

**@lpha Inspections  
& Material Testing**

70 Rancho Del Sol • Camino, CA 95709  
(530) 644-6726 • (916) 870-7548

3465 River Shoal  
0504779

DATE: 7-14-05  
PROJECT NO. 2006  
PROJECT: D.B. / TIM LEWIS  
LOCATION: RIVERBEND LOT-79

DSA FILE/APPL. NO. \_\_\_\_\_  
OSHPD NO. \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_  
WEATHER: \_\_\_\_\_ TEMP: \_\_\_\_\_

**PROOF LOAD**     **TORQUE**     **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AT-255    GAGE: AT-1004    TORQUE WRENCH: \_\_\_\_\_  
RAM: \_\_\_\_\_    GAGE: \_\_\_\_\_    TORQUE WRENCH: \_\_\_\_\_

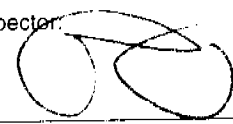
LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
SHEARWALL EPOXIED ANCHOR BOLTS	5/8	7		6855	2670	7	0	0
H/D/D A EPOXIED ANCHOR BOLT	7/8	1		7660	2970	1	0	0

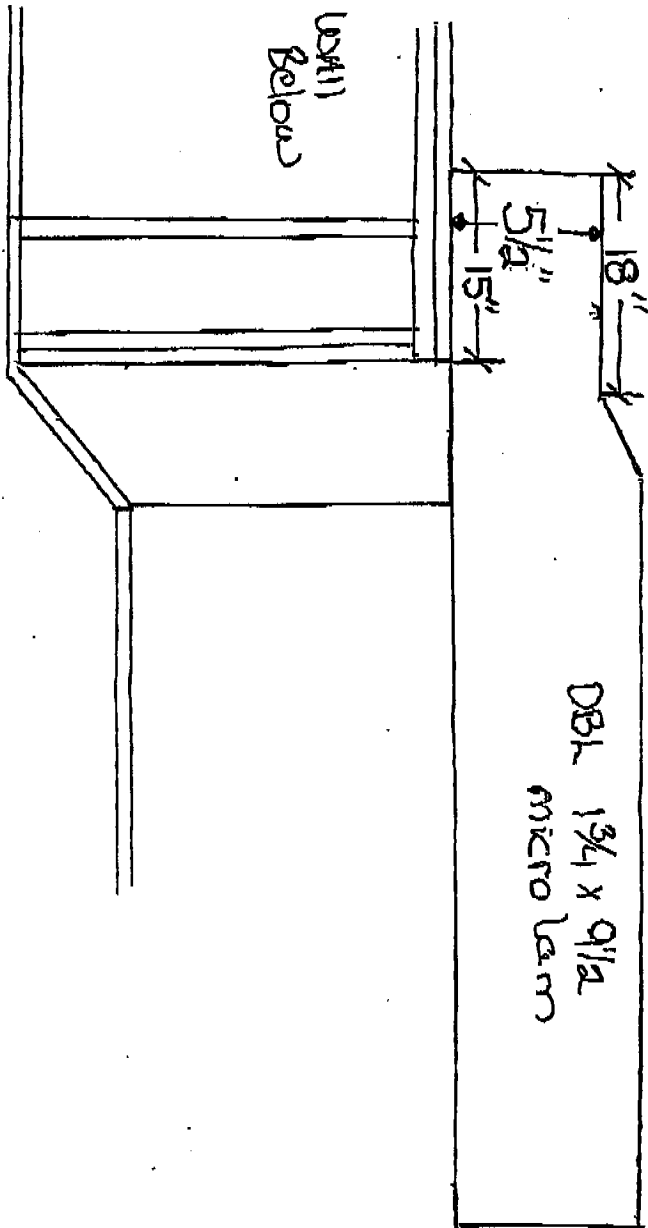
- Type of epoxy / grout used: \_\_\_\_\_ Method of application / cleaning: \_\_\_\_\_
- Visual inspection was performed on \_\_\_\_\_
- Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_
- All non-compliance items were brought to the attention of: \_\_\_\_\_ at the job site.

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

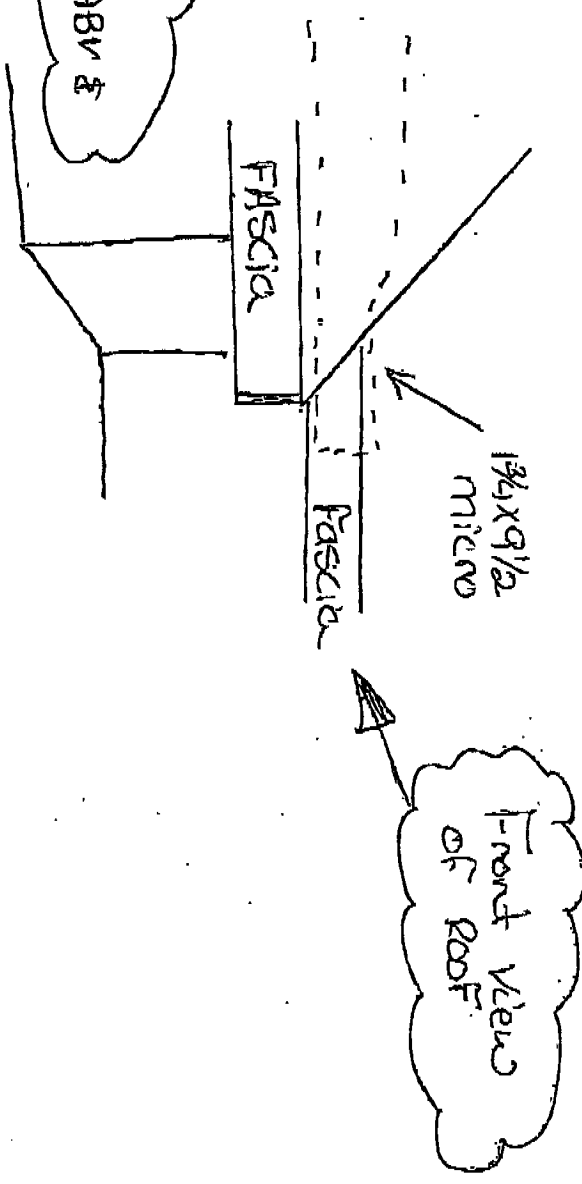
NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: \_\_\_\_\_ Inspector: 



HAD TO START CUT BEAM DUE TO ROOF ABV \$ HIP



**N**orman  
**S**cheel  
**S**tructural  
**E**ngineer

5022 Sunrise Blvd.  
Fair Oaks, CA 95628  
(916) 536-9585  
(916) 536-0260 (fax)

Norman Scheel  
Structural Engineer  
Email: [norm@nsse.com](mailto:norm@nsse.com)

Rob Coon  
General Manager  
Email: [robcoon@nsse.com](mailto:robcoon@nsse.com)

Brad Moser  
Project Manager  
[brad@nsse.com](mailto:brad@nsse.com)

Steve Smith  
Project Manager  
Email: [stevesmith@nsse.com](mailto:stevesmith@nsse.com)

Steven Cooksey  
CAD Supervisor  
Email: [steve@nsse.com](mailto:steve@nsse.com)

July 18, 2005

Tim Lewis Communities  
5750 Sunrise Blvd. # 225  
Citrus Heights, CA 95610

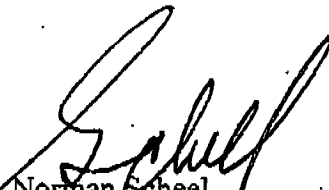
**RE: Riverbend (Job #24233)  
Inspection Clarification**

To Whom It May Concern:

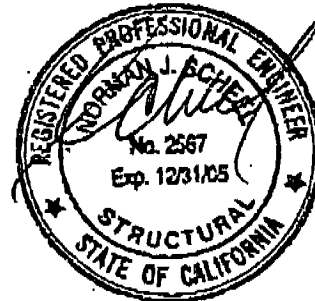
This letter is to clarify the following items:

1. The notch at the end of the 3 1/2" x 9 1/2" M.L. is acceptable. See sketch.
2. Shear may be nailed on either face of wall as long as the minimum length is maintained.

If there are any further questions, please contact Rob Coon.

  
Norman Scheel  
Structural Engineer

RC:tb



JUL 18 2005

LOT 79 3465 RIVER STAGE AVE # 0504779

Beutler Heating & Air Conditioning, Inc.

(Microspas Version 6.01)

August 18, 2004

Title 24 Energy Compliance Requirements

Tim Lewis Communities - Riverbend  
Sacramento, CA - Climate Zone 12

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Number of Stories	1	1	2	2	2	2
Square Footage	1518	1690	1842	2001	2289	2447
Wall 2x4 (3 Coat Stucco)	R-13	R-13	R-13	R-13	R-13	R-13
Wall 2x6 (3 Coat Stucco)	N/A	R-19	R-19	R-19	N/A	R-19
Attic Insulation	R-30	R-30	R-30	R-30	R-30	R-30
Attic Insulation (At Furnace)	R-19	R-19	R-19	R-19	R-19	R-19
Floor Over Garage	N/A	N/A	R-19	R-19	R-19	R-19
AFUE (Furnace)	0.80	0.80	0.80	0.80	0.80	0.80
SEER (A/C Unit)	12.0	12.0	12.0	12.0	12.0	12.0
Duct Insulation	R-4.2	R-4.2	R-4.2	R-4.2	R-4.2	R-4.2
*Low Leakage (Tight) Ducts	N/A	Yes	N/A	Yes	N/A	N/A
Water Heater Energy Factor	0.62	0.62	0.62	0.60	0.60	0.60
Tank Capacity / Gallons	40	40	40	50	50	50
Glass U-Values	(Alpine Windows or Equivalent)					
Horizontal Slider	0.30	0.30	0.30	0.30	0.30	0.30
Vertical Slider	0.30	0.30	0.30	0.30	0.30	0.30
Fixed	0.30	0.30	0.30	0.30	0.30	0.30
Sliding Glass Door (CEC Default Values)	0.35	0.35	0.35	0.35	0.35	0.35
French Door (CEC Default Values)	0.55	0.55	0.55	0.55	0.55	0.55
Solar Heat Gain Coefficient	HS&VS = 0.35 Fixed = 0.35 Sliding Glass Door = 0.32 French Door = 0.65					
Glazing Percent	18.6%	22.0%	18.1%	23.2%	17.8%	17.6%
Compliance Margin	0.07	1.43	0.52	1.14	0.02	0.36

\*Low Leakage (Tight) Ducts is a HERS item. All HERS items require third party testing and/or field verification by a Certified HERS rater when used for Title 24 Compliance.

INSTALLATION CERTIFICATE

CF-6R

3465 RIVER SHORE RD

Tim Lewis - Shores @ Riverbend

#0504779

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Rows include Furnace models like York P4HUA12L04801 through P4HUB16L08401 for Plans 1-6.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-1R value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Rows include Condenser models like York H\*RC030 through H\*RC048 for Plans 1-6.

\*TXV - Indicates Thermal Expansion Valve On Coil

(1) > reads greater than or equal to. I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Handwritten signature and date 3/28/05

Beutler Corporation

OR General Contractor ( Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model #, Distribution Type (Std, point of use), IF Recirculation Control Type, # of Identical Systems, (1) Rated Input (kW or Btu/hr), Tank Volume (gallons), (2) Efficiency (RP, RE), (2) Standby Loss (%), External Insulation R-value.

- (2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor ( Co. Name) OR General Contractor ( Co. Name) OR Owner

COPY TO: Building Department HERS Provider (if applicable)

LOT 79

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

3445 River Shoal Ave Site Address # 0504779 Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.)1, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.)1, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr)

1. > reads greater than or equal to. I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated2 Input (kW or Btu/hr), Tank Volume (gallons), Efficiency2 (EF, RE), Standby2 Loss (%), External Insulation R-value3

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input. 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department HERS Provider (if applicable) Building Owner at Occupancy

**INSTALLATION CERTIFICATE** LOT 79 (Page 2 of 13) CF-6R

3965 LINDA SHAW AVE #0504779

Site Address TIM LEWIS SHORES @ RIVERBEND Permit Number PLAN 4A

**FENESTRATION/GLAZING:**

ALPINE - ALPINE

7000 SERIES WINDOWS

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor' (s) CF-1R value <sup>1</sup>	Product SHGC' (s) CF-1R value <sup>1</sup>	# of Panels	Total Quantity of Like Product (Order/d)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							
2. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>108</u>		<u>LOW-E GLASS</u>
3.							
4. <u>SINGLE HUNGS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>259</u>		}
5.							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>26</u>		
7.							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.34</u>	<u>2</u>		<u>48</u>		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.  
<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

<u>2, 4, 6, 8</u>	<u>6-30-05</u>	<u>Y.T. GLASS &amp; WINDOWS INC.</u> Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor 3200 BIRCH RD STE 400 LEYBURN, CA 94758-6461
Item #s (if applicable)	Signature, Date	
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

**INSTALLATION CARD**  
Diamond Wall One Coat System  
Omega Products International, Inc.

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004

Date of Job Completion 8-8-05

Job Address

Tim Lewis  
Riverbend Lot 79  
3465 River Shoad Avenue

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as  
issued by coating manufacturer: \_\_\_\_\_  
Applicator # 318

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the  
evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative  
or plastering contractor

[Handwritten Signature]

Date 9-14-05

This installation card must be presented to the building inspector after completion of work and before final inspection.

FIGURE 3



# QUALITY INTERIORS, INC.

3465 River Shoal Avenue  
Number and Street

Sacramento  
City

Sacramento  
County

Climate Zone


Shores at Riverbend  
TIM LEWIS COMMUNITIES  
Subdivision/Builder

79  
Lot Number

Description of Insulation	Thickness	R-Value
Exterior Wall Insulation Type: <u>Formaldehyde Free Batts</u>	<u>3.50"</u>	<u>R-13</u>
Flat Ceiling Insulation Type: <u>Formaldehyde-Free Batts where inaccessible</u>	<u>10.25"</u>	<u>R-30</u>
Cathedral Ceiling Insulation Type: _____	_____	_____
Garage ceiling to living area above Insulation Type: <u>Formaldehyde Free Batts</u>	<u>6.50"</u>	<u>R-19</u>
Exterior 2x6 Wall Insulation Type: <u>Formaldehyde Free Batts</u>	<u>6.50"</u>	<u>R-19</u>
Foundation Wall Insulation Type: _____	_____	_____
Slab on Grade Insulation Type: _____	_____	_____
Blown Ceiling Insulation Type: <u>Formaldehyde-Free Fiberglass where accessible</u>	<u>12.75"</u>	<u>R-30</u>
Densepack Ceiling Insulation Type: _____	_____	_____
Blown Wall Insulation Type: _____	_____	_____

**Declaration**

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Energy Efficient Standards for Residential Buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

802519            09 / 15 / 05      QUALITY INTERIORS, INC.  
License #      Signature      Date      Insulation Subcontractor (Co. name)

4111 82nd St. Sacramento, CA 95826 / License No. 802519/Ph (916) 454-0840/Fax (916) 454-0848  
INSULATION CONTRACTING