

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0113141

Insp Area: 4

Thos Bros: 277C6

Site Address: 1518 WEST EL CAMINO AV SAC

Parcel No: 274-0060-035

DISCOVERY PLAZA

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

HARSHA RATHOD
KESNER AV
SAC CA 95838

ARCHITECT

Nature of Work: REMODEL FOR INDIAN RESTAURANT

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date _____ Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date 12/19/01 Owner Signature *Harsha Rathod*

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 12/11/01 Applicant/Agent Signature *Harsha Rathod*

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 12/11/01 Applicant Signature *Harsha Rathod*

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

ACTIVITY # <u>0113141</u>	Insp. Area <u>4C</u>
------------------------------	-------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1518 W. EL CUMINO AVE Suite 1S
 PARCEL # 274-0060-035 (SC-R-ZONING)

<p style="text-align: center;">CONTACT</p> Name <u>HARSHA RATHOD</u> Street Address <u>717 KESNER AVE</u> City/State/Zip <u>SACTO-CA-95838</u> Phone <u>916-564-5451</u> FAX <u>916-564-5451</u> E-mail: <u>DEB001996@AOL.COM</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>758265</u></p> Name <u>PACIFIC BUILDERS</u> Address <u>10701 ATWOOD DR.</u> City/State/Zip <u>RANCHO CROVA</u> Phone <u>635-6133</u> FAX <u>649-4530</u> E-mail:
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>ERIC (E) RINCHOK & ASSOCIATES</u> Address <u>1419 MYRTLE VISTA AVE</u> City/State/Zip <u>SACTO-CA-95831</u> Phone <u>916-428-2076</u> FAX <u>428-2076</u> E-mail:	<p style="text-align: center;">OWNER</p> Name <u>HARSHA RATHOD</u> Address <u>1518 W. EL CUMINO AVE</u> City/State/Zip <u>SACTO-CA-958</u> Phone <u>916-769-0416</u> FAX 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: TENANT IMPROVEMENT FOR INDIAN RESTAURANT

OCCUPANT/TENANT: HARSHA RATHOD VALUATION: \$ 65,000.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
<u>1</u>		<u>9757</u>		<u>A-3</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>	S		<u>(D)</u>	PW	UTIL
								<u>LV</u>		

COMMENTS: _____

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 ~~XXXXXXXXXXXX~~ ^{TBD} _____ 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

X Signed [Signature] _____

Job Address 1518 W. EL CAMINO AVE _____

Permit No: 0113141 _____

Hansha ~~Rath~~
Rathod,
Leasee.

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 1518 W. El Camino Ave

APN: 274-0060-035 ZONING: SC-R

DESIGN REVIEW AREA: None

PREVIOUS FILES RELATED TO SITE: N/A

EXISTING LAND USE: vacant Retail tenant space located in Retail Shopping Center

PROPOSED USE: Convert vacant retail space to 12 seat Restaurant.

COMMENTS: See Sta. This space = 975. 250/975 (40) 4 pkg spaces allotted @ 1:250 retail ratio. Restaurant uses ratio 1 pkg space per each 3 seats. 4 spaces allotted x 3 = 12; 12 seats. Okay - no need for parking concern.

DATE: 9-20-01 BY: (M. May)

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES NO (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: 12 seat restaurant okay for this 975 sq ft tenant space - no parking concerns. (Additional seats would require parking evaluation.)

DATE: 9-20-01 BY: (M. May)

CONFIRMED: PLANS SHOW 12 SEAT RESTAURANT AS ALLOWED BY AVAILABLE PARKING; OK TO SUBMIT FOR BLDG. PERMIT. PHIL REED 10/10/01

RECEIPT
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH

RECEIVED FROM: HARSHA RATHOD DATE: 10-9-01

ADDRESS: _____

AMOUNT RECEIVED: \$ 746.00 CHECK NO.: _____ CASH CREDIT CARD

FACILITY NAME: Deloss MODULAR OFFICE

FACILITY ADDRESS: 1518 WEST 44th Avenue Ave SJC

CASE NO.: _____

IN FEE SUMMARY

REVENUE DESCRIPTION: (KEY 33)

- PLAN REVIEW - FOOD
- PLAN REVIEW - NOISE
- PLAN REVIEW - POOLS
- PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS)
- PLAN REVIEW - TENTATIVE PLOT APPROVAL

SIGNATURE: _____

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ <u>746.00</u>
6206202304	96964403	E32143	\$
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964402	E32142	\$

REVISED 10/25/00 W:\DATA\FORMS\EH\DRCEIPT White - Cashier Yellow - Customer Pink - Environmental Management Department

County of Sacramento Accounting and Fiscal Services
 Date: 10/09/2001 Cashier #: _____
 Receipt #: 123010000000021785
 Check #: 107
 Permit #: AF52021-100901
 Fee Type EMD Env Health Food Check Amount
 Total Due \$746.00
 Check Tendered: \$746.00

0113141

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
10/19/01	/ /	/ /	/ /	/ /	/ /

PLAN CHECK#
 ADDRESS:
 Commercial Residential



ACCEPTED by (S-11):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
TYPE SAFETY	3	JT	10/24/01						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING	Put in regular plan check cycle.			JT		10/24/01			
ELECTRICAL	:								
PIPING	03	JT	10/24/01						
PLANNING									

STAFF COMMENTS: _____



FAN TEST SHEET

AREA SERVED Kitchen Hood

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	<u>Murphy</u>		
HP	<u>3/4</u>	VOLTS	<u>115</u>
PH	<u>1</u>	SP	<u>1.25</u>
FLA	<u>10.6</u>	REPM	<u>1725</u>
MOTOR FRAME	<u>56</u>		

SHEAVE DATA: MOTOR

DIA	<u>3 3/4</u>	SHAFT	<u>5/8</u>
ADJ.P.D.	<u>75%</u>	REXED	<u>—</u>
BELT CENTER LINE	<u>5 3/4</u>		

SCHEDULED/SUBMITTED DATA

FAN CFM	<u>2080</u>
TSP/ESP	<u>-1.875</u>
RPM	<u>1193</u>
BHP	<u>.75</u>

MOTOR TEST DATA

VOLTS	<u>120</u>
AMPS	<u>8.1</u>
RPM	<u>1759</u>
PH	<u>—</u>
SP	<u>—</u>

FAN NAMEPLATE DATA

MFG	<u>Captive Air Systems</u>
MODEL	<u>NCA 14FA</u>
TYPE	
SIZE	
RIAL#	<u>150901</u>

SHEAVE DATA: FAN

DIA	<u>7/2</u>	SHAFT	<u>3/4</u>
BELTS	<u>1-AX21</u>		
DIRECT DRIVE	<input type="checkbox"/>		

DESIGN OUTLET/INLET

TOTAL CFM	<u>2080</u>
-----------	-------------

TESTED OUTLET/INLET

TOTAL CFM	<u>2305</u>
-----------	-------------

TRAVERSE TOTAL

TOTAL CFM	<u>—</u>
-----------	----------

FAN TEST DATA

RPM	<u>1101</u>
SP	<u>.85</u>
PH	<u>OPEN</u>
TSP	<u>.75</u>
REXED	<u>—</u>
CFM	<u>2305</u>
CFM/IN	<u>—</u>
CFM/OUT	<u>—</u>

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED			
					FPM VEL	CFM	FPM VEL	CFM		
Kitchen	1	Hood	96 X 45 1/2	30.33	69	2080	76	2305	76	2305

marks:



FAN TEST SHEET

AREA SERVED Kitchen

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	<u>Power Electric</u>		
HP	<u>1/2 1/8</u>	AMP	<u>115</u>
PH		STP	<u>-</u>
FLA	<u>9.0/8.5</u>	REM	<u>1725/1140</u>
MOTOR FRAME	<u>-</u>		

SHEAVE DATA: MOTOR

DIA	<u>VP350</u>	SHAFT	<u>1/2</u>
ADJ PD	<u>75%</u>	INDEX	<u>-</u>
BELT CENTERLINE	<u>17 1/4"</u>		

FAN NAMEPLATE DATA

MFG	<u>Champion</u>		
MODEL	<u>4800 DM</u>		
TYPE			
SIZE			
SERIAL #	<u>NM22914</u>		

SHEAVE DATA: FAN

DIA	<u>10</u>	SHAFT	<u>1"</u>
BELTS	<u>1 - 4L 560</u>		
DIRECT DRIVE	<input type="checkbox"/>		

SCHEDULED/SUBMITTED DATA

FAN CFM	<u>1880</u>
TSP/ESP	<u>.5</u>
RPM	<u>539</u>
BHP	<u>1/2</u>
SPR	<u>-</u>
EFFICIENCY	<u>100%</u>

DESIGN OUTLET/INLET

TOTAL CFM	<u>1880</u>
-----------	-------------

TESTED OUTLET/INLET

TOTAL CFM	<u>1890</u>
-----------	-------------

TRAVERSE TOTAL

TOTAL CFM	<u>-</u>
-----------	----------

MOTOR TEST DATA

VOLTS	<u>115</u>
AMPS	<u>7.3</u>
RPM	<u>480/1140</u>
BHP	<u>-</u>
SPR	<u>LO</u>

FAN TEST DATA

RPM	<u>507/346</u>
SP	<u>open</u>
ST	<u>.07</u>
TSP/ESP	<u>.07</u>
DRY BHP	<u>Swamp</u>
ASHV TOTAL	<u>1890</u>
WHEEL	<u>-</u>
CFM/O MIN	<u>100%</u>

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED				
					FPM VEL	CFM	FPM VEL	CFM			
Kitchen	1	CG	24x24			940	815	810	1240		
"	2	CG	"			940	1075	1050	1600		
						1880	1890	1860	2840		

Remarks:
(1) No VD's

CAL. LIC. #434901

1121 UNIVERSITY TERRACE
RENO, NEVADA 89503
(775) 747-0100

RAGLEN
SYSTEM
BALANCE, INC.



*AIR AND HYDRONIC SYSTEM
TESTING AND BALANCING*

TEST AND BALANCE REPORT

JOB: DEBOO'S INDIAN CUISINE

MECHANICAL CONTRACTOR: PRO METALS

CONSULTING ENGINEER: -

JOB NO: 10682

DATE: MARCH 5, 2002

TECHNICIAN: CHUCK
SCHWEBACH

TBE: PHILLIP D. RAGLEN

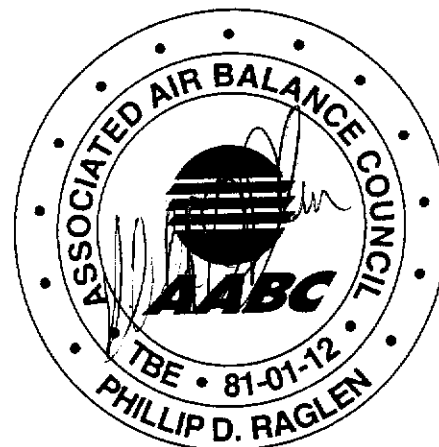


TABLE OF CONTENTS

DESCRIPTION	PAGE
GENERAL NOTES	A
SYMBOL SHEET	B
INSTRUMENT CORRECTION CURVES	C -G
MAU-1	1
EF-1	2
SCHEMATIC(S)	

**RAGLEN
SYSTEM
BALANCE, INC.***Air and Hydronic System
Testing and Balancing*

SYMBOL SHEET

DNL	DATA NOT LISTED
DNA	DATA NOT AVAILABLE
N.T.	NOT TAKEN DUE TO NO VALID LOCATION
N.A.	NOT ACCESSIBLE
D.D.	DIRECT DRIVE
C.D.	CEILING DIFFUSER
SWR	SIDE WALL SUPPLY OR RETURN REGISTER
F.S.	FLOOR SUPPLY
C.E.	CEILING EXHAUST
C.R.	CEILING RETURN
W.E.	SIDE WALL EXHAUST
F.R.	FLOOR RETURN
F.E.	FLOOR EXHAUST OR RETURN
OPEN	NO TERMINAL DEVICE INSTALLED
P.P.	PERFORATED PLATE
O	DIAMETER
H.P.	HORSEPOWER
DIA	DIAMETER
S.P.	STATIC PRESSURE
V	VOLTS
FLA	FULL LOAD AMPS
S.F.	SERVICE FACTORS
BHP	BRAKE HORSEPOWER
ADJ P.D.	ADJUSTED PITCH DIAMETER
O.A. MIN.	OUTSIDE AIR MINIMUM
N.I.	NOT INSTALLED

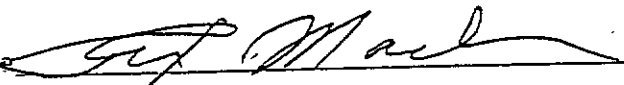
SDE MANAGEMENT SERVICES
CERTIFICATE OF CALIBRATION

Instrument ID Number : 784

1.Equipment Code : C013 Description: FLOWHOOD ALNOR BALOMETER 6461
2.Location Code : B009 Description: RAGLEN SYSTEM BALANCE RENO,NV.
9.Work Code #1 : A081 Description: REPLACED RANGE SELECTOR SWITCH
10.Work Code #2 : A051 Description: RECALIBRATE INSTRUMENT
11.Work Code #3 : A009 Description: INST.MEETS +OR- 3% ACCURACY

3.Misc Info : 14.
4.Model Number : 6461 Standard 1: 102
5.Manufacturer : ALNOR Standard 2: 103
6.Serial Number : BR2621 Standard 3: 104
7.Hours Work Req : Standard 4:
8.Status (A or I): A Standard 5:

Calibrator

Signature  Date 9-6-01

Primary standards used for calibration are traceable to National Institute of Standards and Technology. SDE Management Services meets the requirements of MIL-STD-45662-A.

Rex Machlan, General Manager
SDE CALIBRATION SERVICES
4171 Business Center Drive, FREMONT, CA. 94538
(510) 623-1490 FAX (510) 623-7151

AIRDATA MULTIMETER/FLOWMETER CERTIFICATE OF CALIBRATION

S/N: M01400
 Order #: _____

TEMPERATURE TEST - METER (° F)
 TEST METER TOLERANCE = ± 0.2° F

RTD Simulator: S/N 249	Calibration Date: 01/05/2000	Calibration Due Date: 01/2002	Test 1	Test 2	Test 3	Set Point: 35.6° F	95° F	154.4° F
RTD Simulator: S/N 250	Calibration Date: 01/05/2000	Calibration Due Date: 01/2002	Test 1	Test 2	Test 3	Set Point: 35.6° F	95° F	154.4° F
RTD Simulator: S/N 253	Calibration Date: 03/09/2000	Calibration Due Date: 03/2002	Test 1	Test 2	Test 3	Set Point: 35.6° F	95° F	154.4° F
RTD Simulator: S/N 254	Calibration Date: 03/09/2000	Calibration Due Date: 03/2002	<u>Test 1</u>	Test 2	Test 3	Set Point: <u>35.5</u> ° F	95° F	154.4° F
RTD Simulator: S/N 256	Calibration Date: 03/09/2000	Calibration Due Date: 03/2002	<u>Test 1</u>	Test 2	Test 3	Set Point: 35.6° F	<u>95.5</u> ° F	154.4° F
RTD Simulator: S/N 257	Calibration Date: 03/09/2000	Calibration Due Date: 03/2002	<u>Test 1</u>	Test 2	Test 3	Set Point: 35.6° F	95° F	<u>154.4</u> ° F

Rated Accuracy: 0.005% of setting Uncertainty: < 33 ppm

RTD Simulator Temperature Equivalent Set Point	Test Meter	Diff	Test Meter	Diff	Test Meter	Diff
35.60	35.7	.1				
95.00	95.1	.1				
154.40	154.4	0				

UNCERTAINTY TABLE (All AirData Multimeter Calibration Standards)

Mode	Differential Pressure (in wc)								Absolute Pressure (in Hg)			Velocity		Flow	
	Set Point	.1250	.2250	.2700	2.000	3.600	4.400	27.00	50.00	14.0	28.4	40.0	100	500	100
2 X U _{max}	<.00022	<.00023	<.00031	<.0005	<.0015	<.0023	<.006	<.007	<.02	<.02	<.02	< 2.25	< 2.5	< 4.4	< 5.0

All Uncertainties are expressed in expanded terms (twice the calculated uncertainty). Uncertainties shown for Low Velocity/Flow Confirmation represent Uncertainty of the Transfer Standard Meter exposed to the pressure source only.

NOTES: _____

Procedure used: Calibration Procedure for AirData Multimeters SIP-CP01 Revision: 07 Dated: 11/28/00

This instrument has been calibrated using Calibration Standards which are traceable to NIST (National Institute of Standards and Technology). Quality Assurance Program and calibration procedures meet the requirements for 10CFR50 Appendix B; ANSI/N45.2; ANSI/NCSL Z540-1-1994; MIL-STD 45662A and manufacturers specifications. Calibration accuracy is certified when meters are used with properly functioning accessories only. This report shall not be reproduced, except in full, without the written approval of Shortridge Instruments, Inc. Results relate only to the item calibrated.

Limitations on use: See Shortridge Instruments, Inc. Instruction Manual for the use of AirData Multimeters

Calibration Technician(s): G. Lombardi Calibration Date: 5/21/00
 Calibration Approved by: [Signature] Title: Prod. MGR Date: 5-21-2001

CAL LIC. #434901

1121 UNIVERSITY TERRACE
RENO, NEVADA 89503
(775) 747-0100
(888) 421-7925
FAX (775) 747-0273

**RAGLEN
SYSTEM
BALANCE, INC.**

*Air and Hydronic System
Testing and Balancing*



DATED 08/22/01

**CALIBRATION SHEET
INCH OF WATER GAUGE**

MAGNEHELIC SER# R07D 0-.5" W.C.	LAB STANDARD DWYER MODEL # 400-10
.04	.05
.06	.06
.10	.12
.14	.14
.17	.18
.20	.22
.23	.22
.33	.31
.44	.42
.48	.48
.50	.52



FAN TEST SHEET

AREA SERVED KITCHEN

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	POWER ELECTRIC		
HP	0.50 / 1/8	V	115
PH	1	SF	----
FLA	9.0 / 8.5	RPM	1725 / 1140
MOTOR FRAME #	----		
SHEAVE DATA: MOTOR			
DIA	VP350	SHAFT	0.50
ADJ P.D.	75%	FIXED	----
BELT CENTER LINE	17.25		

SCHEDULED/SUBMITTED DATA

FAN CFM	1880
TSP / ESP	0.5
RPM	539
BHP	0.50
R.A.	----
O.A. CFM	100%

MOTOR TEST DATA

VOLTS	115
AMPS	7.3
RPM	1148
BHP	----
SPEED SET.	LOW

DESIGN OUTLET/INLET

TOTAL CFM	1880
-----------	------

TESTED OUTLET/INLET

TOTAL CFM	1890
-----------	------

TRAVERSE TOTAL

TOTAL CFM	----
-----------	------

FAN TEST DATA

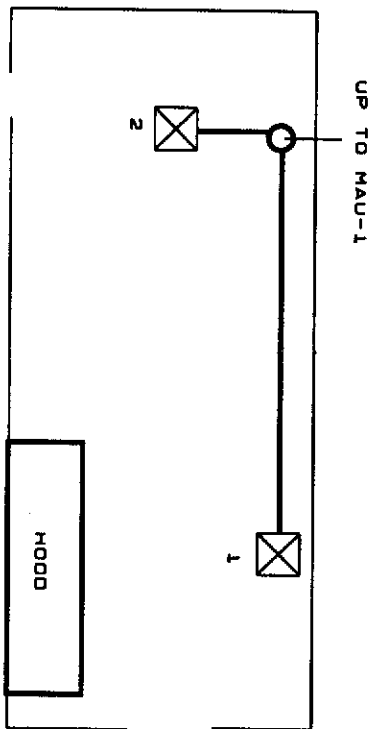
RPM	507 / 346
SP-	OPEN
SP+	0.07
TSP / ESP	0.07
FILTER SP	SWAMP
CFM TOTAL	1890
CFM RA	----
CFM OA MIN.	100%

FAN NAMEPLATE DATA

MFG	CHAMPION		
MODEL	4800DM		
TYPE	----		
SIZE	----		
SERIAL #	NM22414		
SHEAVE DATA: FAN			
DIA	10	SHAFT	1
BELTS	1-4L560		
DIRECT DRIVE	<input type="checkbox"/>		

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED			
					FPM VEL	CFM	FPM VEL	CFM		
KITCH.	1	CG	24X24			940	815	810	1240	
"	2	"	"			940	1075	1050	1600	
						1880	1890	1860	2840	

Remarks:
NO VD'S.



Z



--	--

RSB 10682
 DEBOD'S
 INDIAN CUISINE