

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0106330

Insp Area: 1

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

Site Address: 1201 ALHAMBRA BL SAC

Parcel No: 007 0183-001

4TH FLR SUITE 400

CONTRACTOR

THOS CONSTRUCTION
PO BOX 163622
SACRAMENTO CA 95816

OWNER

ALHAMBRA MEDICAL BUILDING
2929 K ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: INTERIOR RE-MODEL 4TH FLR MEDICAL OFFICE.

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. 309.10 (a)).

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 511900 Title Contractor Contractor Signature [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 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. 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 & P 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 representatives of this city to enter upon the abovementioned property for inspection purposes.

Date 8/1/01 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 STATE FUND

Policy Number 713607300

Exp Date 10/01/2001

(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 8/1/01 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.



Insp. Area 1C

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: ACF Construction Inc

PC # 0106330

Address: PO Box 163622

BID App. J.E.R.

Job Phone: 997-4599 Office Ph. 3925076

Fee \$350.

SUBJECT: Project Address: 1201 Alhambra Blvd Suite # 400

I request permission to start the following work ROUGH FRAMING INTERIOR
NON BEARING WALLS MDSHEET ROCK.

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: 511500

ACF Construction Inc
COMPANY NAME

[Signature]
SIGNATURE

5/18/01
DATE

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 or her own employees, provided that such improvement 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 or 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 & P Code for this reason _____

SIGNATURE DATE

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 the work for which this 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: _____ exp. _____

Policy No.: _____

I certify under penalty of perjury 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.

SIGNATURE DATE

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT DATE

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 # 0106330 Insp. Area

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1201 Alhambra Blvd.

Suite 400

PARCEL # 007-0183-001

CONTACT Name <u>Maura Moylean</u> Address <u>P.O. Box 163022 Sacto 95816</u> Phone <u>(916) 342-5076</u> FAX <u>(916) 342-0734</u> E-mail <u>acfern@ewo.com</u>		LICENSED CONTRACTOR Lic No. # <u>51606</u> Name <u>ACF Construction, Inc</u> Address <u>P.O. Box 163022 Sacto 95816</u> Phone <u>(916) 342-5076</u> FAX <u>(916) 342-5076</u> E-mail <u>acfern@ewo.com</u>	
ARCHITECT/ENGINEER Name <u>Boulder Associates</u> Address <u>2015 J street suite 205 Sacto</u> Phone <u>(916) 443-8796</u> FAX <u>(916) 443-8796</u> E-mail <u>mfields@boulderassociates.com</u>		OWNER Name <u>AKT Development</u> Address <u>700 College Town Dr. #101 Sacto 95824</u> Phone <u>(916) 363-2500</u> FAX <u>(916) 363-0552</u> E-mail	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Comp. Ins Fund.

→ WORKER'S COMPENSATION POLICY # 713007300 EXPIRATION DATE: 10/01/01

NATURE OF WORK IN DETAIL: Remodel of existing medical office space. No exterior work or changes to the shell building.

OCCUPANT/TENANT: Better Health VALUATION: \$ 800,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REMI <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N		Fed Code	Vio. File	
				<u>B</u>	<u>II IHR</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		D	PW	UTIL

COMMENTS:

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

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: Alhambra Care Center Phone: 731-774
 Site Address: 1201 Alhambra Blvd. Suite: 400
 Business Owner/Representative: ACF Construction Inc (Street) (Zip) Phone: 342-576
 Nature of Business: Medical office
 Property Owner: AKT Development Inc Phone: 303-290
 Address: 7700 College Town Dr. Suite: 101
Sacramento (City) CA (State) 95826 (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: Maura E. Maylan
Maura E. Maylan (Print) 5.18.01 (Date)
Maura E. Maylan (Signature)

BID Use Only: Plan, Ck#	Permit # <u>0106330</u>
OK to issue prmt? <u>Y</u> <u>1/15/01</u> init date	F.D. Appr Req'd? Yes <u>No</u>
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

Microfilm

**AIR OUTLET
 TEST REPORT**

PROJECT NAME Alhambra SMF Care Center JOB NUMBER 010266-00-03

OUTLET MANUFACTURER Titus TEST APPARATUS Flow hood

SYSTEM VAV

AREA SERVED	OUTLET				DESIGN		PRELIMINARY				FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM			VEL	CFM	
VAV 3	51		10"		280		340	300	290			290	MIN 90
	52		8"		190		300	250	190			190	
					470		640	550	480			480	
VAV 4	51		8"		120		195	180	180			180	MIN 90
	52		8"		190		215	200	200			200	
	53		8"		210		210	200	200			200	
	54		8"		150		190	160	150			150	
			Total		730		840	740	730			730	
VAV 6	51		12"		1140		600	600	450	430		430	MIN 310
	52		12"		415		300	300	400	450		400	
	53		12"		415		310	310	410	480		400	
	54		10"		160		180	180	160	160		160	
	55		10"		230		250	230	230	230		230	
	56		10"		230		210	220	220	240		240	
	57		10"		135		140	150	150	155		155	
			Total		2055		1990	1990	2000	2015		2015	

REMARKS:

TEST DATE 7/31/01 READINGS BY E. Lomaris



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME SME Alhambra Suite 400 JOB NUMBER 010266-00-03
 OUTLET MANUFACTURER Titus TEST APPARATUS Flow Hood
 SYSTEM VAV

AREA SERVED	OUTLET				DESIGN		PRELIMINARY			FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM		VEL	CFM	
VAV 7	E1		6"		170		90	110	120		120	Min 400
	E2		8"		135		110	140	130		130	
	E3		8"		135		200	145	140		140	
	E4		8"		200		200	200	200		200	
	E5		8"		210		210	200	210		210	
	E6		12"		435		450	450	450		450	
	E7		12"		435		440	440	450		450	
	E8		6"		60		55	55	55		55	
	E9		6"		60		65	65	65		65	
	E10		8"		200		120	180	190		190	
	E11		8"		160		200	150	150		150	
	E12		6"		120		100	120	120		120	
			Total		2270		2295	2255	2280		2280	

REMARKS:

TEST DATE 7/31/01 READINGS BY E. Loewis



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME SME Alhambra Care JOB NUMBER 010266-00-03
 OUTLET MANUFACTURER Tectus TEST APPARATUS Flow hood
 SYSTEM UAV

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM	
UAV 8	51		6"		120		110	110		110	MIN 300
	52		6"		60		60	60		60	
	53		6"		100		100	100		100	
	54		6"		100		100	100		100	
	55		8"		160		145	155		155	
	56		6"		160		125	150		150	
	57		6"		100		100	100		100	
	58		6"		100		100	100		100	
	59		6"		100		100	110		110	
	510		6"		100		80	100		100	
	511		6"		120		80	110		110	
			Total		1220		1100	1195		1195	

REMARKS:

TEST DATE 7/31/01 READINGS BY E. Coonie



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME SMF Alhambra Care JOB NUMBER 010266-00-03
 OUTLET MANUFACTURER Tufus TEST APPARATUS Flow hood
 SYSTEM IAU

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL				REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM			VEL	CFM	
IAU 10	S1		6"		70		135		90	80	80	80	MIN 500
	S2		6"		100		80		90	95	100	100	
	S3		6"		120		120		120	120	120	120	
	S4		8"		160		150		150	150	160	160	
	S5		8"		160		150		150	160	160	160	
	S6		6"		100		100		100	100	100	100	
	S7		6"		100		100		100	100	100	100	
	S8		6"		100		95		95	95	95	95	
	S9		6"		100		95		95	95	95	95	
	S10		6"		80		85		85	70	80	80	
	S11		6"		120		110		110	120	120	120	
	S12		6"		120		110		120	120	120	120	
	S13		6"		30		125		110	120	120	120	
	S14		6"		60		70		70	70	70	70	
	S15		6"		100		130		110	100	100	100	
			Total		1610		11656		1545	1585	1620	1620	

REMARKS:

TEST DATE 7/27/01 READINGS BY E. Loomis



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME Alhambra Med Suite 400 JOB NUMBER 010266-00-03
 OUTLET MANUFACTURER Titus TEST APPARATUS Flow hood
 SYSTEM VAV

AREA SERVED	OUTLET				DESIGN		PRELIMINARY				FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM			VEL	CFM	
VAV 11	S1		8"		125		160	125	130	125		125	min 125
	S2		8"		165		120	120	120	160		160	
	S3		8"		125		120	140	120	120		120	
	S4		16"		120		60	60	85	110		110	
				Total		535		460	445	455	515		515
VAV 12	S1		8"		145		250	200	150			150	min 40
			Total		145		250	200	150			150	
VAV 14	S1		8"		150		160					160	min 150
	S2		8"		215		220					220	
	S3		8"		225		235					235	
	S4		8"		160		165					165	
	S5		8"		230		225					225	
				Total		980		1005				1005	

REMARKS:

TEST DATE 7/27/01 READINGS BY E. Loomis



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 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME SMF Alhambra Suite 400 JOB NUMBER 010266-00-03
 OUTLET MANUFACTURER Titus TEST APPARATUS Flow hood
 SYSTEM UAV

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM	
UAV 15											min 170
	51		4"		230		190	210		210	
	52		8"		160		150	160		160	
	53		6"		85		85	90		90	
	54		6"		23		35	35		35	
	55		6"		115		90	100		100	
			Total		625		550	595		595	
UAV 17	51		6"		65	55	90	60	60	60	min 180
	52		6"		120	80	80	120	120	120	
	53		8"		170	165	190	160	160	160	
	54		6"		80	70	80	70	70	70	
	55		6"		60	60	60	50	60	60	
	56		6"		120	80	100	100	110	110	
	57		8"		200	140	160	170	180	180	
			Total		815	650	760	730	760	760	
UAV 19	51		8"		225		240			240	min 150
	52		8"		225		235			235	
	53		8"		225		225			225	
			Total		675		700			700	

REMARKS:

TEST DATE 7/27/01 READINGS BY E. Coomis

