

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9908507
Insp Area: 3

Site Address: 6600 BRUCEVILLE RD SAC
Parcel No: 117-0170-072

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

CONTRACTOR
KAISER FOUNDATION HOSPITALS
1780 2ND ST
BERKELEY CA 94710

OWNER
KAISER FOUNDATION HOSPITALS
6600 BRUCEVILLE RD
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: PAD, RAMP, STAIRS, ELEC. FOR MRI TRAILER

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 11-2-99 Owner Signature DR Huldebrandt

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 11-2-99 Applicant/Agent Signature DR Huldebrandt

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 11-2-99 Applicant Signature DR Huldebrandt

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.

RECORDING REQUESTED BY:

99-08507
Permit Closed
Needs Site Final + Flood Cert.
6600 Bruceville

AND WHEN RECORDED MAIL TO:

NAME Giles P. Popish
c/o Arden Annex
STREET ADDRESS 2025 Morse Avenue
CITY Sacramento
STATE California
and ZIP 95825

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH,
INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Kaiser Foundation Hospitals
REAL PROPERTY OWNER/LESSOR
1950 Franklin St., 12th Floor
MAILING ADDRESS
Oakland, Alameda, CA 94612
CITY COUNTY STATE ZIP
6600 Bruceville Rd.
INSTALLATION MAILING ADDRESS, IF DIFFERENT
Sacramento, Sacramento, CA 95823
CITY COUNTY STATE ZIP
Same
UNIT OWNER (If also property owner, write "SAME")
MAILING ADDRESS
CITY COUNTY STATE ZIP

City of Sacramento
LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY
1231 I St., Room 200
MAILING ADDRESS
Sacramento, Sacramento, CA 95814
CITY COUNTY STATE ZIP
9908507 916-264-7619
BUILDING PERMIT NO. TELEPHONE NUMBER
SIGNATURE OF LOCAL AGENCY OFFICIAL DATE
None
DEALER NAME (If not a dealer sale, write "NONE")
DEALER LICENSE NO.

UNIT DESCRIPTION

Calumet 7/91
MANUFACTURER'S NAME DATE OF MANUFACTURE MODEL NAME/NUMBER
1T9FA0238MB021543 60'x12' CC83586/S21543
SERIAL NUMBER(S) LENGTH X WIDTH INSIGNIA/LABEL NUMBER(S)
REAL PROPERTY LEGAL DESCRIPTION ASSESSOR'S PARCEL NUMBER 117-0170-075



HCD FORM 433(A) Rev. 8/91

WHITE—County Recorder CANARY—HCD PINK—Applicant GOLDENROD—Building Dept

**NOTICE TO ASSESSOR
HCD 433(B) 1/93**

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- 1. The Basic Unit \$ 475,000
- 2. Optional Equipment & Upgrades \$ _____
- 3. Subtotal \$ _____
- 4. Accessories & Accessory Structures \$ _____
- 5. Other (Specify) _____ \$ _____
- 6. Delivery & Installation \$ 10,000
- 7. TOTAL SALES PRICE \$ 485,000

Type of Exterior Wall Covering: Metal
(Metal, Wood, etc.)

Type of Roof Covering Metal
(Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

Air Conditioning: YES NO Tons _____

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO _____ inches

Furniture Included: YES NO Value \$ _____
(LENGTH X WIDTH)

Carport: YES NO _____ X _____

Awning: YES NO _____ X _____

Porch: YES NO _____ X _____

Garage: YES NO _____ X _____

Storage Shed: YES NO _____ X _____

Skirting: YES NO 144 LINEAL FEET

DOES THE BASIC PRICE INCLUDE:

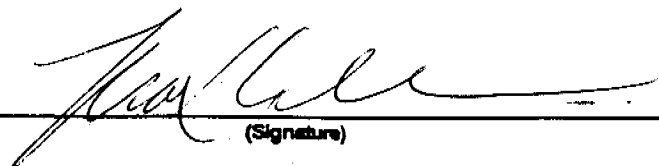
- The Towbar(s) YES NO
- Tires & Wheels YES NO
- Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

- | | |
|-------------------|----------------------|
| Bedrooms _____ | Dining Room _____ |
| Baths _____ | Family Room _____ |
| Kitchen _____ | Utility Room _____ |
| Living Room _____ | Other Rooms <u>3</u> |

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 117-0170-075



(Signature)

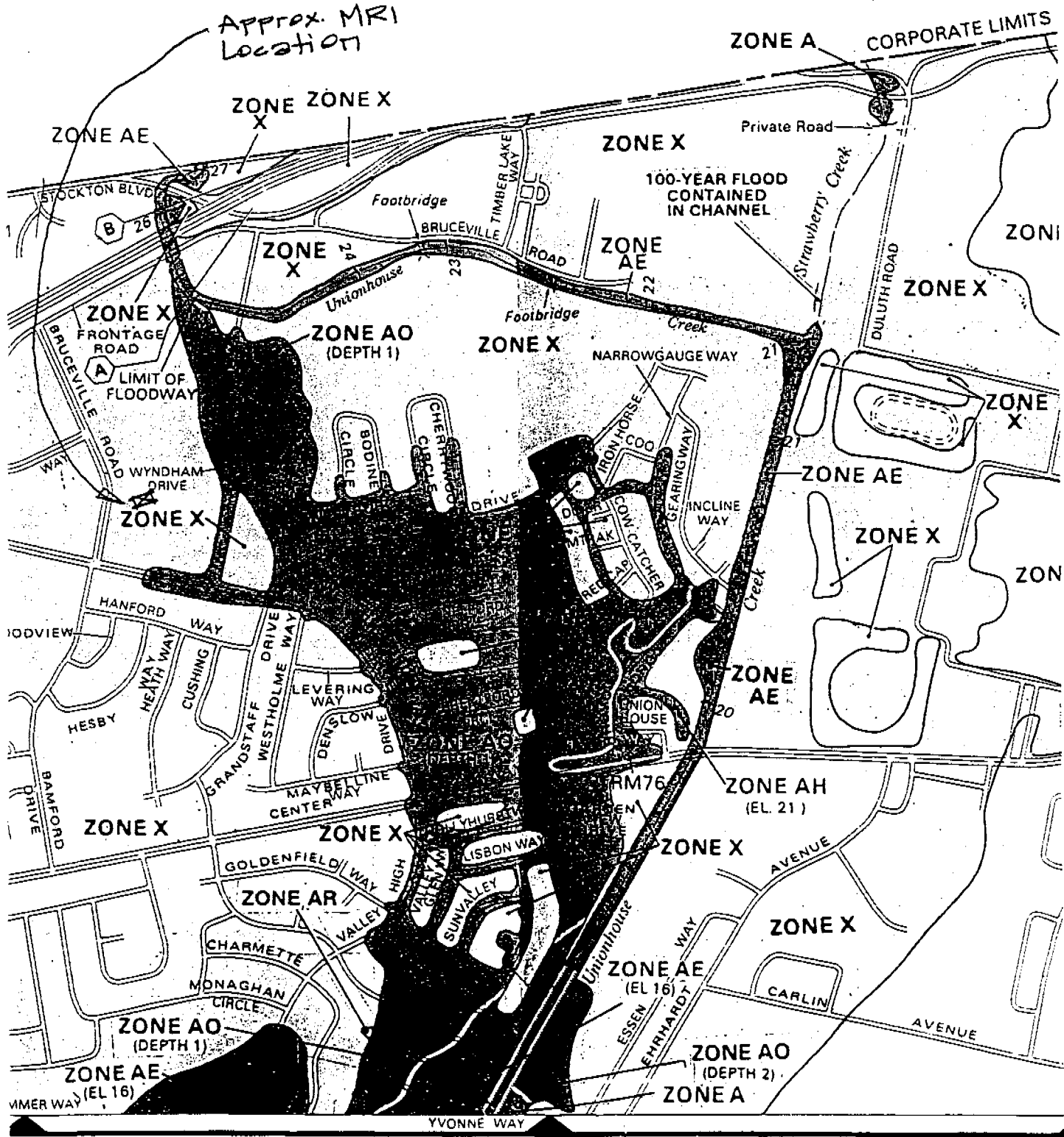
6600 Bruceville Road

Address

Sacramento, CA 95823

916-486-5278

Telephone



ELEVATION CERTIFICATE
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077

Expires July 31, 1999

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form.

Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME <u>Kaiser Foundation Hospitals</u>		POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <u>6000 Bruceville Road</u>		COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <u>APN 117-0170-075</u>		
CITY <u>Sacramento,</u>	STATE <u>CA</u>	ZIP CODE <u>95823</u>

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>060266</u>	<u>0015</u>	<u>F</u>	<u>July 6, 1998</u>	<u>AO</u>	<u>1</u>

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

- Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.1.1.1.
- (a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of 1.1.1.1 feet NGVD (or other FIRM datum—see Section B, Item 7).
 (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of 1.1.1.1 feet NGVD (or other FIRM datum—see Section B, Item 7).
 (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is 1.1.1.1 feet above or below (check one) the highest grade adjacent to the building.
 (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is 4.0 feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
- Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
- Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
- The reference level elevation is based on: actual construction construction drawings
 (NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
- The elevation of the lowest grade immediately adjacent to the building is: 1.1.23.5 feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

- If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: 1.1.1.1 feet NGVD (or other FIRM datum—see Section B, Item 7).
- Date of the start of construction or substantial improvement _____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

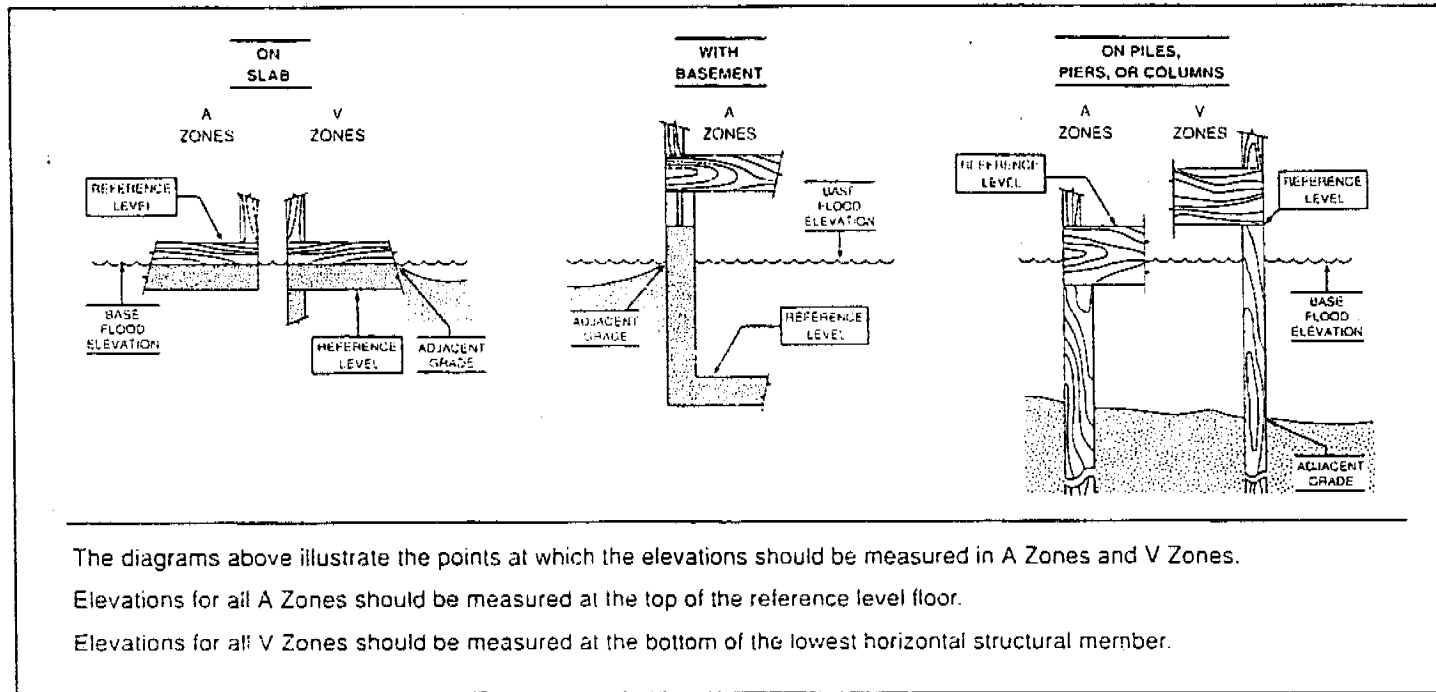
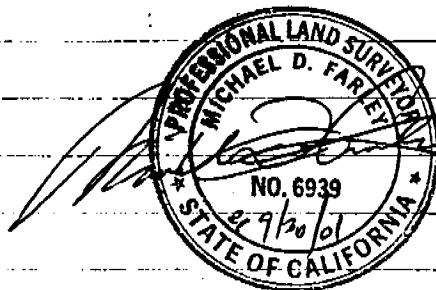
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

MICHAEL D. FARLEY LS# 6939
 CERTIFIER'S NAME LICENSE NUMBER (or Affix Seal)
LAND SURVEYOR FARLEY SURVEYING INC.
 TITLE COMPANY NAME
7500 N. WEST LN Stockton CA 95210
 ADDRESS CITY STATE ZIP
Michael D. Farley 10/26/99 209 483 2058
 SIGNATURE DATE PHONE

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.
 Elevations for all A Zones should be measured at the top of the reference level floor.
 Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 9908507 Insp. Area 2C

Applicant MUST complete ALL Unshaded areas

ADDRESS 6600 BRUCEVILLE RD. Suite _____
 PARCEL # 5

CONTACT
 Name MILE CANEVAZI
 Address _____
 Phone 916-433-1234 FAX _____
 E-mail 916-433-1236

LICENSED CONTRACTOR Lic No. # 187350 BC 10
 Name Kaiser
 Address 1780 2ND ST
 Phone Berkeley CA FAX _____
510-559-5322

ARCHITECT/ENGINEER
 Name _____
 Address _____
 Phone _____ FAX _____
 E-mail _____

OWNER
 Name Kaiser
 Address 6600 BRUCEVILLE RD.
 Phone _____ FAX SAC
 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: NEW MRI TRAILER
Provide Knox Boxes for fire Dept.

OCCUPANT/TENANT: S. SAC MED VALUATION: \$34605.60

FLOOD STATUS: <u>AO</u>		S.C.A.T. <u>X 701</u>							
JOB DESCRIPTION <u>BLDG</u>		SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
		<u>720</u>		<u>B</u>	<u>UN</u>	SPR ALARM	<u>15</u>	[H] [Quad]	
<u>B</u>	<u>L</u>	P	M	<u>E</u>	<u>F</u>	<u>S</u>	D	PW	UTIL
							<u>KL B</u>		<u>13 R</u>

COMMENTS: Project in AO Flood Zone / copy of Elevation Certificate will be provided by Charles CAPRON

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

Original: School District

1st copy: School District

2nd copy: Building Department

3rd copy: Planning Department

Facilities

TITLE

SIGNATURE

[Handwritten Signature]

DATE

OCT 29 1995

PAID

ATKINSON SCHOOL DISTRICT OFFICIAL

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant. 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.

TOTAL FEES COLLECTED	(1) 720	X	131	= \$ 223.80
OTHER FEE TYPE				
COMMERCIAL/INDUSTRIAL	(1) 720	X	31	= \$ 223.80
RESIDENTIAL/APT/CONDO				

EXEMPT COMMENTS

DISTRICT CERTIFICATION NO.

[Handwritten: 30403]

SCHOOL DISTRICT

PART III To be completed by SCHOOL DISTRICT

TITLE

SIGNATURE

SQUARE FEET OF CHARGEABLE BUILDING AREA

BUILDING TYPE () RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()

PLAN IDENTIFICATION NUMBER

PART II To be completed by BUILDING DEPARTMENT

DATE

12/29/99 PHONE NUMBER 916-453-1234

TITLE OF APPLICANT Agent for owner

APPLICANT'S SIGNATURE

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

NUMBER OF UNITS

SUBDIVISION NAME

PARCEL NUMBER

LOT NO.

PROJECT ADDRESS

[Handwritten: 600 Burrell Rd]

OWNER'S ADDRESS

[Handwritten: 1950 Franklin St, 12th Flr, Oakland, CA 94612]

OWNER'S NAME

[Handwritten: Kaiser Foundation Hospitals]

PART I To be completed by the APPLICANT

(Print or Type) If Printing, press hard for four copies

Certification of Compliance
School District Development Fee



NEIL O. ANDERSON & ASSOCIATES, INC.

GEOTECHNICAL • ENVIRONMENTAL • INSPECTIONS • TESTING • LABORATORY SERVICES

CHICO (530) 891-6304
STOCKTON (209) 472-1091
RANCHO CORDOVA (916) 651-4455

SACRAMENTO OFFICE
4229 Northgate Boulevard, Suite 3
Sacramento, California 95834
(916) 929-9267
FAX: (916) 929-9269

CORPORATE OFFICE
22 Houston Lane
Lodi, California 95240
(209) 367-3701
FAX: (209) 333-8303

October 29, 1999
Job Number SN-237

Don Hildebrandt
Kaiser Facility
6600 Bruceville Rd.
Sacramento, CA 95823

Subject: Kaiser Hospital
6600 Bruceville Road
Sacramento, California

This report presents the results of the compaction and field density tests performed on the native subgrade and aggregate base for the subject project. ASTM D1557 Compaction tests were conducted on samples of the native sand and aggregate base. The results of these tests are presented next.

ASTM D1557 COMPACTION TEST RESULTS		
Material	Maximum Dry Density pcf	Optimum Moisture Content %
Brown, silty sand	117.5	12.5
3/4" Class II aggregate base	137.2	7.9

SITE VISIT			
Date	Representative	Time	Mileage
10-20-99	M. Cozad	2 hours	60 miles

SUMMARY OF SITE OBSERVATIONS: Observed over excavated native subgrade for trailer pad. Subgrade unstable with over optimum moisture content. Advised the contractor to over excavate a minimum of 12" and replace with 500X or better Geotextile Fabric and minimum 12" aggregate base to stabilize.

FIELD DENSITY TESTING			
Date	Representative	Time	Mileage
10-21-99	M. Cozad	2 hours	35 miles

The field density tests were performed per ASTM D2922 and D3017. The results of the field density tests are presented next.



CONSOLIDATED ENGINEERING
LABORATORIES

December 1, 1999

Don Hildebrandt
Kaiser Construction Services
6600 Bruceville Road
Sacramento, CA 95823

RE: Kaiser MRI Ramp and Stairs	Inspection Date: 11/24/99
6600 Bruceville Road	Location: Jobsite
Sacramento, CA	Inspector: C. Anger
DCA #160-922	Report # 003
Permit #9908587	Hours: 4 RT
CEL #14443	

REINFORCING/CONCRETE INSPECTION REPORT

On the above date, our representative inspected the referenced project as reported below:

Reported to Don at the jobsite.

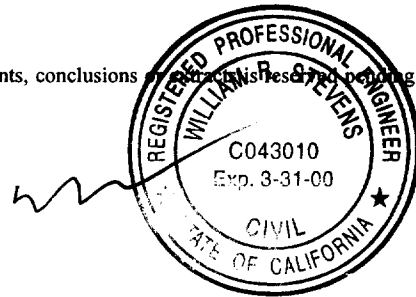
Inspected reinforcing steel placement for ramp incline and stair for MRI trailer pad and slab on grade (sidewalk). Monitored loads arriving at jobsite for correct mix and proper slump. Inspected placing and vibrating of 38.0 cubic yards of concrete. Performed slump test. Cast one set of cylinders representing concrete mix no. 305731 placed at the above locations.

Work inspected was in compliance with approved drawing numbers A3 and A4.

REVIEWING ENGINEER: WILLIAM R. STEVENS, G.E.

cc: Kaiser Construction Services

All reports are submitted as the confidential property of clients. Publication of statements, conclusions or other information is reserved pending our written approval.



MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-4-00

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

4600 Bruceville Rd

has been conducted by Inspector P. DeMollo

on 1-3-00

99-08507

Permit Number

Square Footage

Knox

Type of Inspection

The system is acceptable by this department.

R Woodman

By: Ross L. Woodman,
Fire Prevention Officer II

99-479

F. D. Reference Number

DATE OF ISSUE: 12/01/99

COMPRESSION TEST REPORT

RPT TO: Kaiser Construction Services
6600 Bruceville Road

Sacramento CA 95823

RE: Kaiser MRI Ramp and Stairs
6600 Bruceville Road
Sacramento

PERMIT #: 9908587
APPL# : DCA #160-922
CEL # : 14443 FILE#:

ATTN: Don Hildebrandt

===== PLACEMENT DATA =====
 Placement # : 4 Mix number : 305731
 Sample date : 11/24/99 Strength Spec: 4000psi @ 28 days
 Total sets : 1 Agg. Size/Src: 1" PERKINS
 Material type : Concrete Compression Cyl. Cement factor: 5.70 sack
 Matrl Supplier: A & A READY MIX Slump spec : 5.00 in
 Admixture type: FLY ASH POZZ 322N

===== SET DATA =====
 Set number : 1 OF 1 Slump : 4.75 in ASTM C143
 Sample time : 9:55am Air temp : 53deg F
 Sampled by : Charles Anger Mix temp : 77deg F ASTM C1064
 Ticket/Truck : 1911784/ 938 Air content: ASTM C173
 Mold type : CYLINDER Wet unit wt: pcf ASTM C138

Placement Location: (2) Slab on grade sidewalk and ramp for MRI trailer
 Sample Location: Slab on grade northeast side

Comments :

CYL #	TEST AGE	TEST DATE	CURE TYPE	DIMENSIONS (in)			AREA (sq.in)	MAXIMUM LOAD(lb)	CORR FACT	STRENGTH (psi)	FRAC TYPE
				DIAMETER	X	LENGTH					
0013	H		L	6.00	X	12.00	28.27		1.00		
0014	7	12/01/99	L	6.00	X	12.00	28.27	68010	1.00	2410	
0015	28	12/22/99	L	6.00	X	12.00	28.27		1.00		
0016	28	12/22/99	L	6.00	X	12.00	28.27		1.00		

Curing Type: L = lab, F = field Test Technician: Dan Allopenna
 Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar
 Unless otherwise noted, samples tested in accordance with ASTM C39

RESPECTFULLY SUBMITTED: Consolidated Engineering , Steve Cressey , LAB MANAGER

cc: Kaiser Construction Services



CONSOLIDATED ENGINEERING
LABORATORIES

December 1, 1999

Don Hildebrandt
Kaiser Construction Services
6600 Bruceville Road
Sacramento, CA 95823

RE: Kaiser MRI Ramp and Stairs	Inspection Date: 11/17/99
6600 Bruceville Road	Location: Jobsite
Sacramento, CA	Inspector: L. Jackson
DCA #160-922	Report #004
Permit #9908587	Hours: 4 RT
CEL #14443	

REINFORCING/CONCRETE INSPECTION REPORT

On the above date, our representative inspected the referenced project as reported below:

Reported to Don Hildebrandt at the jobsite.

Inspected reinforcing steel placement for slab for mobile MRI. Monitored loads arriving at the jobsite for correct mix and proper slump. Mix had a slump of 4 ½" and the temperature was at 60°. Inspected placing and vibrating of 28 ½ cubic yards of concrete.

Cast one set of cylinders representing concrete mix number 306537 placed at MRI slab.

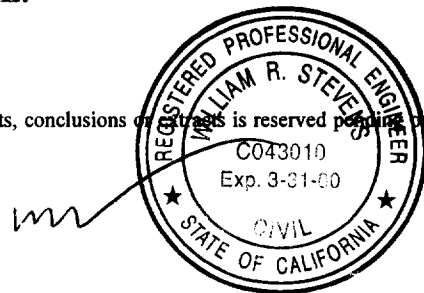
Note: Twelve eye bolts placed per drawing A3/1.

Work inspected was in compliance with approved drawing number A3/1.

REVIEWING ENGINEER: WILLIAM R. STEVENS, G.E.

cc: Kaiser Construction Services

All reports are submitted as the confidential property of clients. Publication of statements, conclusions or drawings is reserved pending our written approval.





CONSOLIDATED ENGINEERING
LABORATORIES

December 1, 1999

Don Hildebrandt
Kaiser Construction Services
6600 Bruceville Road
Sacramento, CA 95823

RE: Kaiser MRI Ramp and Stairs Inspection Date: 11/12/99
6600 Bruceville Road Location: Jobsite
Sacramento, CA Inspector: L. Jackson
DCA #160-922 Report #002
Permit #9908587 Hours: 4 RT
CEL #14443

REINFORCING/CONCRETE INSPECTION REPORT

On the above date, our representative inspected the referenced project as reported below:

Reported to Chuck Molnar at the jobsite.

Inspected reinforcing steel placement for stair and ramp walls at MRI.

Monitored loads arriving at the jobsite for correct mix, temperature and proper slump. Inspected placing and vibrating of 9 cubic yards of concrete. Performed slump test and cast one set of cylinders representing concrete mix number 306537 placed at locations noted above.

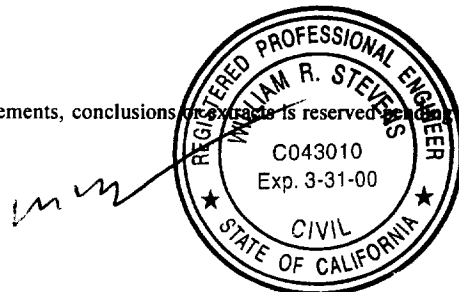
Note: At ramp wall, #4 dowels are missing on west side. Verified the placement of dowels 18"x18" bend, 12" on center at ramp.

Work inspected was in compliance with approved plans and specifications and per approved drawing number A-4.

REVIEWING ENGINEER: WILLIAM R. STEVENS, G.E.

cc: Kaiser Construction Services

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FIELD DENSITY TEST RESULTS						
<i>The following tests were performed on the trailer pad.</i>						
Date	Test #	Dry Density pcf	Moisture Content %	Relative Compaction %	Location	Elevation
10-21-99	1	135.0	6.9	98	SW End	SG
10-21-99	2	129.8	7.0	95	Center	SG
10-21-99	3	133.2	7.7	97	NE End	SG
12"-24" aggregate base over 500X Geotextile Fabric. 95% minimum relative compaction required. All tests passing.						

We have employed accepted engineering and testing procedures. However, we do not undertake the guarantee of construction nor do we relieve the contractor of his primary responsibility to produce a completed project conforming to the project plans and specifications.

NEIL O. ANDERSON & ASSOCIATES, INC.



Neil O. Anderson, President
Geotechnical Engineer 2245

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