

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0106624

Insp Area: 3

Thos Bros: 318D6

Site Address: 6211 POWER INN RD SAC

Parcel No: 038-0320-001

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

INDUSTRIAL MILLWRIGHT INC  
8464 SPECIALITY CR  
SAC CA 95828

OWNER

SHANAHAN'S AUTO BODY

ARCHITECT

**Nature of Work:** REMODEL INCL. EXT. WORK. CHANGE OF USE FROM WAREHOUSE TO AUTO BODY SHOP.

**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 630788 Date 10/18/01 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: \_\_\_\_\_

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. The applicant warrants, under penalty of law, that the 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 10/18/01 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 STATE COMPENSATION Policy Number 713-00 Exp Date 10/01/2001

\_\_\_\_\_, (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 10/18/01 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1231 Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <span style="font-size: 2em; font-family: cursive;">0106624</span>	Insp. Area <span style="font-size: 2em; font-family: cursive;">3C</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6211 POWER INN RD. Suite —  
 PARCEL # 038 0320 001

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>ALAN DUCLOS</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>630788</u></p> Name <u>ALAN DUCLOS</u> Address <u>8464 SPECIALTY CIR.</u> City/State/Zip <u>SAC</u> Phone <u>381-7906</u> FAX <u>381-3970</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>APPLIED ARCHITECTURE</u> Address <u>2420 K ST.</u> City/State/Zip <u>SAC</u> Phone <u>442 6955</u> FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>SHANAHAN'S AUTOBODY &amp; PAINT</u> Address <u>8141 31TH AVE</u> City/State/Zip <u>SAC</u> Phone <u>381 7964</u> FAX <u>391 2601</u> E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**NATURE OF WORK IN DETAIL:** ~~REMODEL~~ OFFICE REMODEL, WAREHOUSE DEMISING - SEPARATION WALLS, FIRE SPRINKLER REVISIONS, CONC. WALL CUTS FOR STOREFRONTS

OCCUPANT/TENANT: SHANAHAN'S AUTOBODY VALUATION: \$ 86,390<sup>00</sup>

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N		Fed Code	Vio. File	
				<u>H/B5-3</u>	<u>III M</u>	<input checked="" type="checkbox"/> SPR / <input type="checkbox"/> ALARM		<u>13</u>	[H] [Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S		<input checked="" type="checkbox"/> D	PW	UTIL
								<u>2EB</u>		

COMMENTS: PUBLIC WORKS NOT NEEDED PER GEORGE W.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: 5/24/01

By: Allen

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 6211 POWER INN RD

Assessor's Parcel Number: 038 0320 001

Previous Use: MAGAZINE DISTRIBUTION

Description of Request/Proposed Use: CHANGE TO BODY SHOP AND TOWING

Is This a Change of Use? (YES)

Prior Applications for Project Site(P#, Z#, DRPB#): None Zoning Designation: U2-S

Comments: use is allowed in zone. site should comply with 17.24.050-20 and 17.24.50-39.

Are There Any Planning Issues?: (circle one) YES (NO)

- \* Staff Site Plan Check Required? (Circle one) YES ~~NO~~ *not done at planning*
- \* Field Inspection Required? (Circle one) YES ~~NO~~ *at planning*
- \* Design Review/Preservation Required?: (Circle one) YES ~~NO~~ *counter (Discussion only)*

Planning Review by/Date: Allen 5/24/01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

# Sun Dance Heating and Air

Heating & Air Conditioning

AIR BALANCE REPORT

JOB NO. \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

FAN & OUTLET TEST SHEET

AREA SERVED Office Sherwin's  
6211 Powerin Rd

UNIT A/C 1 + 2

**MOTOR NAMEPLATE DATA**

MFG \_\_\_\_\_ FR \_\_\_\_\_  
 HP \_\_\_\_\_ V: \_\_\_\_\_ FLA \_\_\_\_\_  
 PH \_\_\_\_\_ SF \_\_\_\_\_ RPM \_\_\_\_\_

**SHEAVE DATA:**  
 DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
 ADJ \_\_\_\_\_ % \_\_\_\_\_ FIXED \_\_\_\_\_

**FAN NAMEPLATE DATA**

MFG \_\_\_\_\_  
 MODEL \_\_\_\_\_  
 TYPE \_\_\_\_\_  
 SIZE \_\_\_\_\_

**SHEAVE DATA:**  
 DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
 BELTS \_\_\_\_\_

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL			
CFM RA			
CFM OA			

FAN DESIGN DATA CFM \_\_\_\_\_ SP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_

*OSA = out Side Air*

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<i>A/C 1</i> <i>20 OSA Hand</i>	1	<i>Supply</i>	<i>6</i>			<i>70</i>		<i>120</i>				
	2	<i>Supply</i>	<i>8</i>			<i>200</i>		<i>230</i>				
	3	<i>Supply</i>	<i>8</i>			<i>100</i>		<i>255</i>				
	4	<i>Supply</i>	<i>8</i>			<i>70</i>		<i>100</i>				
	1	<i>Return</i>	<i>14"</i>					<i>700</i>				
<i>A/C 2</i> <i>OSA</i> <i>200 CFM</i>	1	<i>Supply</i>	<i>8</i>			<i>200</i>		<i>175</i>				
	2	<i>Supply</i>	<i>8</i>			<i>200</i>		<i>0</i>				
	3	<i>Supply</i>	<i>8</i>			<i>200</i>		<i>290</i>				
	4	<i>Supply</i>	<i>12"</i>			<i>500</i>		<i>370</i>				
	5	<i>Supply</i>	<i>6</i>					<i>50</i>				
	6	<i>Supply</i>	<i>6</i>					<i>50</i>				
	1	<i>Return</i>	<i>14"</i>					<i>130</i>				
2	<i>Return</i>	<i>14"</i>					<i>600</i>					
3	<i>Return</i>	<i>14"</i>					<i>100</i>					

REMARKS: \_\_\_\_\_

# Sun Dance Heating and Air

Heating & Air Conditioning

JOB NO. \_\_\_\_\_

SECTION \_\_\_\_\_ PAGE \_\_\_\_\_

DATE \_\_\_\_\_

AIR BALANCE REPORT

FAN & OUTLET TEST SHEET

AREA SERVED Oliver Shambaugh  
6211 Pecan Rd

UNIT 3 + 4

MOTOR NAMEPLATE DATA

MFG \_\_\_\_\_ FR \_\_\_\_\_  
HP \_\_\_\_\_ V \_\_\_\_\_ FLA \_\_\_\_\_  
PH \_\_\_\_\_ SF \_\_\_\_\_ RPM \_\_\_\_\_

SHEAVE DATA:

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
ADJ \_\_\_\_\_ % \_\_\_\_\_ FIXED \_\_\_\_\_

FAN NAMEPLATE DATA

MFG \_\_\_\_\_  
MODEL \_\_\_\_\_  
TYPE \_\_\_\_\_  
SIZE \_\_\_\_\_

SHEAVE DATA:

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
BELTS \_\_\_\_\_

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL			
CFM RA			
CFM OA			

FAN DESIGN DATA

CFM \_\_\_\_\_ SP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_

OSA = Out Side Air

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	Supply	8			250		260				
	2	Supply	8			250		260				
	3	Supply	8			250		230				
	4	Supply	8			200		300				
	5	Supply	10			360		450				
	6	Supply	6			200		200				
	7	Supply	6			100		125				
	1	Return						50				
	2	Return						150				
	3	Return						60				
	4	Return						100				
	5	Return						470				
	1	Supply	8			250		250				
	2	Supply	8			250		235				
	3	Supply	6			130		120				
	4	Supply	6			130		150				
	5	Supply	6			130		50				
	6	Supply	6			130		40				
	1	Return						550				
	2	Return										
	3	Return						50				

#  
A/C 3  
OSA  
300 CFM

#  
A/C 4  
OSA  
150 CFM

REMARKS: \_\_\_\_\_

ISSUED

DEC 07

Sacramento Building Division

**SWAY BRACE CALCULATIONS**

Method used: N.F.P.A. #13-1996 Assigned load table Method

Type of structure: BEAM / JOIST

Size of pipe to be braced:..... 2.5" (Maximum)  
 Spacing of lateral braces:..... 40'-0" Maximum  
 Spacing of longitudinal braces:..... 80'-0" Maximum  
 Assigned load (per table below):..... 135.7 pounds

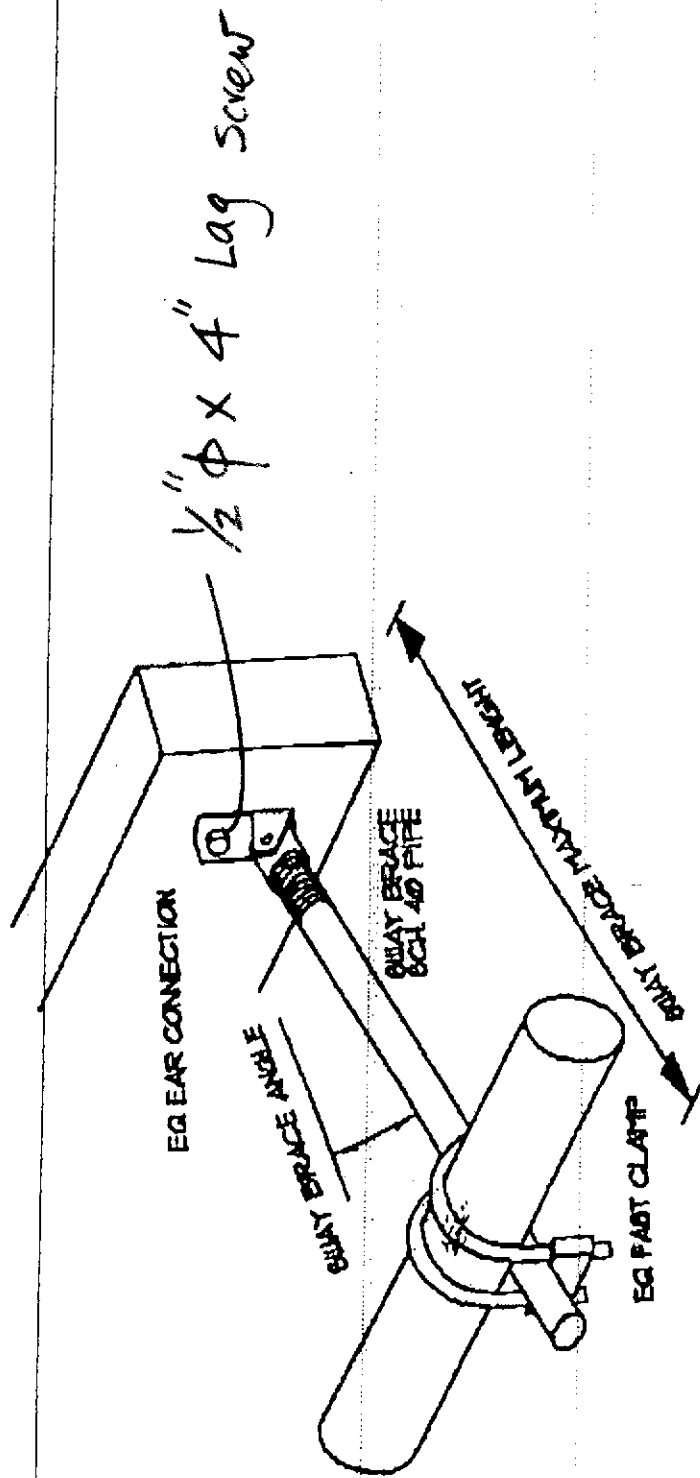
Size of brace pipe..... 1" Sch. 40  
 Length of brace:..... 7'-0" Maximum  
 Brace angle from vertical:..... 45-59 degrees  
 Maximum horizontal load..... 2500 pounds  
 Type and size of fastener to be used:..... 1/2" x 4" lag  
 Maximum load allowed for fastener used:..... 509 pounds\

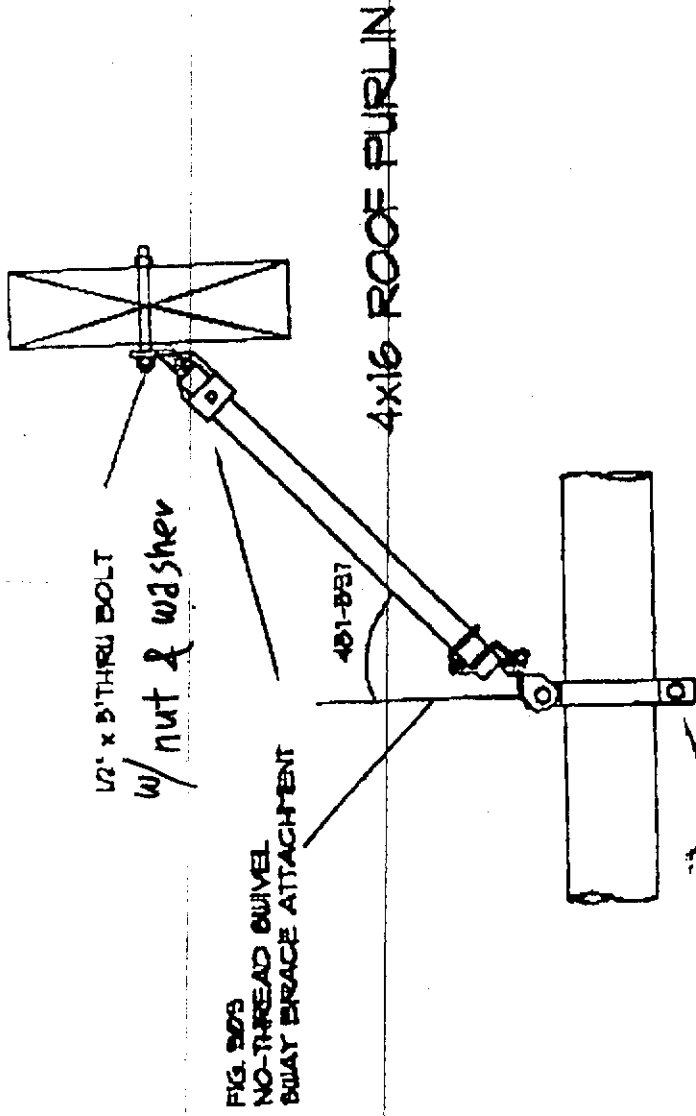
**SPRINKLER SEISMIC LOAD CALCULATIONS:**

Dia.	Type	Lenght (Ft.)	Total (Ft.)	1/2 weight/Ft.	Total Weight
2.5"	sch 10	40	40	2.95	118.0
TOTAL 1/2 WEIGHT OF WATER FILLED PIPE.....					118.0
WEIGHT OF FITTINGS - ADD 15%.....					17.7
TOTAL WEIGHT OF WATER FILLED PIPE AND FITTINGS.....					135.7

These calculations are for informational purposes only. The user must be responsible for the accuracy of the data and the results. The user must be responsible for the accuracy of the data and the results. The user must be responsible for the accuracy of the data and the results.

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_





LONGITUDINAL SEISMIC BRACE  
WOOD CONSTRUCTION



0113824

FIREMASTER  
466 FORBES  
SOUTH SAN FRANCISCO, 94080

HYDRAULIC CALCULATIONS

FOR

POWER INN RD PAINT BOOTH

OCTOBER 15, 2001

CITY OF SACRAMENTO  
PERMIT ASSISTANCE

OCT 24 2001

RECEIVED

-DESIGN DATA-

ISSUED

DEC 07 2001

Sacramento Building Division

OCCUPANCY CLASSIFICATION: EXTRA GROUP 1

DENSITY: .30 gpm/sq. ft.

AREA OF APPLICATION: ROOM DESIGN

COVERAGE PER SPRINKLER: 90 sq. ft.

NUMBER OF SPRINKLERS CALCULATED: 6 PENDENTS

TOTAL SPRINKLER WATER FLOW REQUIRED: 122.8

TOTAL WATER REQUIRED (including hose): 122.8

FLOW AND PRESSURE (@ BOR): 846 gpm @ 34.7 psi

SPRINKLER ORIFICE SIZE: 1/2 inch

NAME OF CONTRACTOR:

DESIGN/LAYOUT BY: R S AKINS

AUTHORITY HAVING JURISDICTION: SACRAMENTO

CONTRACTOR CERTIFICATION NUMBER:

CALCULATIONS BY HASS COMPUTER PROGRAM (LICENSE # 16031160 )  
HRS SYSTEMS, INC.  
TUCKER, GA 30084



A large, stylized handwritten signature in black ink, likely belonging to R S Akins, the design/layout by.

SPRINKLER SYSTEM HYDRAULIC ANALYSIS

DATE: 5/16/2001

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JOB TITLE: POWER INN BOOTHS

WATER SUPPLY DATA

SOURCE NODE TAG	STATIC PRESS. (PSI)	RESID. PRESS. @ (PSI)	FLOW (GPM)	AVAIL. PRESS. (PSI)	TOTAL @ DEMAND (GPM)	REQ'D PRESS. (PSI)
BOR	60.0	34.7	846.0	45.6	622.8	20.0

AGGREGATE FLOW ANALYSIS:

TOTAL FLOW AT SOURCE	622.8 GPM
TOTAL HOSE STREAM ALLOWANCE AT SOURCE	500.0 GPM
OTHER HOSE STREAM ALLOWANCES	0.0 GPM
TOTAL DISCHARGE FROM ACTIVE SPRINKLERS	122.8 GPM

NODE ANALYSIS DATA

NODE TAG	ELEVATION (FT)	NODE TYPE	PRESSURE (PSI)	DISCHARGE (GPM)
A	0.0	K= 5.60	7.6	15.5
B	0.0	K= 5.60	7.8	15.6
C	0.0	K= 5.60	9.0	16.8
D	0.0	K= 5.60	10.3	18.0
E	0.0	K= 5.60	10.3	18.0
F	0.0	K= 5.60	11.4	18.9
G	0.0	K= 5.60	12.8	20.1
1	0.0	- - - -	8.0	- - -
2	0.0	- - - -	14.5	- - -
3	0.0	- - - -	17.7	- - -
BR	0.0	- - - -	18.9	- - -
TOR	0.0	- - - -	19.9	- - -
BOR	0.0	SOURCE	20.0	122.8

DATE: 5/16/2001

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JOB TITLE: POWER INN BOOTHS

PIPE DATA

PIPE TAG	END	ELEV.	NOZ.	PT	DISC.	Q(GPM)	DIA(IN)	LENGTH	PRESS.	
NODES	(FT)	(K)	(PSI)	(GPM)	VEL(FPS)	HW(C)	(FT)	SUM.		
						FL/FT		(PSI)		
	Pipe: 1					-15.5	1.049	PL 3.00	PF	0.4
A		0.0	5.6	7.6	15.5	5.7	120	FTG E	PE	0.0
1		0.0	0.0	8.0	0.0		0.081	TL 5.00	PV	0.2
	Pipe: 2					15.6	1.049	PL 1.20	PF	0.3
1		0.0	0.0	8.0	0.0	5.8	120	FTG E	PE	0.0
B		0.0	5.6	7.8	15.6		0.082	TL 3.20	PV	0.2
	Pipe: 3					-31.1	1.380	PL 7.00	PF	1.0
1		0.0	0.0	8.0	0.0	6.7	120	FTG T	PE	0.0
C		0.0	5.6	9.0	16.8		0.077	TL 13.00	PV	0.3
	Pipe: 4					-47.9	1.610	PL 8.00	PF	1.3
C		0.0	5.6	9.0	16.8	7.5	120	FTG T	PE	0.0
D		0.0	5.6	10.3	18.0		0.081	TL 16.00	PV	0.4
	Pipe: 5					-65.9	1.610	PL 16.20	PF	4.1
D		0.0	5.6	10.3	18.0	10.4	120	FTG ET	PE	0.0
2		0.0	0.0	14.5	0.0		0.147	TL 28.20	PV	0.7
	Pipe: 6					56.9	1.610	PL 6.50	PF	1.6
2		0.0	0.0	14.5	0.0	9.0	120	FTG T	PE	0.0
G		0.0	5.6	12.8	20.1		0.112	TL 14.50	PV	0.5
	Pipe: 7					36.9	1.380	PL 8.00	PF	1.5
G		0.0	5.6	12.8	20.1	7.9	120	FTG T	PE	0.0
F		0.0	5.6	11.4	18.9		0.106	TL 14.00	PV	0.4
	Pipe: 8					18.0	1.049	PL 8.00	PF	1.1
F		0.0	5.6	11.4	18.9	6.7	120	FTG E	PE	0.0
E		0.0	5.6	10.3	18.0		0.107	TL 10.00	PV	0.3
	Pipe: 9					-122.8	2.469	PL 43.00	PF	3.2
2		0.0	0.0	14.5	0.0	8.2	120	FTG 2E	PE	0.0
3		0.0	0.0	17.7	0.0		0.058	TL 55.00	PV	0.5
	Pipe: 10					-122.8	2.469	PL 8.00	PF	1.2
3		0.0	0.0	17.7	0.0	8.2	120	FTG 2EG	PE	0.0
BR		0.0	0.0	18.9	0.0		0.058	TL 21.00	PV	0.5
	Pipe: 11					-122.8	4.026	PL 155.00	PF	1.0
BR		0.0	0.0	18.9	0.0	3.1	120	FTG 3E	PE	0.0
TOR		0.0	0.0	19.9	0.0		0.005	TL 185.00	PV	0.1
	Pipe: 12					-122.8	4.026	PL 25.00	PF	0.1
TOR		0.0	0.0	19.9	0.0	3.1	120	FTG G	PE	0.0
BOR		0.0	SRCE	20.0	(N/A)		0.005	TL 27.00	PV	0.1

DATE: 5/16/2001

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JOB TITLE: POWER INN BOOTHS

NOTES:

- (1) Calculations were performed by the HASS 7.2 computer program under license no. 16031160 granted by  
 HRS Systems, Inc.  
 4792 LaVista Road  
 Tucker, GA 30084
- (2) The system has been calculated to provide an average imbalance at each node of 0.001 gpm and a maximum imbalance at any node of 0.018 gpm.
- (3) Velocity pressures are printed for information only and are not used in balancing the system. Maximum water velocity is 10.4 ft/sec at pipe 5.

(4) PIPE FITTINGS TABLE

Pipe Table Name: STANDARD.PIP

PAGE: A MATERIAL: S40 HWC: 120

Diameter (in)	Equivalent Fitting Lengths in Feet								
	E El1	T Tee	L LngEl1	C ChkVlv	B BfyVlv	G GatVlv	A AlmChk	D DPVlv	N NPTee
1.049	2.00	5.00	2.00	5.00	6.00	1.00	10.00	10.00	5.00
1.380	3.00	6.00	2.00	7.00	6.00	1.00	10.00	10.00	6.00
1.610	4.00	8.00	2.00	9.00	6.00	1.00	10.00	10.00	8.00
2.469	6.00	12.00	4.00	14.00	7.00	1.00	10.00	10.00	12.00
4.026	10.00	20.00	6.00	22.00	12.00	2.00	20.00	10.00	20.00

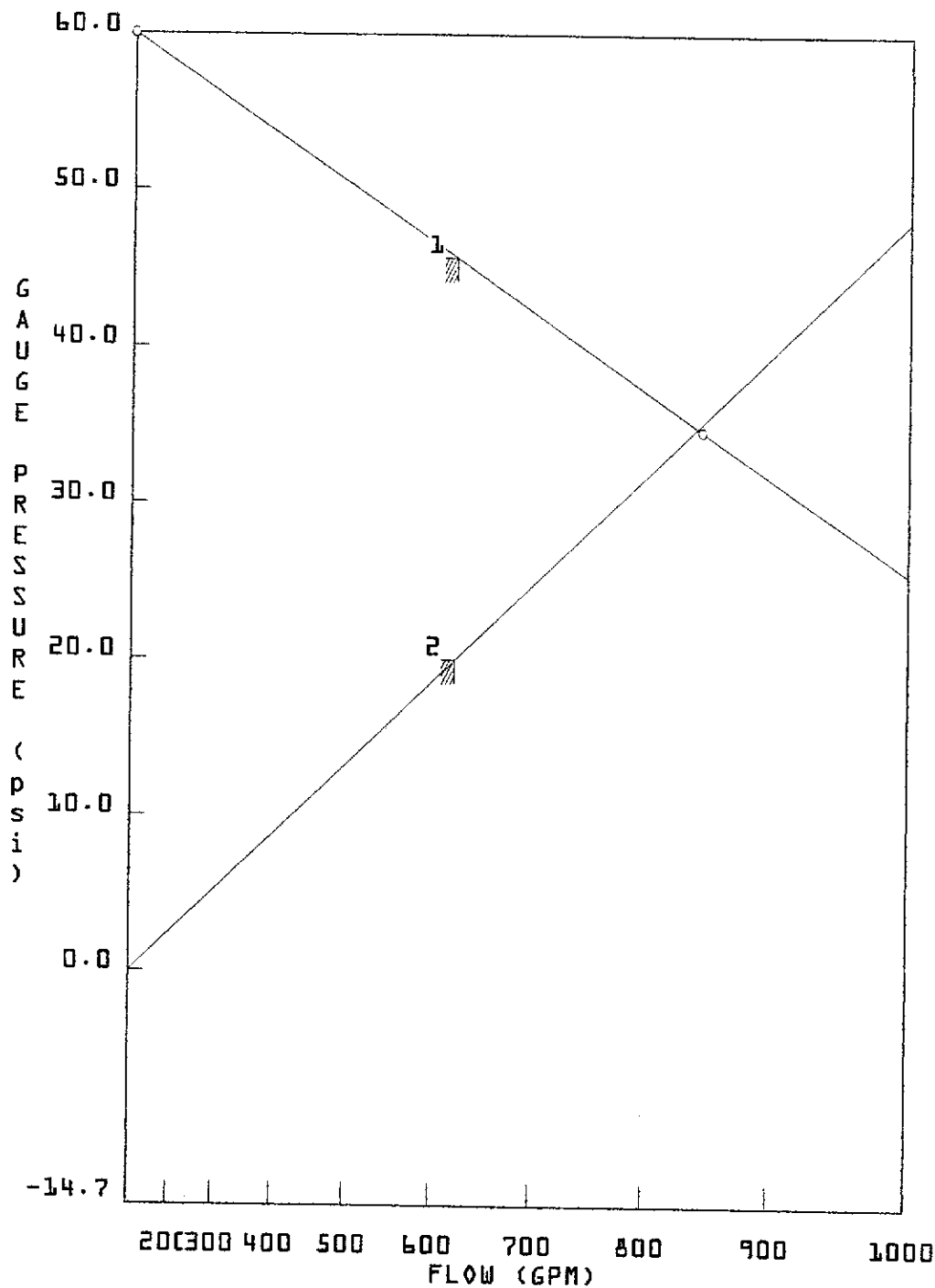
DATE: 5/16/2001

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JOB TITLE: POWER INN BOOTHS

WATER SUPPLY ANALYSIS

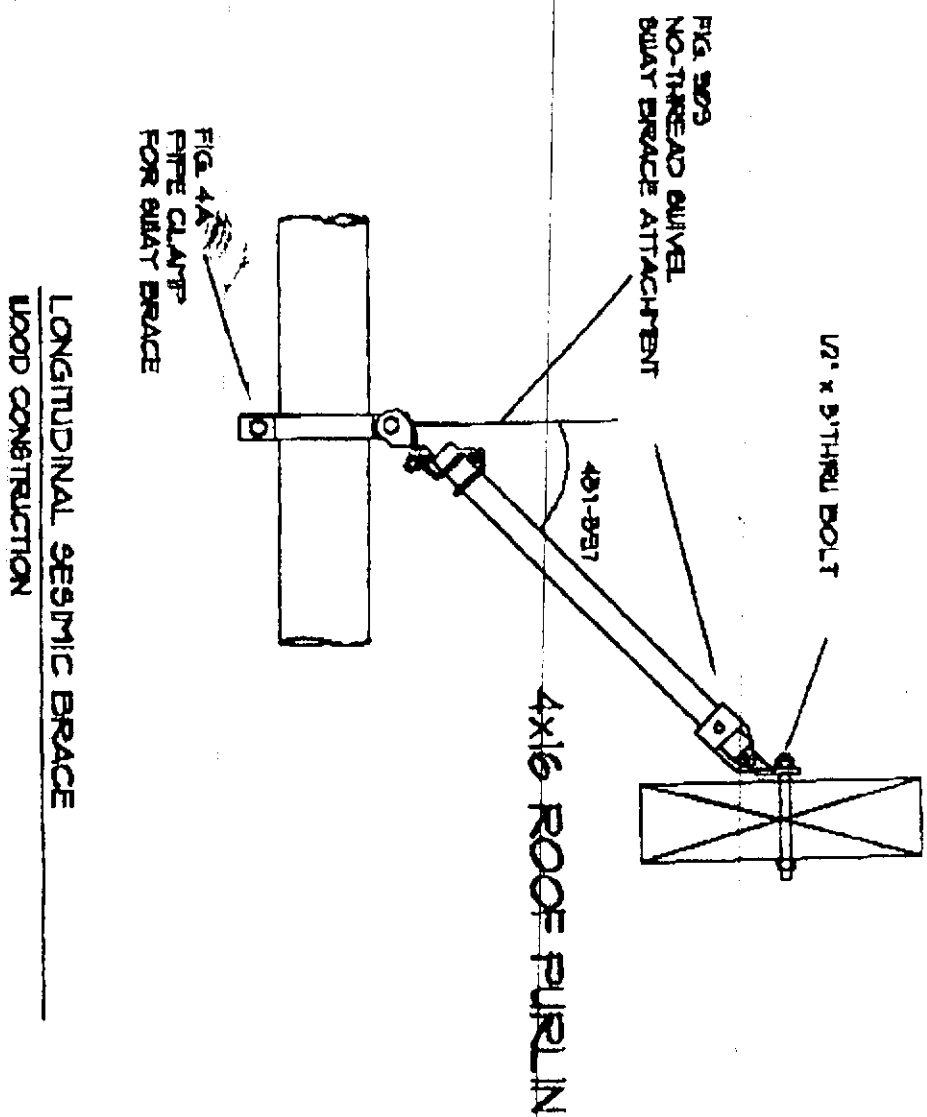
Static: 60.00 psi Resid: 34.69 psi Flow: 846.0 gpm

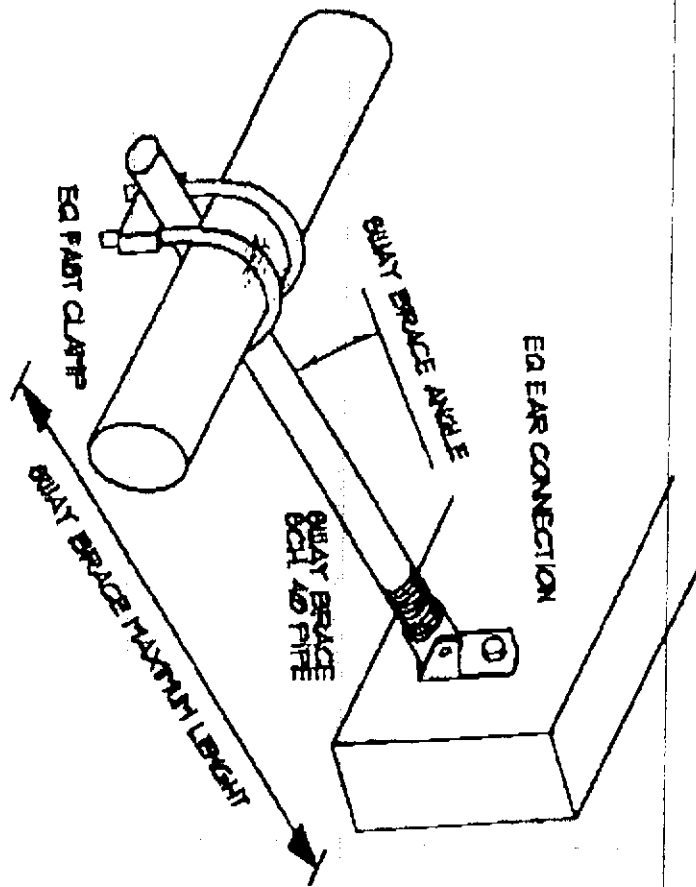


LEGEND

1 Available pressure  
45.64 psi @ 622.8 gpm

2 Required pressure  
20.00 psi @ 622.8 gpm





LATERAL SEISMIC BRACE  
WOOD CONSTRUCTION