

CITY OF SACRAMENTO

Permit No: 9900904

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2890 GATEWAY OAKS DR SAC

Sub-Type:

NCOM

Parcel No: 2250230093

Housing (Y/N): N

CONTRACTOR

DPR CONSTRUCTION INC
1451 RIVER PARK DR
SACRAMENTO CA

95815

OWNER

BTV CROWN EQUITIES INC
400 CAPITOL MALL STE 2340
SACRAMENTO CA

95814

ARCHITECT

Nature of Work: NEW 2 STORY OFFICE BLDG SHELL

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency in 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 BS9986 Date 2/2/99 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:

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 2/2/99 Applicant/Agent 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 RELIANCE INS CO Policy Number WD8546721 Exp Date 02/01/2000 BL.

(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 2/2/99 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.

Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

- Over the counter review and issue permit \_\_\_\_\_
- Will be taken in and reviewed for site conditions \_\_\_\_\_
- Will be taken in but not reviewed for site conditions \_\_\_\_\_
- Information only, pre-submittal information \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project address: \_\_\_\_\_  
APN: 225-0230-083-091 Current site use: \_\_\_\_\_

INITIAL

Need to verify AN Proposed Site use: (N) Shell BLDG (OFFICE)

Describe what is being requested: APPROVAL & COMMENTS

Requested by OL Date: 3/24/98

Zone OB(PUD) Overlay / SPD / PUD / R-review \_\_\_\_\_

- Planning staff Review required \_\_\_\_\_
- Planning Hearing required \_\_\_\_\_
- Design Review required \_\_\_\_\_
- No Planning Issues \_\_\_\_\_
- Counter ok review by site cond. \_\_\_\_\_

Prior Applications on site P# 97-109 Z# \_\_\_\_\_

DR# \_\_\_\_\_ PB# \_\_\_\_\_ IR# \_\_\_\_\_

Comments: Site conditions must be renewed to ensure compliance with conditions of above referenced file.

Planning review by: H. Perry Date: 3/24/98

MUST BE REVIEWED BY PLANNING

- |                 |                      |               |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants   |
| Churches        | Day care             | Sidewalk Cafe |
| Drive-through   | Lot Line adjustments |               |
| Medical Offices | Bars                 |               |

Security cars  
CELLULAR COMMUNICATION FACILITIES

# NATOMAS UNIFIED SCHOOL DISTRICT

1515 Sports Drive, #1 • Sacramento, CA 95834

Phone 916/641-3300 • Fax 916/928-1629

## CERTIFICATION OF COMPLIANCE

### SCHOOL DISTRICT DEVELOPMENT FEES

<b>PART I: TO BE COMPLETED BY APPLICANT</b>	
PROPERTY OWNER'S NAME	BTV Crown Equities, Inc.
OWNER'S ADDRESS	400 Capital Mall, Ste 2340 Sac., CA 95814
PROJECT ADDRESS	2890 Gateway Oaks Dr.
PARCEL NUMBER	225-0230-093
SUBDIVISION NAME	<del>NO</del> N/A
NUMBER OF UNITS	N/A
PRINT APPLICANT'S NAME	APPLICANT'S SIGNATURE: <i>[Signature]</i>
TITLE OF APPLICANT	
DATE	TELEPHONE NUMBER

<b>PART II: TO BE COMPLETED BY BUILDING DEPARTMENT</b>	
PLAN IDENTIFICATION NUMBER	5757
BUILDING TYPE (CHECK ONE)	
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> APARTMENT/CONDOMINIUM
	<input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL
SQUARE FEET OF CHARGEABLE BUILDING AREA	63,736
SIGNATURE	<i>[Signature]</i>
TITLE	DATE
City Insp III	1-29-97

<b>PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT</b>			
DISTRICT CERTIFICATION NUMBER	Natomas Unified School District 99-26		
FEES COLLECTED	7 19,603.16 <i>[Handwritten note]</i>		
RESIDENTIAL	Sq. Ft. X \$	= \$	
APARTMENT/CONDOMINIUM	Sq. Ft. X \$	= \$	
COMMERCIAL/INDUSTRIAL	63,736 Sq. Ft. X \$ 0.31	= \$	19,603.16

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 have been complied with by the above signed applicant.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL:**  
 SIGNATURE: *[Signature]*  
 TITLE: Facilities Director DATE: 1-29-99

**CITY OF SACRAMENTO**  
**APPLICATION FOR BUILDING PERMIT**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**BUILDING INSPECTION DIVISION**  
 1231 I Street, Room 200  
 Sacramento, CA 95814  
 (916) 264-7619 FAX 264-7046

99-00904  
~~98-01628~~

2890

ADDRESS GATEWAY CROSS DRIVE P.C. # 5837  
 PARCEL # APP 225-0230-083, 084 SUITE # \_\_\_\_\_  
 CONTACT \_\_\_\_\_ AREA # 4c  
 LICENSED CONTRACTOR Lic# \_\_\_\_\_

NAME SALLY KIRN  
 ADDRESS 2201 BAY STATE CT.  
COLD RIVER, CA ZIP CA  
 PHONE 853-9620 FAX: (916) 553-5557

NAME DRR CONSTRUCTION INC.  
 ADDRESS 1451 RIVER PARK DR #210  
SACRO, CA ZIP 95815  
 PHONE (916) 58-3434 FAX: (916) 58-3442

ARCH./ENG.  
 NAME LPA, Inc  
 ADDRESS 1215-G STREET  
SACRO, CA ZIP 95814  
 PHONE 44-0335

OWNER  
 NAME BTV / CROWN EQUITIES  
 ADDRESS 400 CAPITOL MALL  
SACRO, CA ZIP 95814  
 PHONE ( ) - FAX ( ) -

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: UNDERGROUND UTILITIES TO 5' OUTSIDE

BLDG, FRMT & STRUCTURAL STEEL ERECTION,  
CONCRETE TILT-UP PANELS ONLY  
NEEDHELL BLDG INC. SITE WR

D.B.A. BTV  VALUATION 800,000.00  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS A99  S.C.A.T. XI, XII, XII, XIII

JOB DESCR. BLDG SHEB APT TI ( ) REM ( ) SW FIRE ADD OTH  
 INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED CODE	VIO. FILE
2		163,160	B	II NR	Y/N	Y/N	15	QF
<u>B</u>	<u>I</u>	<u>P</u>	<u>M</u>	<u>S</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>
<u>JT</u>	<u>JT</u>	<u>BD</u>	<u>BD</u>	<u>GM</u>	<u>EHC</u>	<u>GM</u>		

COMMENTS: NEED ADDRESS  
PLEASE print.

Expedited plan review

Worker's Comp Policy #  
Company

Exp. Date

Vio!

**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: BTU Crown Equities Phone: \_\_\_\_\_  
 Site Address: 2890 Gateway Oaks Suite: \_\_\_\_\_  
(Street)  
 Business Owner/Representative: D'Ann Hall (Zip) Phone: 658-0120

Nature of Business: \_\_\_\_\_

Property Owner: BTU Crown Equities Phone: \_\_\_\_\_

Address: 400 Capital Mall Suite: 234D  
Sacramento (City) CA (State) 95814 (Zip)

2. Are you developing an undetermined tenant space? Yes  No  Is this permit for a shell building? Yes  No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes  No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes  No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes  No

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes  No

7. Is/Will your business be located within 1,000 feet of a school? Yes  No

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes  No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Jon Blum  
(Print)  
Jon Blum (Signature) 2/2/99 (Date)

BID Use Only: Plan Ck# <u>99-009086</u> Permit # _____	
OK to issue prmt? <input checked="" type="checkbox"/> <u>02/2/99</u> <small>init date</small>	F.D. Appr Req'd? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? <small>init date</small> _____	
OK to issue Certificate of Occupancy? <small>init date</small> _____	

# PLAN CHECK ROUTING PROCEDURE

Date Received: \_\_\_\_\_ Plan Check #: 5837  
Project: \_\_\_\_\_  
Address: 2890 GATEWAYS OAKS DR  
Legal Description: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect or Civil Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

## PUBLIC WORKS - DEVELOPMENT SERVICES STREET IMPROVEMENTS

Approved: [Signature] Date Received: \_\_\_\_\_  
Total frontage length of New Street Improvements: 750' ± If \_\_\_\_\_  
Comments: \_\_\_\_\_

Right of Way Dedication	:	Approved	<u>YES</u>	Disapprove	_____
Public Improvement Agreement	:	Approved	<u>YES</u>	Disapprove	_____
Surety Bond, etc.	:	Approved	<u>YES</u>	Disapprove	_____
Staking and Inspection Fee	:		<u>YES</u>	\$	_____

## PUBLIC WORKS - DEVELOPMENT SERVICES DRIVEWAY

Driveway Required:  Yes  No Date Received: \_\_\_\_\_  
Approved: [Signature] Disapproved: \_\_\_\_\_  
Removal of abandoned driveway: \_\_\_\_\_  
Comments: \_\_\_\_\_

## PUBLIC WORKS - DEVELOPMENT SERVICES ENCROACHMENT/EXCAVATION PERMIT

Encroachment/Excavation Permit Required:  Yes  No  
Approved: [Signature] Disapproved: \_\_\_\_\_  
Comments: \_\_\_\_\_

## DEPT. OF UTILITIES DRAINAGE, SEWER, & WATER

Approved: [Signature] Date Received: \_\_\_\_\_  
Comments: \_\_\_\_\_ Disapproved: \_\_\_\_\_

## PLANNING AND DEVELOPMENT SERVICES SITE CONDITIONS

Approved: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Review Zone: \_\_\_\_\_ Approved with Changes: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Special Permit: \_\_\_\_\_ Variances: \_\_\_\_\_  
Parking Spaces Furnished: \_\_\_\_\_ Parking Spaces Required: \_\_\_\_\_  
Comments: \_\_\_\_\_

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 7-2-89

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2890 GATEWAY CARS

has been conducted by Inspector D. De Mello

on 6-30-89.

89-00904-C

Permit Number

63236

Square Footage

SHRCC

Type Inspection

The system is acceptable by this department.

R Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

99-187

F. D. Reference Number







**SMUD**

SACRAMENTO MUNICIPAL UTILITY DISTRICT P. O. Box 15830, Sacramento CA 95852-1830, (916) 452-3211  
AN ELECTRIC SYSTEM SERVING THE HEART OF CALIFORNIA

September 29, 1998

REX MOORE ELECTRIC  
ATTENTION: ANGELO PURPURA  
3601 PARKWAY PLACE  
WEST SACRAMENTO CA 95798

**SMUD COMMITMENT LETTER**

W.A. #

Thank you for submitting your plans for Crown Corporation Center for an electric service commitment. Your cooperation enables us to give you the best service possible, as well as provide for your future requirements.

We are returning one copy of your plans indicating the service location and other requirements checked below. Our commitment is subject to changing conditions and, as a result, may not be valid after twelve months.

Please contact the Estimator if additional information is desired.

Estimator: Larry Wilkins

Telephone (916) 732-6445

Service will be: Overhead  Underground   
Volts: 277/480 Phase: 3 Wire: 4 Type: WYE

(Street light service voltage will be the same as above.)

Transformer pad required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	SMUD Dwg. _____
Conduit required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	(see sketch)
Right-of-way required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Transformer protection required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	see sketch and SMUD Dwg. _____
Primary pull box required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Number: SMUD Dwg. _____
Service box required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number: SMUD Dwg. _____
Switchgear pad required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number: SMUD Dwg. _____
Street light service box required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(see sketch)

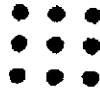
Other requirements: See enclosed Booklet  Prints

\*A maximum fault current of 22,700 amps symmetrical is based on the largest transformer that could be needed to serve the Single  Combined  main sizes of 1,600 amps.

Metering will be outside, if possible. If in a meter room, door must be keyed for SMUD key. Contact the Estimator for details.

\*If future load growth necessitates increasing the main switch size, the available fault current should be recalculated.

**NOTE:** This commitment letter may be required by local inspection authority as part of its plan check requirements.



**LPA**  
SACRAMENTO, INC.

Architecture  
Planning  
Landscape Architecture  
Interior Design  
1215 G STREET  
SACRAMENTO, CA 95814  
PHONE 916.443.0335  
FAX 916.441.2823

# FAX TRANSMITTAL

Date: October 5, 1998  
To: Gordon Duncan  
City of Sacramento Fire Department  
1231 I Street, Room 401  
Sacramento, CA 95814-2904  
264-8190  
Fax Number: Fire Line/Loop  
384019  
Regarding: BTU Crown Corporate Center - Phase 1  
Project Number: 1, including this cover page  
Project Name: No  
Number of Pages: Mark Fosnick, Principal  
Hard Copy to Follow: Mfosnick@LPAsacramento.com  
From the Desk of:  
E-mail Address:

Message/Transmitting:

Dear Gordon,

In response to our telephone conversation this afternoon regarding the above project, I am writing you this memo. The issue we discussed was the fire line service for the phase 1 building of BTU's Crown Corporate Center. On January 22, 1998, BTU, LPA and the project design team met with Brad Boehm, Dave Brent and yourself to discuss this project and the fire line service. The parcel is entitled for 5 buildings, but at this time, only the single phase 1 building is being permitted for construction. At the meeting we discussed and agreed that for the single phase 1 building, the entire fire loop would not be required. For this building, a deadend loop for the fire hydrants and building fire service would be acceptable. It was also agreed that when any of the other 5 buildings was to be constructed, then that building would have to complete the fire loop. The drawings which are currently being processed for the building permit reflect the above agreement. Per our telephone conversation today, you asked that I fax you this memo so that you could review & approve it, and then forward it to Elaine Clark so that she can approve the fire portion of the building permit. I appreciate your assistance in expediting this item.

Sincerely,

Mark F. Fosnick A.I.A.  
Principal  
LPA Sacramento, Inc.

APPROVED, 10/5/98

The information contained in this facsimile message is client PRIVILEGED & CONFIDENTIAL and is intended only for the individual or entity named on this transmission sheet. If the reader of this message is not the intended recipient, or employee or agent responsible for delivering it to the intended recipient, you are hereby notified that dissemination, or copying of this communication is strictly prohibited. If you have received this transmission in error, notify us by phone immediately so we can arrange for the return of the original documents to us at no charge to you.

DEC-30-1997 14:36 DEPT. OF UTILITIES  
LRA SACRAMENTO

P.02/02  
306 P02/02 DEC 18 '97 09:30

R97-157

DEPARTMENT OF UTILITIES CITY OF SACRAMENTO

**CONTACT PERSON: MARK POSNICK** PHONE NO: 442-0335 FAX NO: 441-2823  
**COMPANY: LRA, INC.** CELL PHONE NO:  
**ADDRESS: 1215 G Street, Sac. CA 95814** STREET ADDRESS OF TEST: APN: 228-0230-04  
**PURPOSE OF TEST: For use in the design of a 60,000 sq. ft. office building**  
 The undersigned agrees to the following terms and conditions:  
 1) The above address shows where to connect.  
 2) Water supply data is developed from several sources of information which may include water supply test data, pipe notes and 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, guarantee, certification or other representation of any kind that such data is accurate or correct, or that the pressure and/or flow rates reported herein are 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.  
 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 the water supply test, which will be scheduled at the convenience of the Department of Utilities.  
 Print Name: Mark Posnick Signature: [Signature] Date: 12/9/97

SCHEDULED REQUEST DATE		TEST RELEASE	
SCHEDULED DATE OF TEST:		SCHEDULED TIME OF TEST:	
		DATE OF TEST:	TIME OF TEST:
		12-23-97	11:10 AM

WATER MAIN DATA											
THE COMPANY: COLAVANTI, ANDERSON, GRANT											
HYDRANT NO.	MAP PAGE	STATE FEET (FSD)	SERIAL FEET (FSD)	HEAD FEET (FSD)	GUYOT DIA. (IN)	COMMENT		CALC. FLOW @ 100 PSI (GPM)	TOTAL FLOW (GPM)	FL. @ 100 PSI (IN)	FL. @ 150 PSI (IN)
						C	C				
65	14N	50	20								
66	14N			11	4.5	0.90	0.83	1497			
64	14N			14	4.5	0.90	0.83	1688	3185	3185	

Approved LRA to verify

$Q = 29.83 C_d \sqrt{P}$   
 $Q = 0.4 \sqrt{\frac{P - 20}{P - 11}}$   
 $Q = 3185 \sqrt{\frac{41 - 20}{41 - 11}} = 2627$   
 FAX REC'D  
 SEC 03 1997  
 LRA, INC.  
 DEC 30 1997  
 LRA, INC.

	ACTUAL	DESIGN (C)
STATE FEET	50 FEET	41 FEET
SERIAL FEET	20 FEET	11 FEET
FLOW @ SERIAL FEET	3200 GPM	3200 GPM
FLOW @ 20 FEET	3200 GPM	2600 GPM
SERIAL HYDRANT NO.	65	
SERIAL HYDRANT KEY	NA	

P.C. 5837

2890 Gateway Oaks Dr