

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103475
Insp Area: 1

Site Address: 1501 16TH ST SAC
Parcel No: 006-0234-003 #100

Sub-Type: TI
Housing (Y/N): N

CONTRACTOR

OWNER
ANTHONY BABCOCK
2914 REGINA WAY
SACRAMENTO CA 95818

ARCHITECT

PETER SIMON
4853 TOMMAR DR
FAIR OAKS CA 95628

Nature of Work: RESTAURANT FIRST TIME T/I

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 8 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ 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 & P. for this reason: _____

Date 5/16/01 Owner Signature [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 5/16/01 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 _____ 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 5/16/01 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKERS' 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1501 16TH STREET Permit No. 0103475

Building Use: RESTAURANT Occupancy: A3/R1

Building Owner: ANTHONY BABCOCK Construction Type: 1FR/V1HR

Owner Address: 2914 REGINA WAY Sprinkled? Yes No

Portion of Building Occupied: ENTIRE Area: 4,186 Sq. Ft.

09/12/01

Date



By: Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By: DP, MJS, RDH, CP, GRS]

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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICTS
 0-11-2001 **SEWER IMPACT FEE**
 PERMIT AND CALCULATION SHEET

APPLICATION NO: _____ BLDG PERM **SWP2001-00189**
 GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES
ONE YEAR FROM DATE OF ISSUANCE

| FEE CALCULATION | | BUILDING USE | |
|------------------|---------------|----------------|---|
| INSPECTION | | RESIDENTIAL | SF <input type="checkbox"/> MF <input type="checkbox"/> |
| CSD-1 | <i>B</i> | COMMERCIAL USE | UNITS |
| SRCSO | 41,589 | 3354# REST | |
| CONSTRUCTION | | 832# BAR | |
| IN-LIEU | | | |
| | | | |
| | | | |
| TOTAL FEE | 41,589 | | |

APN: 006-0234-028

DESCRIPTION/
SUBDIVISION LOT: _____

PROPERTY ADDRESS 1501 16th St #101

OWNER HURLAV ISLAND GRILL

MALING ADDRESS _____

CITY-STATE-ZIP _____ PHONE _____

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1501 16th St. (corner of 16th & O)

Assessor's Parcel Number: 006 - 0234 - 029

Previous Use: vacant commercial bldg. (CADA project)

Description of Request/Proposed Use: restaurant T.I.

Is This a Change of Use? YES

Prior Applications for Project Site(P#, Z#, DRPB#): Z99-010/Z98-120 (UA/UM) Zoning Designation: C-2

Comments: possible future sidewalk cafe requires
Zoning Administrator Special Permit approval

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

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: PHIL REED 3/21/01

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

MICROFILM AFTER FINAL



Insp. Area 1C

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: HUKILAU INC.

PC # 01-03475

Address: 1501 16TH STR

BID App. _____

Job Phone: 402-5904 Office Ph. 402-5904

Fee 350⁰⁰

SUBJECT: Project Address: 1501 16TH Street Suite # 100

I request permission to start the following work FLOOR SLAB SAW CUTTING,
ROUGH PLUMBING, PARTIAL FRAMING

B/L: JT

P/M: JMT

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

CONSTRUCTION LENDING AGENCY

ISSUED

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.)

MAR 21 2004
Sacramento Building Division

Lender's Name _____

Lender's Address _____

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 91 (commencing with Section 7000) of the Business and Professions Code and my license is in full force and effect.

Lic. Class: _____ Lic. Number: _____
The approval of this plan and certificate of SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

SIGNATURE

DATE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

| | |
|------------------------------|-------------------------|
| ACTIVITY # <u>0-03475</u> | Insp. Area <u>1C</u> |
|------------------------------|-------------------------|

ADDRESS 1501 16TH STREET ~~SUITE 100~~ Suite 100
 PARCEL # 006-0234-029

Applicant **MUST** complete ALL Unshaded areas

| | | | |
|---|--|---|--|
| <p align="center">CONTACT</p> Name <u>ANTHONY A BARCOCK</u> Street Address <u>2914 REGINA WAY</u> City/State/Zip <u>SACRAMENTO CA 95818</u> Phone <u>402-5904</u> FAX <u>446-3972</u> E-mail: _____ | | <p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>OWNER Builder</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | |
| <p align="center">ARCHITECT/ENGINEER C8769</p> Name <u>PETER SIMON</u> Address <u>4853 TOMMAR DR.</u> City/State/Zip <u>FAIR OAKS, CA 95628</u> Phone <u>(916) 967-7116</u> FAX <u>967-7116</u> E-mail: <u>INGARCH@AOL.COM</u> | | <p align="center">OWNER</p> Name <u>ANTHONY BARCOCK</u> Address <u>2914 REGINA WAY</u> City/State/Zip <u>SACRAMENTO CA 95818</u> Phone <u>916 402-5904</u> FAX <u>916 446-3972</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: A RESTAURANT TENANT IMPROVEMENTS
IN A NEW BUILDING (4186 S.F.)

OCCUPANT/TENANT: ANTHONY A BARCOCK VALUATION: \$ 160,000

| | | | | | | | | | |
|-------------------------|--------------|---------------|-------------|---|-------------|-----------------|------------|-----------|------------|
| FLOOD STATUS: <u>NA</u> | | S.C.A.T. | | | | | | | |
| JOB DESCRIPTION | BLDG | SHELL | APT | TI(<input checked="" type="checkbox"/>) | REM() | SW | FIRE | ADD | OTH |
| INSPECTION DISCIPLINES | | <u>BLDG</u> | <u>MECH</u> | <u>PLUMB</u> | <u>ELEC</u> | <u>SLT</u> | <u>PRG</u> | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y / N | | Fed Code | Vio. File |
| <u>4</u> | | <u>4186 #</u> | | <u>A3</u> | <u>II</u> | SPR | ALARM | <u>18</u> | [H] [Quad] |
| <u>B</u> | <u>L</u> | <u>P</u> | <u>M</u> | <u>E</u> | <u>F</u> | <u>S</u> | | D | PW UTIL |

COMMENTS: OFFICE 764

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____

2. I (have/have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.


Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

| Name | Address | Phone | Type of work |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

Signed  _____

Job Address 1501 16th ST _____

Permit No: 0103475 _____

CIRCO System Balance, Inc.

Contractor License #624117

AIR • HYDRONIC • TEMPERATURE • SOUND • SYSTEM SURVEY

4100 Florin-Perkins Road • Sacramento, California 95826-4819 • Phone (916) 387-5100 • Fax (916) 387-5101

August 28, 2001

PROJECT:

HUKILAU GRILLE

LOCATION:

1501 16th STREET
SACRAMENTO, CALIFORNIA

ALL

DESCRIPTION:

AIR BALANCE KITCHEN EXHAUST HOOD &
MAKE-UP AIR UNIT

REMARKS:

THE TOTAL AIR DELIVERY OF EACH FAN WAS DETERMINED
BY ~~OUTLET/INLET TOTAL~~

MAKE-UP AIRFLOW QUANTITIES WERE DETERMINED BY
OUTLET TOTAL.

CEILING MOUNTED DIFFUSER AIRFLOW WAS MEASURED
USING AN ALNOR FLOW HOOD.

SUPPLY AIR GRILLES MOUNTED WITHIN THE KITCHEN HOOD ASSEMBLY
WERE MEASURED USING A DAVIS INSTRUMENTS #6000
SERIES DIGITAL ROTATING VANE ANEMOMETER

EXHAUST AIRFLOW QUANTITIES WERE DETERMINED BY
MULTI-POINT TRAVERSE TAKEN ACROSS THE FACE OF
EXHAUST HOOD FILTER BANK. MEASUREMENTS WERE
PERFORMED USING A DAVIS INSTRUMENTS #6000
SERIES DIGITAL ROTATING VANE ANEMOMETER.

FEET PER MINUTE (FPM) VALUES SHOWN ARE THE AVERAGE
OF MULTI-POINT TRAVERSE MEASUREMENTS.

TESTS PERFORMED BY:



MATT MURPHY



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION 1 PAGE 2
 DATE 8-28-01

FAN & OUTLET TEST SHEET

AREA SERVED Kitchen Hood Make-up Air UNIT MUA-1

MOTOR NAMEPLATE DATA

MFG Marathon FR 145T
 HP 2 V 208 FLA 5.8
 PH 3 SF 1.15 RPM 1750

SHEAVE DATA:

DIA 1/2 M50 SHAFT 7/8"
 ADJ X %MID FIXED _____

FAN NAMEPLATE DATA

MFG Champion
 MODEL 10/125D
 TYPE DWBF, Cont
 SIZE _____

SHEAVE DATA:

DIA _____ SHAFT 1 3/16"
 BELTS 1-4L980

460=2.9
 230=5.8

10.1" dia

| DATA ITEM | TEST 1 | TEST 2 | TEST 3 |
|-----------|--------------------|--------------------|--------|
| VOLTS | <u>208</u> | <u>208</u> | |
| AMPS | <u>3.9/4.0/4.2</u> | <u>4.1/4.2/4.0</u> | |
| BHP | | | |
| RPM | <u>422</u> | <u>422</u> | |
| SP - | <u>0.06</u> | <u>0.06</u> | |
| SP + | <u>0.22</u> | <u>0.24</u> | |
| TSP | <u>0.28</u> | <u>0.30</u> | |
| FILTER SP | | | |
| CFM TOTAL | <u>7386</u> | <u>7450</u> | |
| CFM RA | | | |
| CFM OA | <u>100%</u> | <u>100%</u> | |

FAN DESIGN DATA

CFM 7600 SP _____ RPM _____ BHP _____

| ROOM | OPENING | | | FAC TOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | | |
|------|---------|------|------|---------|---------------|-----|-------------|--------------|------------|--------------|--------|-----|--|
| | NO. | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM | |
| | | | | | <u>54APLY</u> | | | | | | | | |
| | | | | | | | <u>725</u> | <u>899</u> | <u>737</u> | <u>914</u> | | | |
| | | | | | | | <u>760</u> | <u>942</u> | <u>765</u> | <u>949</u> | | | |
| | | | | | | | <u>770</u> | <u>955</u> | <u>780</u> | <u>967</u> | | | |
| | | | | | | | | <u>11600</u> | | <u>11620</u> | | | |
| | | | | | | | | <u>1500</u> | | <u>1575</u> | | | |
| | | | | | | | | <u>1470</u> | | <u>1545</u> | | | |
| | | | | | | | <u>7600</u> | <u>7336</u> | <u>763</u> | | | | |

REMARKS: ① Discharge screen

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION 1 PAGE 1
 DATE 8-28-01

FAN & OUTLET TEST SHEET

AREA SERVED Two Kitchen Hoods (120" x 90") UNIT EF-1

MOTOR NAMEPLATE DATA

MFG Lesson FR 18AT
 HP 2 V 4 FLA 13
 PH 3 SF 115 RPM 1760

SHEAVE DATA:
 DIA 2.125 SHAFT 7/8"
 ADJ 10% MB FIXED _____

FAN NAMEPLATE DATA

MFG Penn
 MODEL FX30 BFT
 TYPE Cent
 SIZE _____

SHEAVE DATA:
 DIA 2.875 SHAFT 1/2 x 1"
 BELTS 2 - A37

| DATA ITEM | TEST 1 | TEST 2 | TEST 3 |
|-----------|-----------------|-----------------|--------|
| VOLTS | <u>208</u> | <u>208</u> | |
| AMPS | <u>15/15/15</u> | <u>11/12/11</u> | |
| BHP | <u>5.8</u> | <u>4.36</u> | |
| RPM | <u>1060</u> | <u>810</u> | |
| SP - | <u>1.2</u> | <u>0.48</u> | |
| SP + | <u>---</u> | <u>---</u> | |
| TSP | <u>1.2</u> | <u>0.48</u> | |
| FILTER SP | <u>---</u> | <u>---</u> | |
| CFM TOTAL | <u>10035</u> | <u>7658</u> | |
| CFM RA | <u>---</u> | <u>---</u> | |
| CFM OA | <u>---</u> | <u>---</u> | |

FAN DESIGN DATA

CFM 7600 SP _____ RPM _____ BHP _____

| ROOM | OPENING | | | FAC TOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | |
|---------------|---------|---------------|---------------|--------------|---|-------------|------------|--------------|------------|-------------|--------|-----|
| | NO. | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM |
| | | | | | | | | | | | | |
| | | | | | <u>Exhaust</u> | | | | | | | |
| | | | | | <u>120" Hood (10-15 1/2 x 11 1/2 Grease Filter)</u> | | | | | | | |
| <u>Note ①</u> | | <u>Filter</u> | <u>2.765</u> | | | | | | | | | |
| | | <u>Bank</u> | <u>x11.5</u> | <u>12.38</u> | <u>339</u> | <u>4200</u> | <u>436</u> | <u>5298</u> | <u>344</u> | <u>4259</u> | | |
| | | | | | <u>90" Hood (7-15 1/2 x 15 1/2 Grease Filter)</u> | | | | | | | |
| <u>Note ②</u> | | <u>Filter</u> | <u>1.0865</u> | | | | | | | | | |
| | | <u>Bank</u> | <u>x15.5</u> | <u>11.68</u> | <u>282</u> | <u>3300</u> | <u>397</u> | <u>4637</u> | <u>291</u> | <u>3399</u> | | |
| | | | | | | <u>7600</u> | | <u>10035</u> | | <u>7658</u> | | |

* See notes below for exhaust duct velocity values.

REMARKS: Notes: ① 24" x 14" duct = 2.33 AK. 4200 ÷ 2.33 = 1800 FPM
 ② 21" x 12" duct = 1.75 AK. 3300 ÷ 1.75 = 1885 FPM



Contractor License # 721238
P.O. Box 1682
Orangevale, CA 95662
◆
Phone (916) 635-2216
Fax (916) 635-2234

August 8, 2001

AIR BALANCE REPORT

HUKILAU GRILL
16TH & O STREET
SACRAMENTO, CA 95673

CONTRACTOR: SACVALLEY SHEET METAL

ENGINEER: THE MCDERMOTT GROUP

TEST PERFORMED BY: KEVIN PUTMAN

REPORT CHECKED BY:

A handwritten signature in black ink, appearing to read "Bret Rosenberg", written over a horizontal line.

BRET ROSENBERG

SACVALLEY SHEET METAL
 AIR BALANCE REPORT FOR HUKILAU GRILL

| AH-1 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | SA-1 | 280 | 320 | 330 |
| | SA-2 | 300 | 315 | 313 |
| | SA-3 | 345 | 320 | 313 |
| | SA-4 | <u>385</u> | <u>325</u> | <u>313</u> |
| Total | | 1310 | 1280 | 1269 |

| AH-1 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | RA-1 | 580 | 525 | 501 |
| | RA-2 | <u>460</u> | <u>495</u> | <u>501</u> |
| Total | | 1040 | 1020 | 1002 |

| AH-1 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | OSA-1 | <u>220</u> | <u>240</u> | <u>250</u> |
| Total | | 220 | 240 | 250 |

| AH-2 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | SA-1 | 570 | 620 | 626 |
| | SA-2 | 680 | 630 | 626 |
| | SA-3 | 690 | 640 | 626 |
| | SA-4 | <u>560</u> | <u>610</u> | <u>626</u> |
| Total | | 5000 | 5000 | 5008 |

| AH-2 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | RA-1 | 1090 | 1000 | 1002 |
| | RA-2 | <u>1110</u> | <u>1020</u> | <u>1002</u> |
| Total | | 4400 | 4040 | 4008 |

| AH-2 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | OSA-2 | <u>320</u> | <u>520</u> | <u>500</u> |
| Total | | 320 | 520 | 500 |

| AH-3 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | SA-1 | 170 | 160 | 156 |
| | SA-2 | 165 | 155 | 156 |
| | SA-3 | 280 | 320 | 313 |
| | SA-4 | 360 | 320 | 313 |
| | SA-5 | <u>320</u> | <u>320</u> | <u>313</u> |
| Total | | 1295 | 1275 | 1251 |

| AH-3 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | RA-1 | 360 | 335 | 334 |
| | RA-2 | 345 | 340 | 334 |
| | RA-3 | <u>295</u> | <u>320</u> | <u>334</u> |
| Total | | 1000 | 995 | 1002 |

| AH-3 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | OSA-3 | <u>225</u> | <u>235</u> | <u>250</u> |
| Total | | 225 | 235 | 250 |

| AH-4 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | SA-1 | 150 | 195 | 26 |
| | SA-2 | 245 | 275 | 285 |
| | SA-3 | 265 | 325 | 331 |
| | SA-4 | 235 | 215 | 206 |
| | SA-5 | 100 | 95 | 100 |
| | SA-6 | 60 | 40 | 40 |
| | SA-7 | <u>85</u> | <u>65</u> | <u>61</u> |
| Total | | 1140 | 1210 | 1049 |

| AH-4 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | RA-1 | 445 | 300 | 305 |
| | RA-2 | <u>505</u> | <u>560</u> | <u>577</u> |
| Total | | 950 | 860 | 882 |

| AH-4 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | OSA-4 | <u>245</u> | <u>335</u> | <u>350</u> |
| Total | | 245 | 335 | 350 |

| AH-5 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | SA-1 | 300 | 310 | 313 |
| | SA-2 | 345 | 330 | 313 |
| | SA-3 | 290 | 320 | 313 |
| | SA-4 | <u>375</u> | <u>325</u> | <u>313</u> |
| Total | | 1310 | 1285 | 1252 |

| AH-5 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | RA-1 | 340 | 345 | 334 |
| | RA-2 | 355 | 340 | 334 |
| | RA-3 | <u>355</u> | <u>340</u> | <u>334</u> |
| Total | | 1050 | 1025 | 1002 |

| AH-5 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | OSA-5 | <u>245</u> | <u>265</u> | <u>250</u> |
| Total | | 245 | 265 | 250 |

| AH-6 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | SA-1 | 400 | 400 | 413 |
| | SA-2 | 430 | 410 | 413 |
| | SA-3 | <u>385</u> | <u>405</u> | <u>413</u> |
| Total | | 1215 | 1215 | 1239 |

| AH-6 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | RA-1 | 370 | 340 | 350 |
| | RA-2 | 365 | 345 | 350 |
| | RA-3 | <u>335</u> | <u>350</u> | <u>350</u> |
| Total | | 1070 | 1035 | 1050 |

| AH-6 | Register # | Initial Test CFM | Final Test CFM | Specified CFM |
|-------|------------|---------------------|-------------------|------------------|
| | OSA-6 | <u>220</u> | <u>250</u> | <u>250</u> |
| Total | | 220 | 250 | 250 |

| AH-7 | Register # | Initial Test | Final Test | Specified |
|-------|------------|--------------|------------|------------|
| | | CFM | CFM | CFM |
| | SA-1 | 185 | 255 | 262 |
| | SA-2 | 230 | 270 | 262 |
| | SA-3 | 275 | 255 | 262 |
| | SA-4 | 75 | 55 | 51 |
| | SA-5 | <u>535</u> | <u>425</u> | <u>413</u> |
| Total | | 1300 | 1260 | 1250 |

| AH-7 | Register # | Initial Test | Final Test | Specified |
|-------|------------|--------------|------------|------------|
| | | CFM | CFM | CFM |
| | RA-1 | 820 | 685 | 670 |
| | RA-2 | <u>285</u> | <u>345</u> | <u>330</u> |
| Total | | 1105 | 1030 | 1000 |

| AH-7 | Register # | Initial Test | Final Test | Specified |
|-------|------------|--------------|------------|------------|
| | | CFM | CFM | CFM |
| | OSA-7 | <u>165</u> | <u>235</u> | <u>250</u> |
| Total | | 165 | 235 | 250 |

THIS REPORT HAS BEEN CHECKED FOR ACCURACY BY BRET ROSENBERG

SIGNED: 