

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0012877
Insp Area: 3

Site Address: 8441 SPECIALTY CR SAC
Parcel No: 064-0120-006

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

CONTRACTOR
M MILLER CO. INC
1919 DOREEN AV
SOLIMONTE CA 91733

OWNER
BOYD JOHN A
SACRAMENTO CA
95829-2087

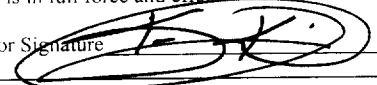
ARCHITECT

Nature of Work: (N)UPGRADE FINISH'G EQUIPMT ,SPILL CONTAINMT AREA(WASTE TREATMNT SYSTEM .FIRE PROTECTION DEFERRED PER LISA.

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 C10 License Number 282032 Date 02-08-01 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 _____ 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 above mentioned property for inspection purposes.

Date 02-08-01 Applicant Agent 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 STATE FUND Policy Number 140886600 Exp Date 02/01/2002

(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 01-08-01 Applicant 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

~~WARRANTY~~

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # 00-12877 Insp. Area 3C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS RADIATOR SPECIALTIES 8433 SPECIALTY CIRCLE Suite 204

PARCEL # 064-0120-006

| | | | |
|---|--|---|--|
| CONTACT Name <u>KEVIN KIERCE</u> Street Address <u>1919 DOREN AVE</u> City/State/Zip <u>SO. ELMONTE</u> Phone <u>818-315-2694</u> FAX <u>626-448-9494</u> E-mail: <u>cell626-252-9079</u> | | LICENSED CONTRACTOR Lic No. # _____ Name <u>L. MILLER CO</u> Address <u>1919 DOREN AVE</u> City/State/Zip <u>SO. ELMONTE, 91733</u> Phone <u>626-448-2181</u> FAX <u>626-448-9494</u> E-mail: _____ | |
| ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | | OWNER Name <u>RADIATOR SPECIALTIES J Boyd</u> Address <u>8433 SPECIALTY CIRCLE</u> City/State/Zip <u>SACRAMENTO CA. 95828</u> Phone _____ FAX _____ E-mail: _____ | |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # 1408966-00 EXPIRATION DATE: 2-1-01

NATURE OF WORK IN DETAIL: INSTALLATION OF INDUSTRIAL COATING EQUIP.
(CLEANING AND POWDER COATING EQUIP., FIRE SPRINKLERS, GAS,
MECHANICAL, AND ELEC. SERV. UPGRADE AND DISTRIBUTION UPGRADE
200 SQ. UPGRADE FINISHING EQUIPMENT FIRE PROTECTION.

OCCUPANT/TENANT: RADIATOR SPECIALTIES VALUATION: \$ 713 000

| | | | | | | | | | | |
|------------------------|--------------|-------------|-------------|--------------|-------------|-------------------------|-------------|-----------|-------------|-----|
| FLOOD STATUS: | | <u>N4</u> | | S.C.A.T. | | | | | | |
| JOB DESCRIPTION | | BLDG | SHELL | APT | TI () | REM (X) | 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 | Via. File | | |
| <u>B</u> | <u>L</u> | <u>P</u> | <u>M</u> | <u>HT/B</u> | <u>IND</u> | <u>SPR</u> <u>ALARM</u> | <u>10</u> | [H] | [Quad] | |
| | | | | <u>NOXIM</u> | <u>NO</u> | <u>S</u> | <u>D</u> | <u>PW</u> | <u>UTIL</u> | |

COMMENTS: SITE PLAN SHOWING PROP LINES + DISTANCES. OVERALL FLOOR
PLAN. RMPR. CUT SHEETS FOR BOOTHS, EXITING, POWDER COATING, PAINTER GUARD
Write description of process, amt of chemicals + where located MSDS sheets
Control area for storage. Air flow + convection shown on cut sheets. Loads show off switch
 Any equipment storage - size of containers. HANGERS DETAILS FOR SPRINKLERS
 REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 Max storage wt.; UPRC - Bond to Cold Hrd. All units ANCHORAGE OF EQUIPMENTS
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

HANDICAP PARKING + RESTROOMS

3 sets of plans



Special Inspection

Report: 6069519-FT-P-17-01

Master Contract: 211908

Project: 6069519

Date Issued: July 16, 2001

Issued to: W. Miller Company
1919 Doreen Avenue
South El Monte, CA 91733

Attention: Milton Cockrum

The products listed below are eligible to bear the CSA Mark shown

CSA US Field Evaluation Label No's.
U122954, U122955, U122956, U122957 and
U122958

Issued by: Bruce LeGresley
Project Engineer

Authorized by: Jerry Moore
Manager, Inspection
Services

PRODUCTS

2723-81 Spray Booths and Curing/Drying Ovens

Model No. FCP1146063GIN-12 Dry off Oven, Continuous Type
Model No. FCP7460603GIN-12 Curing Oven, Continuous Type
Model No. FCP15460603GIN-12 Three Stage Washer, Continuous Type
Model No. ACK12-08-01-12 Continuous, Manual Type Wet Spray Booths, 2 each
Model No. ACK15-08-01-12 Continuous, Manual Type Wet Spray Booth, 1 each

APPLICABLE REQUIREMENTS

ANSI/NFPA Z223.1-1992 National Fuel Gas Code
NFPA 86 Ovens and Furnaces
NFPA 33 Standard for Spray Application Using Flammable or Combustible Materials

A field test report is not equivalent to product design certification. The factual information provided is intended only to assist code enforcing authorities and others involved in judging acceptance of the device for use in their area of jurisdiction. This report shall apply only to the products tested and generally only to one location or installation.

**Report: 6069519-FT-P-17-01****Master Contract: 211908****MARKINGS**

The following rating plate information is provided:

Manufacturer's Name, City and State; Equipment Model and Serial Numbers; Full Load Amperage and Electrical Ratings; Fuel Type -Natural Gas, Manifold Pressure and Input Rating in BTU/Hr; Maximum Operating Temperature

Fuse replacement labels and component identification labels are also provided.

ALTERATIONS

The following Corrective Actions were completed to the satisfaction of this agency prior to issuance of this certificate:

Proper grounding of all control panels was installed and verified.

Nameplate information was modified to include natural gas usage information.

The washer gas manifold vent line was corrected to fix natural gas leak

NOTICE

This report covers only the W. Miller Co., Inc. Equipment as described above. The equipment was tested as installed, on-site at the Radiator Specialties facility located at 8441 Specialty Circle in Sacramento California.

A field test report is not equivalent to product certification. The factual information provided is intended only to assist code enforcing authorities and others involved in judging acceptance of the device for use in their area of jurisdiction. This report shall apply only to the products tested and generally only to one location or installation.

This report can only be published or issued as a complete entity and abstracts or abbreviations are not permitted. This report cannot be used or in any way presented or proffered as evidence of certification. The information provided is only intended to assist the user and any code enforcing authorities and others involved in judging acceptance of the product covered by this report.

Contracts for field-testing, calibration data, test data and related documentation are on file at CSA International, 2805 Barranca Parkway, Irvine, CA 92606-5114



CSA INTERNATIONAL

Standards
DevelopmentQMI
Management Systems RegistrationCertification
and Testing

Descriptive and Test Report

Supplement to Special Inspection

Report: 6069519-FT-P-17-01

Master Contract: 211908

*The products listed, including the latest revision described below,
are eligible to be marked in accordance with the referenced Certificate.*

Product History

| Project | Date | Description |
|---------|---------------|------------------------------|
| 6069519 | July 16, 2001 | Original Special inspection. |

MASTER CONTRACT: 211908
REPORT: 6069519-FT-P-17-01
PROJECT: 6069519

Edition 1: Date 2001/07/16; Project 6069519 - Irvine
Issued by Bruce LeGresley, Project Engineer

Reviewed By Jerry Moore, Manager Inspection Services

Contents: Report of Inspection - Page 1
Supplement to Report of Inspection - Page 2
Description and Tests - Pages 1 to 5
Figures - 1 to 14

DESCRIPTION

The equipment evaluated in this report makes up an industrial parts washing, painting and curing line. Parts are loaded onto conveyor system and allowed to pass through a 3 stage washing system. The washer uses 2 heated sections and one ambient rinsing stages. The heated washer sections use Maxon Tube-o-Therm burner assemblies rated at 2.0 MBtu/Hr and 1.35 MBtu/hr. The indirect heating system uses a supervised ignition and control system in compliance with NFPA 86. The washer section is installed within a cement berm to contain spills.

Parts leaving the industrial washer make a single pass through the dry-off continuous process oven and while cooling are conveyed to the wet-pray application station. After coating, the parts enter the curing oven where they make four passes through the oven to cure the coating. The curing oven is a direct fired type using a single Maxon

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 PROJECT: 6069519

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Cyclomax low Nox burner assembly rated at 3.7 MMBtu/hr. The drying oven is a direct fired type using three Maxon Cyclomax low Nox burner assembly rated at 0.8 MMBtu/hr. All of the burner assemblies have integral combustion air blowers and supervised ignition systems complying with NFPA 86 requirements. The ovens uses exhaust blowers and circulation blowers equipped with pressure proving devices. Additional blower assemblies are provided for heat retention in the oven by creating air curtains at each oven door.

The above equipment is installed in a room with noncombustible floor and walls. Products of combustion are power vented through a combustible roof. Air space clearances from the exhaust vents to the noncombustible roof are maintained at a minimum of 2" and an additional 2" of packed fiber insulation is used 18" below and approximately 6" above the roofline. The washer vent pipe is fabricated from schedule 10, 4" dia. welded pipe. The oven exhaust vents are fabricated from 22 gage, 4" and 6" dia. steel.

Three wet spray booths are installed adjacent to the equipment above. The booths were inspected for compliance to NFPA 33 Standard for Spray Applications Using Flammable or Combustible Material. The booths are located and installed in compliance with Chapter 2, Location of Spray Equipment, Chapter 3 Construction and Design of Spray Areas, Room and Booths and Chapter 4 Electrical and Other Sources of Ignition.

TEST EQUIPMENT

CSA International personnel utilizing equipment at the test site conducted testing. A partial equipment list includes the following:

- * A pressure gauge and manometer
- * A Bacharach combustion analyzer
- * A HH82 Omega indicating digital thermometer set up for use with Type J thermocouple wire
- * A Multi-meter Fluke No. 77 digital electrical test instrument
- * A Biddle 235302 electrical tester for dielectric strength, leakage and continuity testing

TEST RESULTS

Test results listed below are applicable to all of the equipment evaluated in this report unless noted otherwise.

Electrical Evaluation

It was determined that the electrical systems and components are durable and substantial. The electrical systems meet the requirements of NFPA 33 Chapter 4, NFPA 86 and applicable portions of the National Electrical Code.

Power supply voltages are 480 vac and control panel power supplies are stepped down to 115 vac using control transformers listed for this application type.

Electric control panels are UL Listed Enclosed Industrial Control Panels.

Dielectric Strength

A electrical potential of 1000 VAC was introduced to the oven wiring on the load side of each power supply

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to ground and held for 1 minute. No electrical breakdown of insulation material was noted.

Grounding, Continuity All non-current carrying metal parts were visually and electrically verified electrically grounded to the point of the connection to the equipment grounding means.

Protection of Personnel Access for use and service did not pose a hazard to service personnel and operators when manufacturer's recommendations for such procedures were followed. Operator and service persons employing reasonable care were not exposed to hazards from moving parts, electric shock, sharp edges or hot surfaces.

Input Rate Determination The total maximum natural gas input specifications, in Btu/hr, are as follows:

| | Specified |
|---------------|-----------|
| Dry Oven: | 2,400,000 |
| Cure oven: | 3,700,000 |
| Parts Washer: | 3,350,000 |

Burner Operation The main burners ignited within 4 seconds from the time gas was admitted to the burner ports. Flame patterns were normal with no lifting or blowing. There was no flash back or undue noise upon burner reduction, ignition or extinction.

Pilot Operation The main burner is ignited by a flow of natural gas through a pilot burner supervised gas ignition system. The UV pilot scanner must prove this ignition source before the main burner gas supply valve will open.

The automatic spark ignition system ignited the pilot burner within four (4) seconds after the time gas was admitted to the pilot burner. Pilot flames did not flash back. The ignition flames were cycled ON and OFF and reduced to a point where the UV scanner would cause the ignition system to lockout.

Ignition Evaluation Using the pilot-adjusting valve, the pilot burner flame was reduced to a point where the UV flame control would just allow the main gas valve to open.

After the pre-purge cycle was complete, the main burner ignited within 4.0 seconds from the time gas was admitted to the main burner. Satisfactory main burner ignition was observed.

The gas to the pilot burner was reduced to provide insufficient pilot burner flames (ignition turndown test) and an ignition sequence was started. The flame control module provided an automatically limited spark ignition for 10 seconds and shut off the gas supply within 11 seconds. The UV scanner registered no flame and a flame failure lock out occurred, requiring manual reset.

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 PROJECT: 6069519

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Combustion Analysis

After equalization a sample of the combustion products was analyzed from the exhaust stack with the following results:

| | <u>Cure Oven</u> | <u>Washer</u> | <u>Dry Oven</u> | |
|---------------------|------------------|---------------|-----------------|-----|
| Primary Air Temp. | 72 | 72 | 72 | °F |
| Secondary Air Temp. | 382 | 680 | 215 | °F |
| Oxygen: | 19.6 | 6.9 | 20.9 | % |
| Excess Air: | - | - | - | % |
| CO ₂ : | Trace | Trace | Trace | % |
| CO: | 3 | 1 | 18 | PPM |
| NOx: | 2 | 48 | 2 | PPM |

Failure Effect Analysis

The following alarm and/or shutdown conditions were verified:

- a) The high temperature shutoff
- b) Loss of Signal from the UV flame scanner
- c) Ignition without proof of flame
- e) Loss of air pressure proving means
- f) Operation of high and low gas pressure switches
- g) Loss of signal from temperature probes
- h) Loss of timer controllers
- i) Liquid level switches

Simulation of any of the above tests resulted in the burner reverting to low fire conditions or the shutoff of the main burner system. In the event of a flame outage failure, the system will not try to relight before ignition system lockout occurs. The burner system will require manual intervention to restart.

Normal Operating Temperatures: The system was placed in operation under normal conditions until equilibrium was obtained. The temperatures of equipment and controls were monitored.

No equipment or control temperature was recorded in excess of the control manufacturers specified operating temperature or in excess of the maximum allowable temperature rise of listed components as outlined in the standards outlined above.

Under the above conditions the temperatures of all external surfaces that could be contacted under normal conditions were recorded.

The maximum surface temperatures recorded did not exceed 160 degrees F. Maximum flue stack temperatures were found on the washer vents and did not exceed 343 degrees F.

Fire Hazard Assembly

A fire hazard evaluation was made to determine compliance to NFPA 86, Chapter 3 Location and Construction and Chapter 11 Fire Protection. It was determined that adequate provisions are employed to reduce the likelihood of fire.

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Adequate clearances are maintained to provide protection from the maximum anticipated temperatures exposed to personnel and construction.

Maximum temperatures of combustible construction located above the equipment did not exceed 130 degrees F.

Construction and Assembly

The construction and installation were determined to be in accordance with reasonable concepts of safety, substantiality and durability. The general construction and assembly is neat and workmanlike and all parts are secure against displacement and constructed so that a fixed relationship between parts is maintained. The parts did not show any evidence of distortion or damage as a result of heat, vibration or mechanical hazard. All parts appeared to have rigidity, heat and corrosion resistance adequate for their intended use.

Conditions of Acceptance

1. The system shall be used in a manner consistent with the manufacturer's design and instructions. Instructions shall be provided in an accessible location for maintenance and reference.
2. The area surrounding the system will be kept free and clear from combustible material. Adequate clearances will be maintained for proper safety, operation and servicing.
3. A maintenance and servicing schedule will be followed to keep the system operating as designed. The final responsibility for establishing a maintenance program will rest with the end user.
4. As parts deteriorate or cease to function properly they will be replaced or repaired or the oven shall be removed from service. No changes to the design, construction or use shall be made without the written acknowledgment and approval of this agency. Additional testing may be required to determine acceptability of any changes made.

BSK

JUL 18 2001

3140 Gold Camp Drive, Suite 160
Rancho Cordova, CA 95670-6023
(916) 853-9293
FAX (916) 853-9297

July 10, 2001

BSK Job No. 07600060
Permit No. 0012877

Mr. Jim Souza
J. B. Radiator Specialities
P.O. Box 292460
Sacramento, California

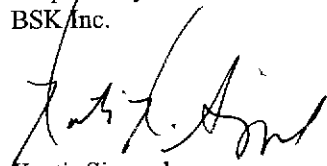
Subject: Structural Steel Welding Report
J. B. Radiator Specialities
8441 Specialty Circle
Sacramento, CA
Period Covering: 07/02/01
Progress Report No. 3

Dear Mr. Souza:

At your request and authorization, we have performed special inspection services for the subject project. Enclosed is the summary of our field activities.

We appreciate the opportunity to be of service to you. If you have further questions or comments, please contact the undersigned.

Respectfully submitted,
BSK/Inc.



Kurtis Siggard
Manager

KS:eev
(G:\DOCUMENTS\CONSTRUCTION\07600060.REPORT1.WRD)

Enclosure:
Summary/Summaries of Field Activities

A California Corporation

Geotechnical Engineering • Engineering Geology • Environmental Services • Construction Inspection & Testing • Analytical Testing

STRUCTURAL STEEL WELDING REPORT

| Item Inspected | YES | NO | Item Inspected | YES | NO |
|--------------------------|--|--------------------------|---|-------------------------------------|--------------------------|
| Plans/Specs Checked | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grades Comply | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Electrode Storage Comply | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Size Comply | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Material Identifiable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fit-up Comply | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N.D.T. Required | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Drawings Approved | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Welders Certified | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Shop <input type="checkbox"/> Field <input checked="" type="checkbox"/> | AWS D1.1 | |
| Procedure Identification | Mattle Welding / Pre-qualified / Fillets | | | | |

Areas/Items Inspected: Beam to beam fillet connections per structural engineer approved drawing, fax dated 5/18/01.

| | | |
|----------|--------------|--|
| PROCESS: | SMAW | |
| FILLER: | E6010 | |
| WELDER: | Ralph Mattle | |
| SSN: | 565-54-8320 | |

Weld Type(s): Single pass fillets

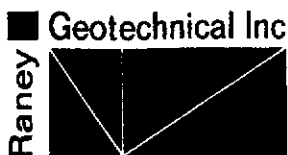
Remarks: Inspection performed "after-the-fact"

The work described DOES conform to the Project Specifications.

Inspector: Brandon Franklin

ICBO/AWS#:5054438-85

Date Work Performed: 07/02/01



DAILY FIELD REPORT

| | | | | |
|---------------------------------------|---------------------------------|-----------------|-------------------|--------------------------|
| Project # 3 1948-00200 | Date: 3/30/01 | Day: THU | Weather: CLEAR | PAGE 1 |
| Project Name: J.B. RADIATOR | Project Location: ECK GROVE | Permit #: | | |
| Client: J.B. RADIATOR SPECIALLTIES | Client's Representative: TOM | | | Superintendent: |
| General Contractor: | Sub-Contractor: | | | Other Persons Contacted: |
| Type of Work: EVA / FDT | Location/Element: | Equipment used: | Time: | |
| Type of Work: | Location/Element: | Equipment used: | Time: | |
| Plans/Specifications: | | | | |

PERFORMED FDT ON UTILITY TRENCH AND ELECTRICAL PAD FOR SAND WITH ALL RESULTS BEING 90% COMPACTION OR BETTER WITH PROPER MOISTURE CONTENT. ALL WORK OBSERVED APPEARS SATISFACTORY

ATTACHMENTS: FIELD DENSITY DATA CONCRETE PLACEMENT DATA SKETCH OTHER:

| | | | |
|-----------------------------------|-------------------|--------------------|--------------------|
| Copy received by/given to: TOM | Arrived: 12:00 | Departed: 12:30 | Report by: MIKE |
|-----------------------------------|-------------------|--------------------|--------------------|

