XL</u>	SERIAL NO.: <u>W073156</u>	
<input type="checkbox"/> EXISTING → REFERENCE NO.:		
<input type="checkbox"/> REPLACEMENT → OLD ASSEMBLY SERIAL NO.:		
<input checked="" type="checkbox"/> NEW → PLUMBING PERMIT NO.:		
TYPE OF SERVICE: DOMESTIC <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: CITY OF SACO
 IF APPLICABLE, WATER METER NO.: 27485 M

FACILITY	BUSINESS NAME: <u>SUPERIOR SELF STORAGE</u>	SITE PHONE: <u>NOT YET</u>
	SITE ADDRESS: <u>7716 FOLSOM BLVD.</u>	CITY: <u>SACRAMENTO</u>
	ASSEMBLY LOCATION: <u>10' S. OF FOLSOM 200' W. OF HORNET</u> <small>(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</small>	
	INTERNAL <input type="checkbox"/> : _____ <small>(Please provide location description such as name of room and/or room / unit / suite number)</small>	
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>0</u>	PHONE: <u>916-441-6553</u>
	MANAGEMENT NAME (C/O): <u>191850W SELF STORAGE GROUP LLC</u>	CELL PHONE: _____
	Mailing Address: <u>8265 SOPA CIRCLE ROAD #314</u> <u>ROSEVILLE, CA 95661</u>	FAX NUMBER: _____ OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			AIR INLET VALVE	CHECK VALVE
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE		
INITIAL TEST	HELD AT: _____ PSID LEAKED <input checked="" type="checkbox"/>	HELD AT: _____ 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"/>
REPAIR	1) CLEANED <input checked="" 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"/>
TEST AFTER REPAIR	HELD AT: <u>8.2</u> PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/>	OPENED AT: <u>4.0</u> PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

COMMENTS: _____

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>12:17 pm</u>	START TIME: <u>12:25</u>
END TIME: <u>12:23 pm</u>	END TIME: <u>12:35</u>
DATE: <u>2-9-04</u>	DATE: <u>2-9-04</u>

ASSEMBLY: PASSED FAILED TAG NO.: APP 3453
 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: 371
 PLEASE PRINT YOUR NAME: Roy Richardson
 FREEZE BAG? FREEZE CAGE?
 THOMAS GUIDE MAP, PAGE - GRID: 318/C-1
 SIGNATURE: [Signature]

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

ASSEMBLY INFORMATION		
TYPE: <u>DCVA</u>	SIZE: <u>8</u>	MFG: <u>AMES</u>
MODEL: <u>3000 SS</u>	SERIAL NO.: <u>126636</u>	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.:		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.:		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.:		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input checked="" type="checkbox"/>		

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: CITY OF SAC

IF APPLICABLE, WATER METER NO.: N/A

FACILITY	BUSINESS NAME: <u>SUPERIOR SELF STORAGE</u> SITE PHONE: <u>NOT YET</u>
	SITE ADDRESS: <u>7716 Folsom Blvd</u> CITY: <u>SACRAMENTO</u>
	ASSEMBLY LOCATION: <u>10' S. OF Folsom Blvd 200' W. OF HORNET JR</u> <small>(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</small>
	INTERNAL <input type="checkbox"/> : _____ <small>(Please provide location description such as name of room and/or room / unit / suite number)</small>
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
	OWNER / CONTACT NAME (ATTN): _____ PHONE: _____
	MANAGEMENT NAME (C/O): <u>GIBSON SELF STORAGE GROUP LLC</u> CELL PHONE: _____
	MAILING ADDRESS: <u>8265 SIERRA COLLEGE BLVD # 314</u> FAX NUMBER: _____
	CITY, STATE, & ZIP: <u>ROSEVILLE, CA 95661</u> OTHER: _____

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
INITIAL TEST	HELD AT: <u>1.8</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"/>
REPAIR	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"/>
TEST AFTER REPAIR	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>10:35AM</u>	START TIME: _____
END TIME: <u>11:43AM</u>	END TIME: _____
DATE: <u>2-9-04</u>	DATE: _____

COMMENTS: _____

ASSEMBLY: PASSED FAILED TAG NO.: A04600
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: 371

FREEZE BAG? FREEZE CAGE?

PLEASE PRINT YOUR NAME: Roy Richison

THOMAS GUIDE MAP, PAGE - GRID: 318/C-1

SIGNATURE: Roy Richison

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 ENVIRONMENTAL HEALTH DIVISION
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 SACRAMENTO CA 95826-3904
 (916) 875-8440 • FAX (916) 875-8513

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: CITY OF SACRTO

IF APPLICABLE, WATER METER NO.: N/A

ASSEMBLY INFORMATION		
TYPE: <u>DCVA</u>	SIZE: <u>8</u>	MFG: <u>AMES</u>
MODEL: <u>3000 SS</u>	SERIAL NO.: <u>129134</u>	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input checked="" type="checkbox"/>		

FACILITY	BUSINESS NAME: <u>SUPERIOR SELF STORAGE</u>	SITE PHONE: <u>NOT YET</u>
	SITE ADDRESS: <u>7716 Folsom Blvd.</u>	CITY: _____
OWNER / MANAGEMENT	ASSEMBLY LOCATION: <u>10' S. OF FOLSOM 150' W. OF HARVEST RD</u> <i>(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</i>	
	INTERNAL <input type="checkbox"/> : _____ <i>(Please provide location description such as name of room and/or room / unit / suite number)</i>	
	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 checked="" type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED: <input type="checkbox"/>	
	OWNER / CONTACT NAME (ATTN): _____	PHONE: <u>?</u>
	MANAGEMENT NAME (C/O): <u>GIBSON SELF STORAGE GROUP LLC</u>	CELL PHONE: _____
	MAILING ADDRESS: <u>8265 SIERRA COLLEGE BLVD #304</u>	FAX NUMBER: _____
	CITY, STATE, & ZIP: <u>ROSEVILLE, CA 95661</u>	OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			AIR INLET VALVE	CHECK VALVE
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE		
INITIAL TEST	HELD AT: <u>2.5</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>3.2</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"/>
REPAIR	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"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: <u>0.3</u> PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>11:18 AM</u>	START TIME: _____
END TIME: <u>11:23 AM</u>	END TIME: _____
DATE: <u>2-9-04</u>	DATE: _____

COMMENTS: _____

ASSEMBLY: PASSED FAILED TAG NO.: SA-04163
 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: 0571

PLEASE PRINT YOUR NAME: Roy Richison

FREEZE BAG? FREEZE CAGE?

THOMAS GUIDE MAP, PAGE - GRID: 318-4

SIGNATURE: [Signature]

System #
Area Served Office

ROOM	Outlet #	Code	Size	Req. CFM	Test 1	Final CFM
Entry/Reception	1	S/A	9	300	325	325
	1	S/A	9	300	268	268
Break Room	1	S/A	8	200	180	180
Counter	1	S/A	8	300	245	245
Hall	1	S/A	6	100	118	118

TOTALS **1200** **1136** **1136** **94.7 % of des.**

Hall Return	1	R/A	14	800	850	750
Break Rm. Return	1	R/A	8	250	300	300
O. S. A.	1	OSA		100	100	100

TOTALS **1200** **1150** **1150** **95.8 % of des.**

System #
Area Served

Residence

ROOM	Outlet #	Code	Size	Req. CFM	Test 1	Final CFM
Mstr. Bedroom	1	S/A	8	200	245	205
Mstr. Bath	1	S/A	6	100	153	110
Bedroom #1	1	S/A	7	150	165	165
Hall Bath	1	S/A	6	100	115	115
Kitchen	1	S/A	7	150	190	175
Dinning Room	1	S/A	8	200	153	165
Living Room	1	S/A	8	200	185	190

TOTALS **1100** **1206** **1125** **102 % of des.**

Hall Return 1 R/A 14 1100 1030 1030
O. S. A. 1 OSA 100 100 100

Totals 1200 1130 1130