

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100047
Insp Area: 1

Site Address: 1122 S ST SAC
Parcel No: 009-0076-007

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

CONTRACTOR
RW OSEN CONST
4191 POWER INN RD #C
SACRAMENTO 95826

OWNER
ANIMAL PROTECTION INSTITUTE
P O BOX 22505
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: OFFICE REMODEL. MAINLY INTERIOR .HANDICAP STRIPEING OUTSIDE

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 67464 Date 2/23/01 Contractor Signature Richard [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 3 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 Professions 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 2/23/01 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 MID CENTURY INSURANCE Policy Number N0509-59-25 Exp Date 07/01/2001

(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 2/23/01 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.

Date of Request: 1-25-2001
By: _____

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

Project Address: 11372 ...

Assessor's Parcel Number: 009-0076-007

Previous Use: _____

Description of Request/Proposed Use: OFFICE

*(2/20/01)
RESTRIPE PKG.*

Is This a Change of Use? NO

Zoning Designation: C2 (NC)

Prior Applications for Project Site(P#, Z#, DRPB#): NONE

Comments: REMODEL

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: Michael York 1-25-01

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

MICROFILM AFTER FINAL

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: R. W. L. SEN Phone: 739-8669
 Site Address: 722 S F Suite: _____
 (Street) (Zip)
 Business Owner/Representative _____ Phone: _____
 Nature of Business: Tenant Improvement
 Property Owner: Animal Protection Institute Phone: _____
 Address: _____ Suite: _____
 (Street) (City) (State) (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: Richard Folger
 (Print) 2/23/01
 (Signature) (Date)

| | |
|---|--------------------------|
| BID Use Only: Plan Ck# | Permit # <u>010004</u> |
| OK to issue prmt? Y <u>223</u> FD Appr Req'd? Yes <input checked="" type="checkbox"/> | init date <u>2/23/01</u> |
| Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> (No) | |
| Fire Dept. Use Only: | |
| OK to issue permit? init _____ date _____ | |
| OK to issue Certificate of Occupancy? init _____ date _____ | |

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 5-29-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1122 S ST

Has been conducted by Inspector

S. Buckle

On

5-23-01

01-00047-104
Permit Number

6,450
Square Footage

Remodel
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

TI-A10
F.D. Reference Number

10

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1122 S ST Permit No. 0100047

Building Use: OFFICE Occupancy: B

Building Owner: ANIMAL PROTECTION INST. Construction Type: VN

Owner Address: P.O. BOX 22505 Sprinkled? [N] Yes [] No

Portion of Building Occupied: REMODEL Area: _____ Sq. Ft.

5/31/01

Date

W. Harris

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:GTD,JXE,RH,KKW,SB,MG]

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

CIRCO System Balance, Inc.

SB JOB# _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED Prima Protection Institute UNIT AC-1

MOTOR NAMEPLATE DATA

MFG GE FR -
 HP 1 V 208 FLA 4.9
 PH 1 SF - RPM 1620

SHEAVE DATA

DIA 1 1/2 3/4 SHAFT 1/2
 ADJ % MAX FIXED -

FAN NAMEPLATE DATA

MFG CARRIOL
 MODEL # 48HJD005
 TYPE Package

SP SIZE 3200G24521

SHEAVE DATA

DIA 4.3 SHAFT 5/8
 BELTS A30

| DATA | TEST 1 | TEST 2 | TEST 3 |
|-------------|--------|--------|--------|
| VOLTS | 211 | 211 | |
| AMPS | 2.9 | 3.1 | |
| B.H.P. | .59 | .63 | |
| R.P.M. | 966 | 1076 | |
| S.P. - | | .21 | |
| S.P. + | | .36 | |
| T.S.P. | | .57 | |
| FILTER S.P. | .11 | .11 | |
| CFM TOTAL | 1180 | 1570 | |
| CFM R.A. | 1321 | 1301 | |
| CFM O.A. | | 209 | |

FAN DESIGN DATA

CFM / S.D. SP .5" RPM _____ BHP _____
 MIN. O.A. 210

| ROOM | OPENING | | | FACTOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | |
|---------------|---------|------|----------------|--------|--------|-------------|--------|-------------|--------|-----|-------------|-----|
| | NO. | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM |
| <u>SUPPLY</u> | | | | | | | | | | | | |
| 1 | CD | | 12x12 | 1.0 | | 400 | | 350 | | | | |
| 2 | | | 18"φ | 1 | | 500 | | 310 | | | 410 | |
| 3 | | | 9"φ | 1 | | 200 | | 170 | | | 210 | |
| 4 | | | 12x12 | 1 | | 400 | | 350 | | | 400 | |
| | | | | | | <u>1500</u> | | <u>1180</u> | | | <u>1570</u> | |
| <u>RETURN</u> | | | | | | | | | | | | |
| R-1 | CR | | 12x12 | 1.0 | | 360 | | 280 | | | 355 | |
| R-2 | SWR | | 17 1/4 x 9 1/2 | 1.01 | 624 | 630 | 303 | 311 | 635 | | 641 | |
| R-3 | CR | | 12x12 | 1.0 | | 360 | | 230 | | | 365 | |
| | | | | | | <u>1350</u> | | <u>1321</u> | | | <u>1301</u> | |

REMARKS: 911
 Outlet #2 noise due to duct close to unit

CIRCO System Balance, Inc.

SB JOB# _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED Animal Protection Institute UNIT AC-2

MOTOR NAMEPLATE DATA

MFG GE FR —
 HP 1 V 208 FLA 4.9
 PH 1 SF — RPM 1620

SHEAVE DATA

DIA 1 1/2 3/4 SHAFT 1/2
 ADJ % MAX FIXED —

FAN NAMEPLATE DATA

MFG Carrick
 MODEL # 48TJD005---501 DE
 TYPE Package
 C/W SIZE 2796 20 671

SHEAVE DATA

DIA 4.3" SHAFT 5/8"
 BELTS 11 A36

| DATA | TEST 1 | TEST 2 | TEST 3 |
|-------------|--------|--------|--------|
| VOLTS | 210 | 210 | |
| AMPS | 2.1 | 2.6 | |
| B.H.P. | .43 | .53 | |
| R.P.M. | 1006 | 1023 | |
| S.P. - | / | .19 | |
| S.P. + | / | .23 | |
| T.S.P. | / | .47 | |
| FILTER S.P. | .11 | .11 | |
| CFM TOTAL | 1435 | 1490 | |
| CFM R.A. | 1353 | 1216 | |
| CFM O.A. | — | 274 | |

FAN DESIGN DATA

CFM _____ SP _____ RPM _____ BHP _____
 MIN. O.A. _____

| ROOM | OPENING | | | FACTOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | |
|------|---------------|------|----------------|--------|--------|------|--------|------|--------|------|--------|-----|
| | NO. | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM |
| | <u>SUPPLY</u> | | | | | | | | | | | |
| | 5 | CD | 12x12 | 1.0 | 400 | 395 | 410 | | | | | |
| | 6 | | | | 400 | 290 | 400 | | | | | |
| | 7 | | | | 400 | 370 | 415 | | | | | |
| | 8 | | 9x9 | | 150 | 250 | 155 | | | | | |
| | 9 | | 6x6 | | 100 | 130 | 110 | | | | | |
| | | | | | 1450 | 1435 | 1490 | | | | | |
| | <u>RETURN</u> | | | | | | | | | | | |
| | R-4 | | 35 1/4 x 9 1/4 | 2.04 | 588 | 1200 | 663 | 1353 | 596 | 1216 | | |

REMARKS: _____



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO System Balance, Inc.

SB JOB# _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED Animal Protection Institute UNIT AC-3

MOTOR NAMEPLATE DATA

MFG AOSmith FR F56
 HP 1 V 208 FLA 3.6
 PH 3 SF 115 RPM 1725

SHEAVE DATA

DIA 1.44 SHAFT 5/8"
 ADJ % MAX FIXED _____

FAN NAMEPLATE DATA

MFG CARRIER
 MODEL # 18D1D000530
 TYPE 2 AC BLADE

S/P SIZE 33910

SHEAVE DATA

DIA 5 3/4" SHAFT 3/4"
 BELTS (1) A40

| DATA | TEST 1 | TEST 2 | TEST 3 |
|-------------|----------|-----------|--------|
| VOLTS | 212 | 212 | |
| AMPS | 25/25/26 | 3.1/30/30 | |
| B.H.P. | .70 | .84 | |
| R.P.M. | 1085 | 1225 | |
| S.P. - | | .23 | |
| S.P. + | | .37 | |
| T.S.P. | | .60 | |
| FILTER S.P. | .09 | .09 | |
| CFM TOTAL | 1755 | 1925 | |
| CFM R.A. | 1440 | 1725 | |
| CFM O.A. | | 200 | |

FAN DESIGN DATA

CFM _____ SP _____ RPM _____ BHP _____
 MIN. O.A. _____

| ROOM | OPENING | | | FACTOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | |
|------|---------------|------|-------|--------|--------|------|--------|------|--------|------|--------|-----|
| | NO. | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM |
| | <u>SUPPLY</u> | | | | | | | | | | | |
| | 10 | CD | 12X12 | 1.0 | | 400 | | 265 | | 370 | | |
| | 11 | | 12X12 | | | 400 | | 275 | | 375 | | |
| | 12 | | 6X6 | | | 100 | | 75 | 50 | 95 | | |
| | 13 | | 12X12 | | | 450 | | 400 | | 415 | | |
| | 14 | | 9X9 | | | 200 | | 230 | | 180 | | |
| | 15 | | 12X12 | | | 500 | | 510 | | 480 | | |
| | | | | | | | | | | | | |
| | | | | | | 2050 | | 1755 | | 1925 | | |
| | <u>RETURN</u> | | | | | | | | | | | |
| | 25 | CR | 18X18 | 1.0 | | 810 | | 580 | | 770 | | |
| | 26 | | 12X12 | | | 400 | | 300 | | 370 | | |
| | 27 | | 12X12 | | | 450 | | 400 | | 420 | | |
| | A-4 | | 10X10 | | | 180 | | 150 | | 165 | | |
| | | | | | | | | | | | | |
| | | | | | | 1810 | | 1340 | | 1725 | | |

REMARKS: _____



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO System Balance, Inc.

SB JOB# _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED Animal Protection Institute UNIT AC-4

MOTOR NAMEPLATE DATA

MFG GE FR -
 HP 1 V 208 FLA 4.9
 PH 1 SF - RPM 1620

SHEAVE DATA

DIA 1 1/2 3/4 SHAFT 1/2
 ADJ % MAX FIXED _____

FAN NAMEPLATE DATA

MFG CARRISK
 MODEL # 484JE004-331
 TYPE Package
 SIZE 200924606

SHEAVE DATA

DIA 48" SHAFT 5/8"
 BELTS A 36

| DATA | TEST 1 | TEST 2 | TEST 3 |
|-------------|--------|--------|--------|
| VOLTS | 210 | 210 | |
| AMPS | 1.8 | 2.0 | |
| B.H.P. | .37 | .41 | |
| R.P.M. | 278 | 1003 | |
| S.P. - | / | .13 | |
| S.P. + | / | .28 | |
| T.S.P. | / | .46 | |
| FILTER S.P. | .11 | .11 | |
| CFM TOTAL | 1060 | 1215 | |
| CFM R.A. | 835 | 1090 | |
| CFM O.A. | - | 123 | |

FAN DESIGN DATA

CFM _____ SP _____ RPM _____ BHP _____
 MIN. O.A. _____

| ROOM | OPENING | | | FACTOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | |
|---------------|---------|------|-------|--------|--------|------|--------|-----|--------|------|--------|-----|
| | NO | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM |
| <u>SUPPLY</u> | | | | | | | | | | | | |
| 16 | ED | | 9x9 | 1.0 | | 200 | 200 | | | 210 | | |
| 17 | | | / | / | | 220 | 175 | | | 225 | | |
| 18 | | | / | / | | 260 | 170 | | | 255 | | |
| 19 | | | 12x12 | / | | 320 | 315 | | | 315 | | |
| 20 | | | 9x5 | / | | 200 | 200 | | | 210 | | |
| | | | | | | 1200 | 1060 | | | 1215 | | |
| <u>RETURN</u> | | | | | | | | | | | | |
| R5 | ED | | 15x10 | 1.0 | | 180 | 175 | | | 180 | | |
| R10 | | | / | / | | 200 | 170 | | | 190 | | |
| R11 | | | / | / | | 230 | 170 | | | 225 | | |
| R12 | | | 12x12 | / | | 300 | 145 | | | 305 | | |
| R13 | | | 10x10 | / | | 180 | 175 | | | 190 | | |
| | | | | | | 1090 | 835 | | | 1090 | | |

REMARKS: _____



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

FAN TEST SHEET

AREA SERVED Animal Protection Institute UNIT AC-5

MOTOR NAMEPLATE DATA
 MFG N/A FR -
 HP N/A V 208 FLA 3.6
 PH 1 SF - RPM -
 SHEAVE DATA.
 DIA _____ SHAFT _____
 ADJ % FIXED _____

FAN NAMEPLATE DATA
 MFG CARRERA
 MODEL 48GX-036060501AD
 TYPE PACKAGE
 SIZE 3000 G101AD
 SHEAVE DATA.
 DIA _____ SHAFT _____
 BELTS _____

| DATA ITEM | TEST 1 | TEST 2 | TEST 3 |
|-----------|------------|------------|--------|
| VOLTS | 211 | 211 | |
| AMPS | 2.4 | 2.4 | |
| BHP | N/A | N/A | |
| | | | |
| | | | |
| RPM | High Speed | High Speed | |
| SP - | | .10 | |
| SP + | | .15 | |
| TSP | | .25 | |
| FILTER SP | .06 | .05 | |
| CFM TOTAL | 1110 | 1085 | |
| CFM RA | 900 | 975 | |
| CFM OA | - | 110 | |

FAN DESIGN DATA CFM _____ SP _____ RPM _____ BHP _____

REMARKS: _____

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

TEST SHEET

SERVED AREA Animal Protection Inst. bldg UNIT AC-5

| ROOM | OPENING | | | FAC TOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | |
|------|---------|------|-------|------------|--------|---------------|--------|-------------|--------|-------------|--------|-----|
| | NO | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM |
| | | | | | | <u>SUPPLY</u> | | | | | | |
| | 21 | CD | 12x12 | 1.0 | | 400 | | 250 | | 360 | | |
| | 22 | | | | | 400 | | 365 | | 365 | | |
| | 23 | | | | | 400 | | 395 | | 360 | | |
| | | | | | | <u>1200</u> | | <u>1110</u> | | <u>1085</u> | | |
| | | | | | | | | | | | | |
| | | | | | | <u>RETURN</u> | | | | | | |
| | 214 | LR | 22x22 | 1.0 | | <u>1050</u> | | <u>900</u> | | <u>975</u> | | |

Remarks: _____

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

FAN TEST SHEET

AREA SERVED Animal Protection Institute UNIT AC-6

MOTOR NAMEPLATE DATA

MFG GE FR -
 HP 1 V 208 FLA 4.9
 PH 1 SF - RPM 1620

SHEAVE DATA

DIA 1.625 SHAFT 1/2
 ADJ MAX FIXED _____

FAN NAMEPLATE DATA

MFG Callal
 MODEL 48TJD005 50/GE
 TYPE Package
 SIZE 339 CG 20633

SHEAVE DATA

DIA 43 SHAFT 5/8
 BELTS (1) A36

| DATA ITEM | TEST 1 | TEST 2 | TEST 3 |
|-----------|--------|--------|--------|
| VOLTS | 210 | 210 | |
| AMPS | 3.9 | 3.9 | |
| BHP | .80 | .80 | |
| | | | |
| | | | |
| RPM | 1080 | 1080 | |
| SP - | / | .24 | |
| SP + | / | .36 | |
| TSP | / | .60 | |
| FILTER SP | .12 | .12 | |
| CFM TOTAL | 1610 | 1615 | |
| CFM RA | 1450 | 1450 | |
| CFM OA | - | 165 | |

FAN DESIGN DATA

CFM _____ SP _____ RPM _____ BHP _____

REMARKS: _____



CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

TEST SHEET

SERVED AREA _____ UNIT AC-U

| ROOM | OPENING | | | FAC TOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | | |
|------|---------|------|-------|------------|---------------|-------------|--------|-------------|--------|-------------|--------|-----|--|
| | NO | TYPE | SIZE | | FPM | CFM | FPM | CFM | FPM | CFM | FPM | CFM | |
| | | | | | <u>SUPPLY</u> | | | | | | | | |
| | 24 | CD | 12x12 | 1.0 | | 350 | | 350 | | 355 | | | |
| | 25 | } | 12x12 | } | | 350 | | 460 | | 350 | | | |
| | 26 | | 9x9 | | | 200 | | 250 | | 205 | | | |
| | 27 | | 12x12 | | | 350 | | 350 | | 345 | | | |
| | 28 | | 12x12 | | | 350 | | 170 | | 360 | | | |
| | | | | | | <u>1600</u> | | <u>1610</u> | | <u>1615</u> | | | |
| | | | | | <u>RETURN</u> | | | | | | | | |
| | R-15 | CR | 18x14 | 1.0 | | 720 | | 590 | | 700 | | | |
| | R-16 | 1 | 18x18 | 1 | | 720 | | 860 | | 750 | | | |
| | | | | | | <u>1440</u> | | <u>1450</u> | | <u>1450</u> | | | |

Remarks: _____

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED _____ UNIT CEF-3

MOTOR NAMEPLATE DATA

MFG M. Miller FR -
 HP 1/16 V 115 FLA 2.2
 PH 1 SF - RPM 1550

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ % FIXED _____

FAN NAMEPLATE DATA

MFG Cook
 MODEL No 1D
 TYPE _____
 SIZE _____

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS _____

| DATA ITEM | TEST 1 | TEST 2 | TEST 3 |
|-----------|---------------------|--------|--------|
| VOLTS | <u>115</u> | | |
| AMPS | <u>1.4</u> | | |
| BHP | <u>.04</u> | | |
| | | | |
| | | | |
| RPM | <u>Direct drive</u> | | |
| SP - | | | |
| SP + | | | |
| TSP | | | |
| FILTER SP | | | |
| CFM TOTAL | <u>200</u> | | |
| CFM RA | | | |
| CFM OA | | | |

FAN DESIGN DATA

CFM _____ 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>E3</u> | <u>CE</u> | <u>9x11</u> | <u>1.0</u> | | <u>200</u> | | <u>200</u> | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

REMARKS: _____

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED _____ UNIT **GEF-4**

MOTOR NAMEPLATE DATA

MFG **FASCO** FR **-**
 HP **N/A** V **115** FLA **0.6**
 PH **1** SF **-** RPM **N/A**

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG **COOL**
 MODEL **N/D**
 TYPE _____
 SIZE _____

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS _____

| DATA ITEM | TEST 1 | TEST 2 | TEST 3 |
|-----------|---------------------|--------|--------|
| VOLTS | 115 | | |
| AMPS | 0.4 | | |
| BHP | N/A | | |
| RPM | Direct drive | | |
| SP - | | | |
| SP + | | | |
| TSP | | | |
| FILTER SP | | | |
| CFM TOTAL | 100 | | |
| CFM RA | | | |
| CFM OA | | | |

FAN DESIGN DATA

CFM _____ 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 |
| | EA | CE | 9x4 | 1.0 | | 100 | | 100 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

REMARKS: _____