DATE 03/31/2006

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT 000024333

APPLICANT STEVE DOLL PHONE 754-5810

ADDRESS 3455 SW 42ND AVENUE GAINESVILLE FL 32608

OWNER NORTH CENTRAL FLORIDA HOSPICE PHONE 352-379-6232

ADDRESS 6037 W US HWY 90 LAKE CITY FL 32055

CONTRACTOR MICHAEL WALSH/MM PARRISH CONST PHONE 352.378.2121

LOCATION OF PROPERTY 90-W TO 5 MILES WEST OF I-75, PLACE IS ON THE N SIDE (R) IMMEDIATELY PAST U/HAUL/STORAGE FACILITY.

TYPE DEVELOPMENT ~~FOUNDATION~~ Building Hospice ESTIMATED COST OF CONSTRUCTION 3697700.00

HEATED FLOOR AREA 23200.00 TOTAL AREA 23200.00 HEIGHT 28.60 STORIES 1

FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 4.512 FLOOR SLAB

LAND USE & ZONING A-3 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 29-3S-16-02382-006 SUBDIVISION

LOT BLOCK PHASE UNIT TOTAL ACRES 6.90

		CGC056005		
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
FDOT PERMIT	06-0062-N	BLK	JTH	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: FDOT APPROVAL ATTACHED. SE.0435 . 1 FOOT ABOVE RD, NOC ON FILE, FOUNDATION PERMIT #24157, THIS PERMIT IS FOR THE COMPLETETION OF THE JOB Check # or Cash 1107

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power ~~02/21/2006 HD~~ TH date/app. by — Foundation date/app. by — Monolithic date/app. by

Under slab rough-in plumbing ~~03/03/2006 RJ~~ TH date/app. by — Slab date/app. by — Sheathing/Nailing date/app. by

Framing date/app. by — Rough-in plumbing above slab and below wood floor date/app. by

Electrical rough-in date/app. by — Heat & Air Duct date/app. by — Peri. beam (Lintel) date/app. by

Permanent power date/app. by — C.O. Final date/app. by — Culvert date/app. by

M/H tie downs, blocking, electricity and plumbing date/app. by — Pool date/app. by

Reconnection date/app. by — Pump pole date/app. by — Utility Pole date/app. by

M/H Pole date/app. by — Travel Trailer date/app. by — Re-roof date/app. by

BUILDING PERMIT FEE $ 18488.50 CERTIFICATION FEE $ 116.00 SURCHARGE FEE $ 116.00

MISC. FEES $ 0.00 ZONING CERT. FEE $ FIRE FEE $ 0.00 WASTE FEE $

FLOOD DEVELOPMENT FEE $ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ **TOTAL FEE** 18745.50 TH

INSPECTORS OFFICE L. Hall CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

For Office Use Only Application # 0603-120 Date Received 3-31-06 By LH Permit # 24333

Application Approved by - Zoning Official _____ Date _____ Plans Examiner KEITH Date 3-31-06

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

Applicants Name MM PARRISH CONSTRUCTION COMPANY Phone 352-378-1571

Address 3455 SW 42ND AVENUE

Owners Name NORTH FLORIDA HOSPICE, INC. Phone 352-379-6232

911 Address 6037 W. US HIGHWAY 90 LAKE CITY, FL

Contractors Name - SAME - Phone _____

Address _____

Fee Simple Owner Name & Address - SAME AS OWNER -

Bonding Co. Name & Address ARCH INSURANCE 3 PARKWAY, SUITE 1500 PHILADELPHIA, PA 19102

Architect/Engineer Name & Address BRAME ARCHITECTS 606 N.E. FIRST ST. GAINESVILLE 32601

Mortgage Lenders Name & Address N/A

Circle the correct power company - (FL Power & Light) - Clay Elec. - Suwannee Valley Elec. - Progressive Energy

Property ID Number 29-3S-14-02382-006 Estimated Cost of Construction 3,697,700

Subdivision Name N/A Lot ____ Block ____ Unit ____ Phase ____

Driving Directions HIGHWAY 90, APPROXIMATELY 5 MILES WEST OF I-75 ON RIGHT SIDE.

Type of Construction TYPE V-B Number of Existing Dwellings on Property Ø

Total Acreage 7.0 Lot Size N/A Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
DOT Approved in file

Actual Distance of Structure from Property Lines - Front 245 Side 52 Side 76 Rear 260

Total Building Height 28'-6" Number of Stories 1 Heated Floor Area ~~14,560~~ SD 23,200 Roof Pitch 4.5

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

MICHAEL D. WALSH
Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 31ST day of MARCH 2006.
Personally known ___ or Produced Identification ____

Contractor Signature
Contractors License Number CGC056005
Competency Card Number _____
NOTARY STAMP/SEAL

Notary Signature

STEPHEN L. DOLL
MY COMMISSION # DD 196164
EXPIRES: April 7, 2008
1-800-3-NOTARY FL Notary Service & Bonding, Inc.

COLUMBIA COUNTY BUILDING DEPARTMENT
CHECKLIST FOR PERMITTING

Application #_____

✓ **Notarized completed Building Permit Application**
Notes:

N/A **If an Owner Builder, signed Disclosure Statement**
Notes:

✓ **Recorded Deed or a Notarized Affidavit (form from the Building Dept.)**
Notes:

✓ **Approved and Signed Site Plan from Environmental Health on the septic**
Notes:

✓ **Site plan with actual distances of the structure to each property line**
Notes:

✓ **911 Address form, Contact 386.752.8787 for an appointment**
Notes:

✓ **Residential or Commercial Checklist completed**
Notes:

✓ **Driving directions including all road names**
Notes:

N/A **Well information (on plans or letter from the well driller)**
Notes:

✓ **Before the 1st inspection Recorded Notice of Commencement signed by owner**
Notes:

✓ **2 sets of plans (blueprints)**
Notes:

✓ **2 sets of sealed truss engineering**
Notes:

✓ **2 sets of energy code & manual J**
Notes:

✓ **2 sets of engineering packets including specs on windows, doors, roof and etc.**
Notes:

24333

12-PU-11254 SM

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

FLORIDA DEPARTMENT OF HEALTH

Columbia County Health Dept.
217 N.E. Franklin St.
Lake City, FL 32055
Lab ID # 22787

Lab Reciept Date & Time: 11-28-06 10:30
Analysis Date & Time: 112806 3[3d]
Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 16 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: City of Lake City / Hospice PWS I.D. _____
Mail Address: 6237 West US Highway 90 City: Lake City, Fl. 32055
System or Owner's Phone #: _____ Fax #: _____
Collector: James Westbrook Collector's Phone # 386-462-1115

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacement ☒ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 11-28-06

Coll. Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B (SM9223B) Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Confirm Total Coli.	Confirm Fecal/ E. coli	Data Qualifier[2]	Lab Sample Number
16	End of Line	10:10[A]					A	A	A		064483

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric Other: _____
Person performing analysis is:
☐ A certified operator (# _____) ☐ Employed by a certified lab
☐ Supervised by a cert. operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person/Firm to Receive Results:

Andrews Paving Inc
6327 NW 123RD Place
Gainsville, Fl. 32653-1070
FAX: 386-462-4681
ATT. Ron Andrews

DEP/DOH USE Only
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH 112906 3[3d]
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D= Distribution (Routine Compliance); C= Repeat or Check; R= Raw; N=Entry to distribution; P=Plant Tap; S= Special (Clearance, etc.

24333

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
RESIDENTIAL GROUP CARE
INSPECTION REPORT

PURPOSE:
- ☐ ROUTINE
- ☐ REINSPECTION
- ☐ CONSTRUCT
- ☐ CHANGE OF OWNER
- ☐ COMPLAINT
- ☐ CONSULTATION
- ☐ QA SURVEY
- ☐ EPIDEMIOLOGY
- ☐ PREOPENING
- ☐ OTHER

TYPE:
- 01 ☐ ALF
- 06 ☐ AFCH
- 08 ☐ Hosp.
- 09 ☐ ICFDD
- 11 ☐ OtRes
- 14 ☐ FH
- 25 ☐ RTF
- 26 ☐ ResGp
- 27 ☐ CSU
- 28 ☐ TRAN.
- 29 ☐ DAMHF
- 30 ☐ CCA
- ☐ OTHER

NAME OF FACILITY Haven Hospice

ADDRESS 6037 West US Hwy 90 **CITY** Lake City

OWNER Hospice **ZIP** 32055

PERSON IN CHARGE Bob Weinberg **PHONE**

RESULTS
- ☐ Satisfactory
- ☐ Incomplete
- ☐ Unsatisfactory

Correct Violations by
- ☐ Next Inspection
- ☐ 8:00 AM on:

BEGIN	END
11:10	15:15

DATE 12/01/06

POSITION # 45755

PERMIT NUMBER 12-51-

CAPACITY 16

NUMBER PRESENT

DATE

☐ OUT OF BUSINESS

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapter 64E-12 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the Results section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-12, FAC, and Chapters 381 and 386, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

WATER SUPPLY
- ☐ 1. Approved System
- ☐ 2. Operation
- ☐ 3. Bacteriological/Chemical
- ☐ 4. DO NOT USE
- ☐ 5. Water Accessible
- ☐ 6. Temperature/Supply

FOOD SERVICE
- ☐ 7. Source/Wholesome
- ☐ 8. Preparation/Protection
- ☐ 9. Equipment
- ☐ 10. Holding & Cooking Temps.
- ☐ 11. DO NOT USE
- ☐ 12. Storage
- ☐ 13. Hand Sink/Hot Water
- ☐ 14. Warewashing/Cleaning
- ☐ 15. DO NOT USE
- ☐ 16. Food Other

HOUSING
- ☐ 17. Maintenance
- ☐ 18. Construction
- ☐ 19. DO NOT USE
- ☐ 20. Cleaning/Odors
- ☐ 21. Lighting/Ft. Candles
- ☐ 22. Plumbing
- ☐ 23. Inside Temperature
- ☐ 24. Sanitary Facilities
- ☐ 25. Sewage

VERMIN CONTROL
- ☐ 26. DO NOT USE
- ☐ 27. Infestation/Presence
- ☐ 28. Screening

BEDDING, TOWELS, & PERSONAL ITEMS
- ☐ 29. Beds
- ☐ 30. Linens
- ☐ 31. Storage
- ☐ 32. Personal Space

LAUNDRY
- ☐ 33. Separations/Transport.
- ☐ 34. Vented

MEDICATIONS OR TOXIC SUBSTANCES
- ☐ 35. DO NOT USE
- ☐ 36. Storage/Locked

GARBAGE/RUBBISH
- ☐ 37. Collection
- ☐ 38. Storage/Container
- ☐ 39. Disposal

RECREATIONAL AREA
- ☐ 40. Safe
- ☐ 41. Drained/Litter/Trash
- ☐ 42. DO NOT USE
- ☐ 43. Water Safety
- ☐ 44. DO NOT USE
- ☐ 45. Other
- ☐ 46. Other
- ☐ 47. Other
- ☐ 48. Other
- ☐ 49. Other
- ☐ 50. Other
- ☐ 51. Other
- ☐ 52. Other
- ☐ 53. Other

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: _____ *PHONE* _____

COPY OF REPORT RECEIVED BY: _____ *DATE* _____

DH 4029, 09/05 (Obsoletes Previous Edition, HRS-H Form 4027, and HRS-H Form 4033)

ESTABLISHED/FACILITY

24333

ALL FLORIDA ANALYZING

CERTIFICATION

Field Affidavit

Inspection / Testing Services
Medical Gas Systems & Equipment

№ 10856

Facility: Suwannee Hospice, Lake City, Fl.

Work Requisitioned By: Quality Plumbing

Area Tested: Full Facility Medical Gas System

PO #

In accordance with the terms of the contract documents and NFPA 99, I, Danny Webster, as a duly appointed representative of Medical Gas Maintenance and Certification, Inc, have conducted tests of the medical gas piping system and related equipment and certify to the following as of (date) 11-29-2006.

☐ Level I Facility ☑ Level II Facility ☐ Level III Facility ☐ Other

- ☑ Valves, outlets and piping are properly located and tagged, and function properly.
- ☑ Wall outlets were purged and function properly.
- ☑ Cross Connect Test: The medical gas and vacuum delivered at each outlet originated at the correct source.
- ☑ The concentration of gas delivered at each outlet was as specified.
- ☑ All alarm panels were tested and found to be properly located with signals functioning at the correct set points.
- ☑ Supply gas manifolds were tested and found to be properly located and sequenced correctly.
- ☑ ~~Air compressor and~~ vacuum pump ~~were~~ inspected and ~~are~~ installed correctly.
- ☑ Brazing completed by certified medical gas brazier. Certificate # 00-1101-01
- ☑ High purity analysis was conducted and all results comply with NFPA 99 standards.
- ☑ System has tested safe for patient care use.

Comments:

The Contractor verifies that he is responsible for identification of all the equipment to be certified in the system as of this date. Any equipment not listed on the attached worksheets is the responsibility of the Contractor.

Hold Harmless Clause:

The above certification applies to the condition of the detailed, itemized list of equipment as of the date noted. Medical Gas Maintenance and Certification, Inc will be held harmless from any liability caused by any modification of the piping system including but not limited to the gas outlets, alarms, zone valves, manifolds or supply gases at a later date. This Field Affidavit is valid for 60 days. An official document, bearing MGMC's notarized corporate seal, will be forwarded to you within 60 days. That document, combined with this affidavit, will complete this specific certification.

Signed by (MGMC/AFA):	Signed by (~~Facility Authority~~ Contractor) (DW):	Signed by (~~Contractor~~ Facility Authority) (Pres.):
Danny Webster	John Mitchell	Mike E Hunter

24333

Range Hood Systems Report

FIRE FIGHTERS EQUIPMENT CO.
WWW.FIREFIGHTERSUSA.COM

JENKINS FOOD SERVICE EQUIPMENT & SUPPLIES
WWW.JENKINSFOODSERVICE.COM

5638 Commonwealth Ave. • Jacksonville, Florida 32254
(904) 388-8542 • Fax: (904) 384-2610
License# 526705000298

DATE OF SERVICE 12-4-06	TIME 1		A.M.	P.M. X	
ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION X	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Kitchen cabinet					
MANUFACTURER Ansul	MODEL NUMBER R102	WET X	DRY CHEMICAL		
CYLINDER SIZE MASTER 3.0 GAL	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE			
FUSE LINKS 360° F 3	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER		
FUEL SHUT-OFF MGV	ELECTRIC F/A	GAS ✓	SIZE 1"		
SERIAL NUMBER 103580	LAST HYDRO TEST DATE 06	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE Ansul UL300					
PAGE NUMBER:	DRAWING NUMBER:				
UL 300 COMPLIANT ☒ YES ☐ NO					

Name Haven Hospice

Address US 90

City Lake City, Fl

Telephone _____ Store No. _____

Owner or Manager Steve/Ed

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

6b Range - 24"x	36"	Plenum. 10'	
Griddle - 24"x	24"		

1. All appliances properly covered w/correct nozzles	✓	20. Replaced fuse links	✓
2. Duct and plenum covered w/correct nozzles	✓	21. Check travel of cable nuts/S-hooks	✓
3. Check positioning of all nozzles.	✓	22. Piping & conduit securely bracketed	✓
4. System installed in accordance w/MFG UL listing	✓	23. Proper separation between fryers & flame	✓
5. Hood/duct penetrations sealed w/weld or UL device	✓	24. Proper clearance-flame to filters	✓
6. Check if seals intact, evidence of tampering	✓	25. Exhaust fan in operating order	✓
7. If system has been discharged, report same	N/A	26. All filters replaced	✓
8. Pressure gauge in proper range (If gauged)	N/A	27. Fuel shut-off in on position	✓
9. Check cartridge weight (If applicable)	✓	28. Manual & remote set/seals in place	✓
10. Hydrostatic test date	06	29. Replace systems covers	✓
11. 6 year maintenance date	N/A	30. System operational & seals in place	✓
12. Inspect cylinder and mount	✓	31. Slave system operational	N/A
13. Operate system from terminal link	✓	32. Clean cylinder & mount	✓
14. Test for proper operation from remote	✓	33. Fan warning sign on hood	✓
15. Check operation of micro switch F/A	✓	34. Personnel instructed in manual operation of system	✓
16. Check operation of gas valve	✓	35. Proper hand portable extinguishers	✓
17. Clean nozzles	✓	36. Portable extinguishers properly serviced	✓
18. Proper nozzle covers in place	✓	37. Service & Certification tag on system	✓
19. Check fuse links and clean	✓	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS: System Tested, Need for Service.

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
[illegible]	[illegible]	12/4/06	1		✓	[signature]

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

WHITE: CUSTOMER COPY CANARY: DISTRIBUTOR PINK: AUTHORITY HAVING JURISDICTION

24333

NFPA Record of Completion • 1

Jacksonville Sound Communications
FL: EF20000375 GA - LVU405400 SC - BFS9899-FAQ

605 N. W. 53rd Avenue Suite A-10
Gainesville, FL 32609
(352) 378-9777 / Fax: (352) 377-8225

FIRE ALARM SYSTEM
RECORD OF COMPLETION

Name of protected property: Suwannee Hospice of Lake City
Address: 6037 West US 90
Representative of protected property (name/phone): _____
Authority having jurisdiction: Lake City FD
Address/telephone number: _____
Organization name/phone *Representative name/phone*

Installer Preston Link
Supplier Jax Sound
Service Organization Jax Sound
Location of record (as-built) drawings: site
Location of operation and maintenance manuals: site
Location of test reports: site
A contract for test and inspection in accordance with NFPA standard(s)
Contract No(s): _____ Effective Date: _____ Expiration Date: _____

System Software
a) Operating system (executive) software revision level(s): _____
b) Site-specific software revision date: _____
c) Revision completed by: _____
(name) (firm)

1. Type(s) of System or Service

✓ NFPA 72, Chapter 6 – Local
If alarm is transmitted to location(s) off premises, list when received:
_____

_____ NFPA 72, Chapter 8 – Remote Station
Telephone numbers of the organization receiving alarm:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm:
_____
Indicate how alarm is retransmitted: _____

_____ NFPA 72, Chapter 8 – Proprietary
Telephone numbers of the organization receiving alarm:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm:
_____
Indicate how alarm is retransmitted: _____

_____ NFPA 72, Chapter 8 – Central Station
Prime contractor: _____
Central station location: _____

Jacksonville Sound Communications
FL: EF20000375 GA - LVU405400 SC - BFS9899-FAQ

605 N. W. 53rd Avenue Suite A-10
Gainesville, FL 32609
(352) 378-9777 / Fax: (352) 377-8225

Means of transmission of signals from the protected premises to the central station:

_____ McCulloh _____ Multiplex _____ One-way radio
_____ Digital alarm communicator _____ Two-way radio _____ Others

Means of transmissions of alarms to the public fire service communications center:

a) _____

b) _____

System Location: _____

_____ NFPA, Chapter 9 – Auxiliary
Indicate type of connection: _____ Local energy _____ Shunt _____ Parallel Telephone

Location of telephone number receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown, below, was inspected by W. Lewis on 12-2-06, includes the devices shown in 5 and 6, and has been in service since 12-2-06.

✓ NFPA 72, Chapters 1 2 (3) 4 5 6 7 8 9 10 11 (circle all that apply

✓ NFPA 72, *National Electrical Code*, Article 760

✓ Manufacturer's Instructions

_____ Other (specify) _____

Signed: Wayne Lewis Date: 12-2-06

Organization: Jax Sound

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached _____

All operational features & functions of this system were tested by Wayne Lewis

date 12-2-06 and found to be operating properly in accordance with the requirements of:

✓ NFPA 72, Chapters 1 2 (3) 4 5 6 7 8 9 10 11 (circle all that apply

✓ NFPA 72, *National Electrical Code*, Article 760

✓ Manufacturer's Instructions

_____ Other (specify) _____

Signed: Wayne Lewis Date: 12-2-06

Organization: Jax Sound

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system (see *NFPA, Table 6.6.1*):

Quantity: 41 Style: B Class: B

Jacksonville Sound Communications
FL: EF20000375 GA - LVU405400 SC – BFS9899-FAQ

605 N. W. 53rd Avenue Suite A-10
Gainesville, FL 32609
(352) 378-9777 / Fax: (352) 377-8225

5. Alarm-Initiating Devices and Circuits

Quantity and class of initiating device circuits (*See NFPA 72, Table 6.5*):
Quantity: _____ Style: _____ Class: _____

MANUAL

a) Manual Stations Noncoded _____ Transmitters _____ Coded _____ Addressable 8

b) Combination manual fire alarm and guard's tour coded stations _____

AUTOMATIC

Coverage: Complete _____ Partial _____

Selective _____ Nonrequired _____

a) Smoke detectors _____ Ion 18 Photo _____ Addressable _____

b) Duct detectors _____ Ion 11 Photo _____ Addressable _____

c) Heat detectors _____ FT _____ RR _____ FT/RR _____ RC _____ Addressable 0

d) Sprinkler waterflow indicators: Transmitters _____ Noncoded _____ Coded _____ Addressable 11

e) The alarm verification feature is disabled ____ or enabled, ____ changed from ____ seconds to ____ seconds

f) Others (list): 1 PIV

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

a) _____ Coded Stations
b) _____ Noncoded Stations
c) _____ Compulsory guard's tour system comprised of _____ transmitter stations & intermediate stations

Note: Combination devices are recorded under 5(b), Manual, and 6(a) Guard's Tour.

SPRINKLER SYSTEM

Check if provided

a) 2 Valve supervisory switches
b) _____ Building temperature points
c) _____ Site water temperature points
d) _____ Site water supply level points

Electric fire pump

e) _____ Fire pump power
f) _____ Fire pump running
g) _____ Phase reversal

Engine-driven fire pump

h) _____ Selector in auto position
i) _____ Engine or control panel trouble
j) _____ Fire pump running

ENGINE-DRIVEN GENERATOR

a) _____ Selector in auto position
b) _____ Control panel trouble
c) _____ Transfer switches
d) _____ Engine running

Other supervisory function(s) (specify): _____

Jacksonville Sound Communications
FL: EF20000375 GA - LVU405400 SC - BFS8699-FAQ

605 N. W. 53rd Avenue Suite A-10
Gainesville, FL 32609
(352) 378-9777 / Fax: (352) 377-8225

7. Annunciator(s)
Number: 1 Type: QS1-ANN Location: Nurse Station

8. Alarm Notification Appliances and Circuits
NFPA, Chapter 6 – Emergency Voice / Alarm Service
Quantity of voice/alarm channels: _____ Single: _____ Multiple:
Quantity of speakers installed: _____ Quantity of speaker zones: _____
Quantity of telephone or telephone jacks included in system: 2

Quantity and the class of notification appliance circuits connected to system (see *NFPA 72, Table 6.7*):
Quantity: _____ Style: _____ Class: _____

Types and quantities of notification appliances installed:
a) Bells _____ With Visible _____
b) Speakers _____ With Visible _____
c) Horns 40 With Visible 16
d) Chimes _____ With Visible _____
e) Others _____ With Visible _____
f) Visible appliances without audible: _____

9. System Power Supplies
a) Fire Alarm Control Panel: Nominal Voltage: 120 VAC Current Reading: 120
Overcurrent production: Type: Breaker Current Reading: 120
Location: main Electrical Room 2 C.L "Red"

b) Secondary (standby):
Storage Battery: 2 Amp-Hour Rating: 48
Calculated capacity to drive system, in hours: 48
Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: Bat Cabnet

c) Emergency system used as backup to primary power supply: Bat
Emergency system described in NFPA 70, Article 700: _____

10. Comments
Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are:

(signed) for installation contractor/supplier	Foreman (title)	12-4-06 (date)
(signed) for alarm service company	Tech (title)	12-4-06 (date)
(signed) for central station	Tech (title)	12-4-06 (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction)

(signed) representative of the authority having jurisdiction	Fire inspector (title)	12-4-06 (date)

24333

Lake City Fire Department

225 NW Main Blvd., Suite 101, Lake City, FL 32055
Phone: 386-752-3312 Fax: 386-758-5424

Michael Johnson
Fire Chief

Inspection Division

Fire Safety Inspectors
Carlton A. Tunsil
Assistant Fire Chief

Frank E. Armijo
Battalion Chief

Nathiel L. Williams, Sr.
Fire Inspector

TO: Haven Hospice of Lake City

FROM: Nathiel L. Williams
State Fire Inspector License #113360

DATE: December 4, 2006

SUBJECT: Fire Safety Inspection

A fire safety inspection was performed today at Haven Hospice of Lake City, located at6037 West US Hwy 90, Lake City, FL. This facility meets all requirements of Chapter 13 of Life Safety Code 101, 1997 Edition. No violations were noted. I recommend approval.

Nathiel L. Williams, Sr.
State Fire Inspector License #113360

CERTIFICATE OF OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 29-3S-16-02382-006 **Building permit No.** 000024333

Use Classification BUILDING HOSPICE **Fire:** 0.00

Permit Holder MICHAEL WALSH/MM PARRISH CONST **Waste:** 0.00

Owner of Building NORTH CENTRAL FLORIDA HOSPICE **Total:** 0.00

Location: 6037 W. US HIGHWAY 90, LAKE CITY, FL

Date: 12/15/2006

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

TEMPORARY

CERTIFICATE OF OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 29-3S-16-02382-006 **Building permit No.** 000024333

Use Classification BUILDING HOSPICE **Fire:** 0.00

Permit Holder MICHAEL WALSH/MM PARRISH CONST **Waste:** 0.00

Owner of Building NORTH CENTRAL FLORIDA HOSPICE **Total:** 0.00

Location: 6037 W. US HIGHWAY 90, LAKE CITY, FL

Date: 12/05/2006

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Certificate of Compliance for Termite Protection

(As required by Florida Building Code (FBC) 1816.1.7)

Live Oak
PEST CONTROL, INC.
17856 U.S. 129
McALPIN, FLORIDA 32062
(386) 362-3887
1-800-771-3887
Fax: (386) 364-3529

Haven Hospice House of Suwannee 6037 US Hwy 90 Lake City, FL 32055

Address of Treatment or Lot/Block of Treatment

Soil barrier spray

Method of Termite Prevention Treatment - soil barrier, wood treatment, bait system, other *(describe)*

The building has received a complete treatment for the prevention of subterranean termites. The treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

Dana Tidwell

Authorized Signature

#24333

Why No Shunt Trip? — see Note #6 (*24333)

Label Panel Boxes

Main Panel Labeled (Main)

Engineering Plans for Outside Disconnect

sprinkler Test

Generator Test

~~Back flow Preventor on Pump~~

~~Red~~ sprinkler conduit Gray (around Bldg. Gray sch. 40.

in use GFI outside Rec.

~~Lockout on Panel for each HVAC unit in each Patients Room~~.

Put Auxiliary ~~Extinguisher~~ Drain out 1 ft. from Bldg.

Plug hole in HVAC Unit (HP-6)

Question about enclosing HVAC units out Back next to court yard.

Install Light Fixtures under porch in Back of Bldg.

Label ALL Rooms

(4 Janitor Room) → GFI in Janitor Room in Office Bldg.

GFI on counter Top in Kitchen

→ Handle on Door going to Ladies Restroom

Child proof Rec. in Children's Play room.

GFI around wet sink in Room 202.

Change Lights in Showers to Moisture Proof Light.

Check AFCI in Bedrooms

SAME Item

See Letter ON LAST PAGE

Campbell Engineering

of North Florida, Inc.

2209 NW 40th Terrace, Suite A
Gainesville, Florida 32605

PHONE: 352/372-6967
FAX: 352/372-7232

SUBSTANTIAL COMPLETION FIELD REPORT

DATE: December 6, 2006

TO: Mr. William W. Brame
Brame Architects, Inc.
606 N.E. First Street
Gainesville FL 32601

CENF PROJECT NO.: 05030
PROJECT/SUBJECT: Haven Hospice of the Suwannee Valley
LOCATION: Lake City, Florida
CONTRACTOR: Parrish Construction
OWNER: Haven Hospice of North Central Florida

PRESENT AT SITE: Ed Huene, Mike Walsh, Steve Doll (Parrish), Billy Brame, Shih-Ping (Brame Architects) Chris Spence, Kevin Campbell (CENF), Sharon Breitinger, Mark Willard (Hospice)

THE FOLLOWING ELECTRICAL ITEMS WERE NOTED:

1 The downlights provided everywhere in the building were observed to require approximately one second to illuminate; although, Project Manual Section 16521, paragraph 2.2.1, requires that these downlights illuminate immediately with no noticeable delay. This requirement was apparently not complied with at Hospice of Chiefland or at Hospice of Palatka.

2 Room 115 has a lamp out in the NW corner of the room.

3 The downlights under the canopy in the front of the building appear to have been partially unseated for painting but have not yet been fully reseated; gaps were seen between their bottom and the ceiling.

4 The contractors requested whether arc-fault circuit breakers are required, and it is our determination that arc-fault circuit breakers are not required because the patient rooms do not have permanent cooking facilities which would cause these rooms to be considered, "dwelling units," by the NEC as would be the case with similar occupancies. For example, the National Electrical Code(NEC) specifically indicates that a motel or hotel room only requires Arc-Fault breakers if it also has a cooking efficiency in the room. A restaurant or kitchen elsewhere in the hotel does not meet the definition of dwelling units for the sleeping rooms. The 2005 NEC clarifies the definition of, "dwelling unit," (from previous editions of the NEC) to make it even more clear that without permanent cooking equipment in the individual, "unit," in question, the unit is not considered a dwelling unit; and therefore, Arc-Fault breakers are not required.

5 The contractors stated that the clear-plastic "in-use" covered weatherproof receptacles provided outside (instead of the die-cast galvanized-steel-covered receptacles which were specified) were mandated by the local code-inspector. Would could find no code requirement which mandates such covers unless these receptacles are intended for a dedicated usage to a permanently connected plug. These plastic materials do not appear to be substantially rugged, and we recommend that the Contractor request the specific code reference mandating these less expensive materials which we feel will not last as long as the specified materials.

6 The code-inspectors requested whether shunt-trip was required at the main service. This design element was deleted by addendum, and shall not be provided.

CUMMINS POWER SOUTH, LLC

321 S.W. 52nd Avenue Ocala, FL 34474

DATE:	12\1\06	WORK ORDER	57081	CUST. NO.	
CUSTOMER	Hospice Have of Suwannee			JOBSITE	
CONTACT	Guy			Hwy. 90	
PHONE NO.	(352) 339-2905			Lake City, FL	
	ENG:	Cummins	UNIT:	C P G	ATS:
MODEL NUMBER	6CTA8.3-G2		175DGFB-5778962		
SERIAL NUMBER	31723975		K060988809		
CPL/ARNGT NUMBER			S		
KW/VAC			175 KW / 480 VAC		
UNIT HOURS			7.9		

PROBLEM START-UP 175KW GENSET AND 3 ATS'

CORRECTION 11-30-06, DROVE TO JOB SITE AND GAINED ACCESS TO UNIT. INSPECTED SYSTEM FOR START-UP. FOUND SOLID WIRING RAN FROM JUNCTION BOX TO THE GENSET. HAD THE ELECTRICIAN CHANGE IT TO STRANDED. ALSO HAD TO RING OUT THE CONTROL WIRING TO THAT JUNCTION BOX DUE TO WIRING BEING MISMARKED. CLEANED JOB SITE AND DROVE TO SHOP

12-1-06, DROVET O JOB SITE AND GAINED ACCESS TO UNIT. INSTALLED 1 4D BATTERY. LANDED ALL CONTROL WIRING. CONNECTED LOW FUEL AND RUPTURE BASIN ALARMS. PERFORMED START UP AS PER START-UP CHECKLIST. PERFORMED 2 HOUR BUILDING LOAD TEST AND A 4 HOUR LOAD BANK TEST. (SEE ATTACHED REPORTS) LEFT SYSTEM IN AUTOMATIC, CLEANED JOB SITE AND DROVE TO SHOP.

CAUSE

JINGOZIAN 62951	YES	NO	TIME		EXPENSES	MILEAGE	360	
JOB COMPLETE	X		START		TOLLS: $		*COMMENTS	
PARTS USED	X		ARRIVE JOB		OTHER*: $			
PARTS ON ORDER		X	LEAVE JOB					
WARRANTY		X	END		TECH: Jason Jingozian			
D.I.S.	12\1\06		LUNCH	N\A	CUSTOMER:			

INITIAL START-UP, SYSTEM CHECK AND TEST RECORD

START-UP DATE: 12/01/06 BRANCH: Jacksonville

ID USER/OWNER: Hospice Haven of Suwannee

ADDRESS US Hwy. 90

Lake City, FL PHONE:

ENGINE MAKE/MODEL: Cummins 6CTA8.3-G2 Serial #: 31723975

GENSET MODEL: DGFB-5778962 SPEC #: S

SERIAL#: K060988809

TRANSFER SWITCH

MAKE/MODEL: C P G OTPCC-5777261 SPEC #: A

SERIAL#: J060977747

TYPE OF FUEL: DIESEL
(natural gas/lpg/gasoline/diesel)

TYPE OF INSTALLATION: ENCLOSURE
(indoor/outdoor/enclosure)

TYPE OF COOLING: RADIATOR
(radiator/remote radiator/heat exchanger)

DAYTANK MODEL/MAKE/SIZE:

ADDITIONAL COMMENTS:

NOTE TO TECHNICIANS

1. Perform these checks and fill out form completely.
2. Obtain signature of witness (owner/contractor) upon completion of start-up
3. Remove this page and send to Corporate Manager - Generator Service
4. File remaining pages in branch history files for futrue reference

Customer Name: Hospice Haven of Suwannee Account #

Phone: ( ) ( )

rt-Up Date: 12/01/06 Start-Up Hours: 1.5

Engine Make/Model Cummins 6CTA8.3-G2

Engine Serial Number: 31723975

C.P.L. # / Spec #: 2218

Injector Pump: Bosch inline

Turbo: HX32 Governor:

Belts: Cummins part# 3288867

FILTERS

Oil: LF9009

ater: WF2071

GENERATOR SET

Model: DGFB-5778962 Spec: S

Serial #: K060988809 Voltage: 480

Phase: THREE Amps: 263.1

Control Panel: PCC 2100

Regulator: PCC 2100

TRANSFER SWITCH

Model: OTPCC-5777261 Spec: A

Serial #: J060977747

BATTERY CHARGER: 300-3152-07 **ANNUNCIATOR:** 300-5929

Building Load: A= 10 B= 3.3 C= 4.6

Miscellaneous Information: _____

_____

OIL SYSTEM

OKAY Add Engine Lube Oil & Check Level
OKAY Service Air Filter
OKAY Oil Filter
OKAY Governor Linkage

FUEL SYSTEM

_____ Natural Gas
_____ Manual Shut Off Valve
_____ Primary Gas Pressure Regulator
_____ Gas Volume Surge Tank
_____ Dry Fuel Strainer
_____ Gas Solenoid Valve
_____ Flexible Fuel Connection
_____ Gas Available
_____ Gasoline
_____ Flexible Fuel Connection
_____ Primer Tank (fi required)
_____ Gasoline Solenoid Valve - Between primer tank & carburetor (if required)
_____ Gasoline Available
_____ Primer Tank (fi required)
OKAY Diesel
OKAY Flexible Fuel Connections (supply & return)
_____ Day Tank (installed below fuel pump & injectors)
_____ Fuel Transfer Pump
_____ Day Tank Float Switch Wired to Fuel Transfer Pump (A.C. or D.C.)
_____ Fuel Return Line to Main Tank One Size Larger
_____ Diesel Fuel Solenoid Valve (if required)
OKAY Diesel Fuel Available
OKAY Bleed Diesel

EXHAUST SYSTEM

OKAY Seamless Tubing
OKAY Exhaust Condensation Trap
OKAY Muffler
OKAY Correct Exhaust Piping Size
OKAY Long-Radius Exhaust Elbows
OKAY Exhaust Thimble

COOLING SYSTEM

OKAY Radiator Cooling
OKAY Add Coolant, Antifreeze, Check Level
OKAY Proper Exhaust Ventilation Duct & Opening
OKAY Proper Inlet Ventilation Opening
OKAY Proper Air Circulation
City Water Cooling
_____ standpipe _____ heat exchanger _____ direct
_____ Flexible Water Lines
_____ Water Solenoid Valve
_____ Water Strainer
_____ Water Available
_____ Proper Air Exhaust & Inlet Ventilation
OKAY Proper Air Circulation
OKAY Secured to Level Surface
OKAY Oil Drainage Clearance
OKAY Vibration Isolators Installed Correctly

ENGINE

_____ Spark Plugs - Correct Gap for Fuel Used
_____ Choke Set for Fuel Used
_____ Braker Point Set - Correct Gap for Fuel Used
OKAY Inspect Belt, Fan, alternator & Governor

BATTERY

OKAY Proper Battery Size
OKAY Electrolyte
OKAY Correct Polarity
OKAY Isolated From Floor

ELECTRICAL

OKAY Engine Water Jacket Heater Wired to Normal Source
OKAY Fuel Solenoid Valve Wired to Ignition System
OKAY Remotes Start Wiring to Transfer Switch
OKAY Operation Selector Switch to Proper Position
OKAY Proper Generator A.C. Wiring Connections (UR,YD,YB)
OKAY Is Plant Grounded? YES Where? FRAME

AUTOMATIC LOAD TRANSFER SWITCH

OKAY Remote Start Wiring to Engine/Generator
OKAY Trickle Charger Operation & Adjustment
OKAY Proper A.C. Load, A.C. Generator & A.C. Normal Wiring
OKAY Adjust Time Delay Relays
OKAY Adjust Clock Exerciser
OKAY Visual check Main Contactors
OKAY Is Contactor Block Removed?

GENERAL INSPECTION

OKAY Wiring
OKAY Hoses
OKAY Clearances
OKAY Supports

RECOMMENDATION OR MODIFICATIONS BEFORE PLANT IS STARTED FIRST TIME

_____

_____

_____ Modifications Completed Date: 12/1/2006
YES OK for Start Up

START AND WARM UP PERIOD (NO LOAD)

OKAY Field Circuit Breaker "Off"
OKAY Start Engine (Selector Switch in "Run" Position)
OKAY Oil Pressure 71 lbs
OKAY Water Temperature 95
OKAY Battery Charge Rate
OKAY Unusual Noises/Vibrations
OKAY Field Circuit Breaker "On"
OKAY Check Phase Rotation
OKAY Hertz
OKAY Unusual Noises/Vibrations
OKAY Allow Proper No Load Warm Up

WARM UP PERIOD (ADD LOAD)

OKAY Selector Switch in "Run" Position
OKAY Add Load by Simulating Power Failure (Main Breaker of Test Switch in the Automatic Transfer Switch)

ENGINE/GENERATOR

_____ Carburetor Adjustments
OKAY governor Adjustments
OKAY Check For Overload
OKAY Load Per Leg AMPS 10 AMPS 3.3 AMPS
OKAY Voltage 480
OKAY Hertz 60 hz
OKAY Oil Pressure 63 LBS
OKAY Water Temperature _____
OKAY Check Low Oil Pressure Safety Switch
OKAY Check Engine Overspeed Safety Switch
OKAY Unusual Noises/Vibrations

COMPLETE AUTOMATIC RESTART PERIOD

OKAY Check Oil & Water Levels
OKAY Selector Switch in "Remote"
OKAY Simulate Power Failure (Main Breaker Disconnect)

ENGINE/GENERATOR

OKAY Engine Start OK
OKAY Engine & Generator Under Load OK

OKAY Unusual Noises/Vibrations

AUTOMATIC LOAD TRANSFER SWITCH

OKAY Transfer to Emergency OK
OKAY Return Load to Normal (Main Breaker on to Restore Line Power Transfer Switch)
OKAY Retransfer to Normal OK
OKAY Time Delays Times Out Properly
OKAY Engine Shut - Down OK

FINAL INSTALLATION RECOMMENDATIONS

_____

_____

ONAN WARRANTY INITIATION

Engine/Generator Date: 12/1/2006

Automatic Load Transfer Switch Date: 12/1/2006

CHECKOUT & INITIAL START-UP

Performed BY: Jason Jingozian

Performed BY: _____

Witnessed By: _____

Company: _____

TRANSFER SWITCH

Model: OTPCC-5777257 Spec: A

Serial #: J060977748

TRANSFER SWITCH

Model: OTPCC-5777257 Spec: A

Serial #: J060977749

TRANSFER SWITCH

Model: _____ Spec: _____

Serial #: _____

TRANSFER SWITCH

Model: _____ Spec: _____

Serial #: _____

TRANSFER SWITCH

Model: _____ Spec: _____

Serial #: _____

TRANSFER SWITCH

Model: _____ Spec: _____

Serial #: _____

TRANSFER SWITCH

Model: _____ Spec: _____

Serial #: _____

TRANSFER SWITCH

Model: _____ Spec: _____

Serial #: _____

LOAD BANK TEST DATA SHEET

RO#	57081	DATE	12/1/2006																
CUSTOMER	Hospice Haven of Suwannee				CUST.#		TECHNICIAN	Jason Jingozian	PAGE # 1										
GENSET MAKE	Cummins Power Generation				M/N	DGFB-5778962		S/N	K060988809										
RATING	KW	175	VAC	480	AMPS	210.4	PF	1	NOTES: 4 hour full load test										
ENGINE MAKE	Cummins				M/N	6CTA8.3-G2		S/N	31723975										

GENERATOR DATA									ENGINE DATA							REMARKS
	VOLTAGE			CURRENT					WAT	OIL	OIL	BATT	AMB.	HOUR		
TIME	1-2	2-3	3-4	A	B	C	HZ	KW	TEMP	PRES	TEMP	VOLTS	TEMP	MTR		
15:30	480	480	480	131	130	132	60	108	171	61		13.8	70	3.6		WARM UP
15:45	480	480	480	211	209	216	60	175	193	47		13.8	70	3.8		
16:00	480	480	480	211	209	216	60	175	193	45		13.8	70	4.1		
16:15	480	480	480	211	208	215	60	175	193	45		13.8	70	4.3		
16:30	480	480	480	211	208	216	60	175	193	45		13.8	70	4.6		
16:45	480	480	480	211	209	216	60	175	193	45		13.8	70	4.8		
17:00	480	480	480	211	209	216	60	175	193	45		13.8	70	5.1		
17:15	480	480	480	211	209	216	60	175	193	45		13.8	70	5.3		
17:30	480	480	480	211	208	215	60	175	193	44		13.8	70	5.6		
17:45	480	480	480	211	209	216	60	175	193	44		13.8	70	5.8		
18:00	480	480	480	211	209	216	60	175	193	44		13.8	70	6.1		
18:15	480	480	480	211	209	215	60	175	193	44		13.8	70	6.3		
18:30	480	480	480	211	209	215	60	175	193	44		13.8	70	6.5		
18:45	480	480	480	211	209	216	60	175	193	44		13.8	70	6.8		
19:00	480	480	480	211	209	216	60	175	194	44		13.8	70	7.1		
19:15	480	480	480	211	209	216	60	175	194	44		13.8	70	7.3		
19:30	480	480	480	211	209	216	60	175	194	44		13.8	70	7.6		
19:45	480	480	480	211	208	216	60	175	194	44		13.8	70	7.8		
19:50	480	480	480	0	0	0	60	0	153	60		13.8	70	7.9		COOLDOWN

Customer Name:		GENSET S/N#	

GENERATOR DATA								
TIME	VOLTAGE			CURRENT			HZ	KW
	1-2	2-3	3-4	A	B	C		
12:30	480	480	480	10	0	0	60	2.4
12:45	480	480	480	10	0	0	60	2.6
13:00	480	480	480	10	0	0	60	2.6
13:15	480	480	480	10	0	0	60	2.6
13:30								
13:45								
14:00								
14:15								
14:30								

COLUMBIA COUNTY INSPECTION SHEET

DATE 12/04/2006 TAKEN BY _____ **INSPECTION DATE:** 12-5-06 Tues.

BUILDING PERMIT # 000024333 **CULVERT / WAIVER PERMIT #** _____ **WAIVER** _____

PARCEL ID # 29-3S-16-02382-006 ZONING A-3

TYPE OF DEVELOPMENT BUILDING HOSPICE

SETBACKS: FRONT 30.00 REAR 25.00 SIDE 25.00 HEIGHT 28.60

FLOOD ZONE X SEPTIC 06-0062-N NO. EXISTING D.U. 0

SUBDIVISION _____ Lot ___ Block ___ Unit 0 Phase ___

OWNER NORTH CENTRAL FLORIDA HOSPICE PHONE 352-379-6232

ADDRESS 6037 W US HWY 90 LAKE CITY FL 32055

CONTRACTOR MICHAEL WALSH/MM PARRISH CONST PHONE 352.378-1571

LOCATION 90-W TO 5 MILES WEST OF I-75, PLACE IS ON THE N SIDE (R) IMMEDIATELY PAST U/HAUL/STORAGE FACILITY.

COMMENTS: FDOT APPROVAL ATTACHED. SE.0435 . 1 FOOT ABOVE RD, 352-258-0165 NOC ON FILE, FOUNDATION PERMIT #24157, THIS PERMIT IS FOR THE COMPLETETION OF THE JOB, FIRE PROTECTION,HD,6-15-06

INSPECTION(S) REQUESTED:

___ Temp Power 02/21/2006 HD ___ Foundation 05/01/2006 HD ___ Set backs 05/01/2006 HD

___ Mono Slab _____ ___ Under Slab Rough-in 03/03/2006 RJ ___ Slab _____

___ Sheathing/Nailing _____ ___ Framing 06/23/2006 HD ___ Other _____

___ Above slab Rough-in 07/21/2006 HD ___ Electrical Rough-in 07/19/2006 HD

___ Heat & A/C _____ ___ Beam (Lintel) 05/23/2006 HD ___ Perm Power 10/06/2006 HD

✓ CO Final _____ ___ Culvert _____ ___ Reconnection _____

___ Pool _____ ___ MH Perm Power _____ ___ Utility Pole _____

___ RV Power _____ ___ Re-Roof _____ ___ MH Pole _____

INSPECTORS:

APPROVED _____ NOT APPROVED _____ BY _____ POWER CO. FPL

INSPECTORS COMMENTS: _____

ENGINE DATA							REMARKS
WAT TEMP	OIL PRES	OIL TEMP	BATT VOLTS	AMB. TEMP	HOUR MTR		
105	68		13.9	75	1.5		
180	61		13.9	75	1.8		
185	55		13.8	75	2		
185	55		13.8	75	2.3		

LOAD BANK TEST DATA SHEET

RO#	57081	DATE	12/1/2006																
CUSTOMER	Hospice Haven of Suwannee (lake city)			CUST.#															
TECHNICIAN	Jason Jingozian	PAGE # 1																	
GENSET MAKE	Cummins Power Generation			M/N		S/N													
RATING	KW	175	VAC	480	AMPS	263	PF	0.8	NOTES: 2 hour building load test										
ENGINE MAKE	Cummins			M/N		S/N													

	GENERATOR DATA								ENGINE DATA							REMARKS
	VOLTAGE			CURRENT					WAT	OIL	OIL	BATT	AMB.	HOUR		
TIME	1-2	2-3	3-4	A	B	C	HZ	KW	TEMP	PRES	TEMP	VOLTS	TEMP	MTR		
12:30	480	480	480	10	3.4	4.5	60	2.4	105	71		13.9	75	1.5		
12:45	480	480	480	10	3	4.5	60	2.6	180	63		13.9	75	1.8		
13:00	480	480	480	10	3.2	4.5	60	2.6	185	55		13.8	75	2		
13:15	480	480	480	10	3.3	4.5	60	2.6	185	55		13.8	75	2.3		
13:30	480	480	480	10	3.3	4.6	60	2.6	185	55		13.8	75	2.5		
13:45	480	480	480	10	3.3	4.6	60	2.6	185	55		13.8	75	2.8		
14:00	480	480	480	10	3.3	4.5	60	2.6	185	55		13.8	75	3		
14:15	480	480	480	10	3.3	4.6	60	2.6	185	55		13.8	75	3.3		
14:30	480	480	480	10	3.3	4.6	60	2.6	185	55		13.8	75	3.5		

Steven Doll

From: Shih-Ping Lin [slin@bramearchitects.com]
Sent: Thursday, December 14, 2006 2:47 PM
To: Steven Doll
Subject: FW: Haven Hospice of the Suwannee Valley - enclosure requirement

---

From: Shih-Ping Lin [mailto:slin@bramearchitects.com]
Sent: Tuesday, December 12, 2006 10:47 AM
To: 'Ed Huene'
Subject: Haven Hospice of the Suwannee Valley - enclosure requirement

Ed,

We were not able to find any code requirement regarding enclosure for HVAC equipments. The partial enclosure walls for the other mechanical equipment pads in the project were intended mainly to provide visual screening. Please let me know if I can be of further assistance.

Sincerely,
Shih-Ping

Shih-Ping Lin
Brame Architects
606 N.E. First Street
Gainesville, FL 32601
Tel.: (352) 372-0425
Fax: (352) 372-0427

Hospice US90W

24333

SUWANNEE
RIVER
WATER
MANAGEMENT
DISTRICT
9225 CR 49
LIVE OAK, FLORIDA 32060
TELEPHONE: (386) 362-1001
TELEPHONE: 800-226-1066
FAX (386) 362-1056

GENERAL PERMIT

PERMITTEE:
HOSPICE OF NORTH CENTRAL FLORIDA
4200 NORTHWEST 90TH BOULEVARD
GAINESVILLE, FL 32606

PERMIT NUMBER: ERP05-0528
DATE ISSUED: 01/03/2006
DATE EXPIRES: 01/03/2009
COUNTY: COLUMBIA
TRS: S29/T3S/R16E

PROJECT: HAVEN HOSPICE OF THE SUWANNEE VALLEY

Approved entity to whom operation and maintenance may be transferred pursuant to rule 40B-4.1130, Florida Administrative Code (F.A.C.):

TIM BOWEN
HOSPICE OF NORTH CENTRAL FLORIDA
4200 NORTHWEST 90TH BOULEVARD
GAINESVILLE, FL 32606

Duplicate

Based on information provided, the Suwannee River Water Management District's (District) rules have been adhered to and an environmental resource general permit is in effect for the permitted activity description below:

Construction of a 24 Bedroom care facility with adjacent parking area and two stormwater management ponds as shown by the design, plans and drawings submitted by Causseaux & Ellington, Inc on 12/05/05. Plans are signed and sealed by Andrew Roberts, P.E. on 11/30/05. A replacement (corrected) sheet submitted on 01/05/06 and signed and sealed by Andrew Roberts on 01/03/06 shall also be a part of the design.

It is your responsibility to ensure that adverse off-site impacts do not occur either during or after construction. Any additional construction or alterations not authorized by this permit may result in flood control or water quality problems both on and off site and will be a violation of District rule.

You or any other substantially affected persons are entitled to request an administrative hearing pursuant to ss.120.57(1), Florida Statutes (F.S.), and s.40B-1.511, F.A.C., if they object to the District's actions. Failure to request a hearing within 14 days will constitute a waiver of your right

to request such a hearing. In addition, the District will presume that permittee waives Chapter 120, F.S., rights to object or appeal the action upon commencement of construction authorized by the permit.

This permit is issued under the provisions of chapter 373, F.S., chapter 40B-4, and chapter 40B-400, F.A.C. A general permit authorizes the construction, operation, maintenance, alteration, abandonment, or removal of certain minor surface water management systems. This permit authorizes the permittee to perform the work necessary to construct, operate, and maintain the surface water management system shown on the application and other documents included in the application. This is to notify you of District's agency action concerning Notice Of Intent. This action is taken pursuant to rule 40B-4 and 40B-400, F.A.C.

Standard Conditions for All General Permits:

1. The permittee shall perform all construction authorized in a manner so as to minimize adverse impacts to fish, wildlife, natural environmental values, and water quality. The permittee shall institute necessary measures during construction including riprap, reinforcement, or compaction of any fill materials placed around newly installed structures, to minimize erosion, turbidity, nutrient loading, and sedimentation in the receiving waters.

2. Water quality data representative of the water discharged from the permitted system, including, but not limited to, the parameters in chapter 62-302, F.A.C., shall be submitted to the District as required. If water quality data are required, the permittee shall provide data as required on the volume and rate of discharge including the total volume discharged during the sampling period. All water quality data shall be in accordance with and reference the specific method of analysis in "Standard Methods for the Examination of Water and Wastewater" by the American Public Health Association or "Methods for Chemical Analysis of Water and Wastes" by the U.S. Environmental Protection Agency.

3. The operational and maintenance phase of an environmental resource permit will not become effective until the owner or his authorized agent certifies that all facilities have been constructed in accordance with the design permitted by the District. If required by the District, such as-built certification shall be made by an engineer or surveyor. Within 30 days after the completion of construction of the system, the permittee shall notify the District that the facilities are complete. If appropriate, the permittee shall request transfer of the permit to the responsible entity approved by the District for operation and maintenance. The District may inspect the system and, as necessary, require remedial measures as a condition of transfer of the permit or release for operation and maintenance of the system.

4. Off-site discharges during and after construction shall be made only through the facilities

authorized by the permit. Water discharged from the project shall be through structures suitable for regulating upstream stage if so required by the District. Such discharges may be subject to operating schedules established by the District.

5. The permit does not convey to the permittee any property right nor any rights or privileges other than those specified in the permit and chapter 40B-1, F.A.C.

6. The permittee shall hold and save the District harmless from any and all damages, claims, or liabilities which may arise by reason of the construction, operation, maintenance, alteration, abandonment, or development in a Works of the District which is authorized by the permit.

7. The permit is issued based on the information submitted by the applicant which reasonably demonstrates that adverse off-site water resource impacts will not be caused by the permitted activity. It is the responsibility of the permittee to insure that such adverse impacts do not in fact occur either during or after construction.

8. It is the responsibility of the permittee to obtain all other clearances, permits, or authorizations required by any unit of local, state, or federal government.

9. The surfacewater management system shall be constructed prior to or concurrent with the development that the system is intended to serve and the system shall be completed within 30 days of substantial completion of the development which the system is intended to serve.

10. Except for General Permits After Notice or permits issued to a unit of government, or unless a different schedule is specified in the permit, the system shall be inspected at least once every third year after transfer of a permit to operation and maintenance by the permittee or his agent to ascertain that the system is being operated and maintained in a manner consistent with the permit. A report of inspection is to be sent to the District within 30 days of the inspection date. If required by chapter 471, F.S., such inspection and report shall be made by an engineer.

11. The permittee shall allow reasonable access to District personnel or agents for the purpose of inspecting the system to insure compliance with the permit. The permittee shall allow the District, at its expense, to install equipment or devices to monitor performance of the system authorized by their permit.

12. The surfacewater management system shall be operated and maintained in a manner which is consistent with the conditions of the permit and chapter 40B-4.2040, F.A.C.

13. The permittee is responsible for the perpetual operation and maintenance of the system unless the operation and maintenance is transferred pursuant to chapter 40B-4.1130, F.A.C., or the permit

is modified to authorize a new operation and maintenance entity pursuant to chapter 40B-4.1110, F.A.C.

14. All activities shall be implemented as set forth in the plans, specifications and performance criteria as approved by this permit. Any deviation from the permitted activity and the conditions for undertaking that activity shall constitute a violation of this permit.

15. This permit or a copy thereof, complete with all conditions, attachments, exhibits, and modifications, shall be kept at the work site of the permitted activity. The complete permit shall be available for review at the work site upon request by District staff. The permittee shall require the contractor to review the complete permit prior to commencement of the activity authorized by this permit.

16. Activities approved by this permit shall be conducted in a manner which do not cause violations of state water quality standards.

17. Prior to and during construction, the permittee shall implement and maintain all erosion and sediment control measures (best management practices) required to retain sediment on-site and to prevent violations of state water quality standards. All practices must be in accordance with the guidelines and specifications in the Florida Stormwater, Erosion, and Sedimentation Control Inspector's Manual unless a project specific erosion and sediment control plan is approved as part of the permit, in which case the practices must be in accordance with the plan. If site-specific conditions require additional measures during any phase of construction or operation to prevent erosion or control sediment, beyond those specified in the erosion and sediment control plan, the permittee shall implement additional best management practices as necessary, in accordance with the Florida Stormwater, Erosion, and Sedimentation Control Inspector's Manual. The permittee shall correct any erosion or shoaling that causes adverse impacts to the water resources.

18. Stabilization measures shall be initiated for erosion and sediment control on disturbed areas as soon as practicable in portions of the site where construction activities have temporarily or permanently ceased, but in no case more than seven days after the construction activity in that portion of the site has temporarily or permanently ceased.

19. At least 48 hours prior to commencement of activity authorized by this permit, the permittee shall submit to the District a Construction Commencement Notice Form No. 40B-1.901(14) indicating the actual start date and the expected completion date.

20. When the duration of construction will exceed one year, the permittee shall submit construction status reports to the District on an annual basis utilizing an Annual Status Report Form No. 40B-1.901(15). These forms shall be submitted during June of each following year.

21. For those systems which will be operated or maintained by an entity requiring an easement or deed restriction in order to provide that entity with the authority necessary to operate or maintain the system, such easement or deed restriction, together with any other final operation or maintenance documents as are required by Paragraph 40B-4.2030(2)(g), F.A.C., and Rule 40B-4.2035, F.A.C., must be submitted to the District for approval. Documents meeting the requirements set forth in these subsections of District rules will be approved. Deed restrictions, easements and other operation and maintenance documents which require recordation either with the Secretary of State or Clerk of the Circuit Court must be so recorded prior to lot or unit sales within the project served by the system, or upon completion of construction of the system, whichever occurs first. For those systems which are proposed to be maintained by county or municipal entities, final operation and maintenance documents must be received by the District when maintenance and operation of the system is accepted by the local governmental entity. Failure to submit the appropriate final documents referenced in this paragraph will result in the permittee remaining liable for carrying out maintenance and operation of the permitted system.

22. Each phase or independent portion of the permitted system must be completed in accordance with the permitted plans and permit conditions prior to the initiation of the permitted use of site infrastructure located within the area served by that portion or phase of the system. Each phase or independent portion of the system must be completed in accordance with the permitted plans and permit conditions prior to transfer of responsibility for operation and maintenance of that phase or portion of the system to a local government or other responsible entity.

23. Within 30 days after completion of construction of the permitted system, or independent portion of the system, the permittee shall submit a written statement of completion and certification by a registered professional engineer or other appropriate individual as authorized by law, using the supplied As-Built Certification Form No. 40B-1.901(16) incorporated by reference in Subsection 40B-1.901(16), F.A.C. When the completed system differs substantially from the permitted plans, any substantial deviations shall be noted and explained and two copies of as-built drawings submitted to the District. Submittal of the completed form shall serve to notify the District that the system is ready for inspection. The statement of completion and certification shall be based on on-site observation of construction (conducted by the registered professional engineer, or other appropriate individual as authorized by law, or under his or her direct supervision) or review of as-built drawings for the purpose of determining if the work was completed in compliance with approved plans and specifications. As-built drawings shall be the permitted drawings revised to reflect any changes made during construction. Both the original and any revised specifications must be clearly shown. The plans must be clearly labeled as "as-built" or "record" drawing. All surveyed dimensions and elevations shall be certified by a registered surveyor. The following information, at a minimum, shall be verified on the as-built drawings:

a. Dimensions and elevations of all discharge structures including all weirs, slots, gates, pumps,

pipes, and oil and grease skimmers;

b. Locations, dimensions, and elevations of all filter, exfiltration, or underdrain systems including cleanouts, pipes, connections to control structures, and points of discharge to the receiving waters;

c. Dimensions, elevations, contours, or cross-sections of all treatment storage areas sufficient to determine stage-storage relationships of the storage area and the permanent pool depth and volume below the control elevation for normally wet systems, when appropriate;

d. Dimensions, elevations, contours, final grades, or cross-sections of the system to determine flow directions and conveyance of runoff to the treatment system;

e. Dimensions, elevations, contours, final grades, or cross-sections of all conveyance systems utilized to convey off-site runoff around the system;

f. Existing water elevation(s) and the date determined; and

g. Elevation and location of benchmark(s) for the survey.

24. The operation phase of this permit shall not become effective until the permittee has complied with the requirements of the condition in paragraph 23 above, the District determines the system to be in compliance with the permitted plans, and the entity approved by the District in accordance with Rule 40B-4.2035, F.A.C., accepts responsibility for operation and maintenance of the system. The permit may not be transferred to such approved operation and maintenance entity until the operation phase of the permit becomes effective. Following inspection and approval of the permitted system by the District, the permittee shall request transfer of the permit to the approved responsible operation and maintenance operating entity if different from the permittee. Until the permit is transferred pursuant to Rule 40B-4.1130, F.A.C., the permittee shall be liable for compliance with the terms of the permit.

25. Should any other regulatory agency require changes to the permitted system, the permittee shall provide written notification to the District of the changes prior to implementation so that a determination can be made whether a permit modification is required.

26. This permit does not eliminate the necessity to obtain any required federal, state, local and special District authorizations prior to the start of any activity approved by this permit. This permit does not convey to the permittee or create in the permittee any property right, or any interest in real property, nor does it authorize any entrance upon or activities on property which is not owned or controlled by the permittee, or convey any rights or privileges other than those specified in the permit and in this chapter and Chapter 40B-4, F.A.C.

27. The permittee is hereby advised that Section 253.77, F.S., states that a person may not commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, the title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund without obtaining the required lease, license, easement, or other form of consent authorizing the proposed use. Therefore, the permittee is responsible for obtaining any necessary authorizations from the Board of Trustees prior to commencing activity on sovereignty lands or other state-owned lands.

28. Any delineation of the extent of a wetland or other surface water submitted as part of the permit application, including plans or other supporting documentation, shall not be considered specifically approved unless a specific condition of this permit or a formal determination under 40B-400.046, F.A.C., provides otherwise.

29. The permittee shall notify the District in writing within 30 days of any sale, conveyance, or other transfer of ownership or control of the permitted system or the real property at which the permitted system is located. All transfers of ownership or transfers of a permit are subject to the requirements of Rule 40B-4.1130, F.A.C. The permittee transferring the permit shall remain liable for any corrective actions that may be required as a result of any permit violations prior to such sale, conveyance or other transfer.

30. If historical or archaeological artifacts are discovered at any time on the project site, the permittee shall immediately notify the District.

31. The permittee shall immediately notify the District in writing of any previously submitted information that is later discovered to be inaccurate.

WITHIN 30 DAYS AFTER COMPLETION OF THE PROJECT, THE PERMITTEE SHALL NOTIFY THE DISTRICT, IN WRITING, THAT THE FACILITIES ARE COMPLETE.

Approved by Jerry Bowden
District Staff

Date Approved 6/1/09/06

Timothy Sargent
Clerk

Executive Director

24333

6.2

PROJECT NAME Haven Hospice PROJECT NO 22-06 PAGE OF

AIR DUCT LEAKAGE TEST SUMMARY

AIR SYSTEM AHU-13/AHU-14
FAN CFM (Q)

LEAKAGE CLASS 2
SPECIFIED TEST PRESSURE (P_t) 2
DUCT CONSTRUCTION PRESSURE CLASS (P_c) 2

DESIGN DATA				FIELD TEST DATA RECORD							
		ALLOWABLE LEAKAGE		DIAMETER		PRESSURE "W.G.					
SUBJECT DUCT	SURFACE AREA IN FT²	~~FACTOR CFM/100 FT²~~	CFM (TEST SECTION)	ORIFICE	TUBE	DUCT	ACROSS ORIFICE	DATE	PERFORMED BY	WITNESSED BY	ACTUAL CFM
TOTAL SYSTEM		5%		****	***	**	*****	****	****	****	
TEST SECTION(S)											
AHU-13	Supply	110	2200		5"	2"	.3	7/13/06	MP	EH	29.2
AHU-13	Return	48	950		5"	2"	.0	7/13/06	MP	EH	0
AHU-14	O/A	100	2000		5"	2"	.5	7/13/06	MP	EH	37.9
AHU-4	Return	85	1700		5"	2"	.2	7/18/06	MP	EH	23.8
AHU-4	Supply	120	2400		5"	2"	.1	7/18/06	MP	EH	16.7
AHU-5	Supply	120	2400		5"	2"	.8	7/20/06	MP	EH	48.1
AHU-5	Return	105	2100		5"	2"	.6	7/20/06	MP	EH	41.5
AHU-6	Return	48	950		5"	2"	.0	7/20/06	MP	EH	0
AHU-6	Supply	110	2200		5"	2"	.8	7/20/06	MP	EH	48.1
AHU-7	O/A	100	2000		5"	2"	.01	7/20/06	MP	EH	Ho J

24333

A CONTRACTOR'S MATERIAL AND TEST CERTIFICATE

PARTS A & C - SPRINKLER & WATER SPRAY ABOVEGROUND PIPIING (Fill Out Separate Certificate For Each Riser)

PROCEDURE

UPON COMPLETION OF WORK, INSPECTION AND TESTS SHALL BE MADE BY THE CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHALL BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.

A CERTIFICATE SHALL BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHALL BE PREPARED FOR APPROVING AUTHORITIES, OWNERS AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP, OR FAILURE TO COMPLY WITH APPROVING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: Havin Hospice of The Suwanee Valley — DATE: 8-17-06

PROPERTY ADDRESS: 6037 West Hwy 90, Lake City, Florida

PLANS

ACCEPTED BY APPROVING AUTHORITY (S) NAMES: Lake City Fire Marshall's Office

ADDRESS: Lake City Florida

INSTALLATION CONFORMS TO ACCEPTED PLANS: YES [X] NO [ ]

EQUIPMENT USED IS APPROVED: YES [X] NO [ ]

IF NO, STATE DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT? YES [X] NO [ ]

IS YES, GIVE NAME. IF NO, EXPLAIN.

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES? YES [X] NO [ ]

IF YES, GIVE NAME. IF NO, EXPLAIN.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 PSI (13.8 bars) for two hours or 50 PSI (3.4 bars) above static pressure in excess of 150 PSI (10.3 bars). Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 PSI (2.8 bars) air pressure and measure air pressure drop which shall not exceed 1 1/2 PSI (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1 1/2 PSO (0.1 bars) in 24 hours.

TESTS REQUIRED

HYDROSTATIC: ALL PIPING.
PNEUMATIC: DRY PIPING
EQUIPMENT OPERATION: ALL

DRAIN

LOCATION

SERVES BUILDINGS: Wet System

SPRINKLERS OR SPRAY NOZZLES

MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE
Reliable	F1FR pendant	1/2"	128	155°
Reliable	F1FR upright	1/2"	11	155°
Reliable	F1FR sidewall	1/2"	16	155°
Reliable	F1FR sidewall Ext. cov.	3/4"	16	165°

PIPE AND FITTINGS

MATERIAL AND KIND CONFORMS TO NFPA-13 STANDARD

IF NONE, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE TEST PIPE MIN.	MAXIMUM TIME TO OPERATE TEST PIPE SEC.

DRY PIPE VALVES

OPERATING TEST RESULTS:

MAKE	MODEL	SER. NO.	TIME TO TRIP THROUGH TEST PIPE WITHOUT Q.O.D. MIN.	WITHOUT Q.O.D. SEC.	WITH Q.O.D. MIN.	WITH Q.O.D. SEC.	WATER PRESS PSI	AIR PRESS PSI	TIP POINT AIR PRESS PSI	TIME WATER REACHED TEST OUTLET MIN.	TEST OUTLET SEC.	ALARM OPERATED PROPERLY YES	NO

IF NO, EXPLAIN

DELUGE & PREACTION VALVES

OPERATION PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC ☐

PIPING SUPERVISED: YES ☐ NO ☐ DETECTING MEDIA SUPERVISED YES ☐ NO ☐

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? YES ☐ NO ☐

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES ☐ NO ☐

IF NO, EXPLAIN

MAKE	MODEL	Does Each Circuit Operate Supervision Loss Alarm? YES	NO	Does Each Circuit Operate Valve Release? YES		NO	Maximum Time To Operate Release? MIN.		SEC

TEST

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HOURS

DRY PIPING PNEUMATICALLY TESTED: YES ☐ NO ☐

EQUIPMENT OPERATES PROPERLY: YES ☐ NO ☐

IF NO, STATE REASON

DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE PSI

RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE PSI

TEST BLANKS

NUBER USED	LOCATIONS	NUMBER REMOVED

WELDING

WELDED PIPING YES ☐ NO ☐

IF YES...

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AWS D10.9, LEVEL AR-3? YES ☐ NO ☐

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AWS D10.9, LEVEL AR-3? YES ☐ NO ☐

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OR PIPING ARE NOT PENETRATED?

YES ☐ NO ☐

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN

SIGNATURES

NAME OF SPRINKLER CONTRACTOR

FOR PROPERTY OWNER (SIGNED) TITLE

FOR SPRINKLER CONTRACTOR (SIGNED) Joe Q Mader

TEST WITNESSED BY Carlton Smith TITLE DATE 8/17/06

ADDITIONAL EXPLANATIONS AND NOTES

Notice of Prevention for Subterranean Termites

(As required by Florida Building Code (FBC) 104.2.6) 24333

Live Oak PEST CONTROL, INC. A locally owned company serving you since 1971

17856 U.S. 129 • McALPIN, FLORIDA 32062
(386) 362-3887 • 1-800-771-3887 • Fax: (386) 364-3529

Hospice / Hwy 90 W Lake City, FL
Address of Treatment or Lot/Block of Treatment

12-1-06	11:30 AM	Calvin R. Smart
Date	Time	Applicator
Prevail	Cypermethrin	200
Product Used	Chemical used *(active ingredient)*	Number of gallons applied
.25%	Ø	836
Percent Concentration	Area treated *(square feet)*	Linear feet treated

Vertical / Final Rx
Stage of treatment *(Horizontal, Vertical, Adjoining Slab, retreat of disturbed area)*

As per 104.2.6 - If soil chemical barrier method for Subterranean termite prevention is used, final exterior treatment shall be completed prior to final building approval.
If this notice is for the final exterior treatment, initial and date this line. CNS 12-1-06

Notice of Prevention for Subterranean Termites

(As required by Florida Building Code (FBC) 104.2.6)

Live Oak PEST CONTROL, INC.
A locally owned company serving you since 1972

17856 U.S. 129 • McALPIN, FLORIDA 32062
(386) 362-3887 • 1-800-771-3887 • Fax: (386) 364-3529

24333

Hospice Hwy 90 Lake City FL
Address of Treatment or Lot/Block of Treatment

10-3-06
Date

2:00pm
Time

Calvin R. Smart
Applicator

Prevail
Product Used

Cypermethrin
Chemical used *(active ingredient)*

60
Number of gallons applied

.25%
Percent Concentration

300
Area treated *(square feet)*

60
Linear feet treated

Horizontal/Vertical/Adjoining Slab
Stage of treatment *(Horizontal, Vertical, Adjoining Slab, retreat of disturbed area)*

As per 104.2.6 - If soil chemical barrier method for Subterranean termite prevention is used, final exterior treatment shall be completed prior to final building approval.
If this notice is for the final exterior treatment, initial and date this line. _____

Notice of Prevention for Subterranean Termites

(As required by Florida Building Code (FBC) 104.2.6)

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(386) 362-3887 • 1-800-771-3887 • Fax: (386) 364-3529

24333

Hospice 6037 U.S. 90 W. Lake City Fl
Address of Treatment or Lot/Block of Treatment

9.28.06
Date

3:00 PM
Time

Aaron J Cummings
Applicator

Prevail
Product Used

Cypermethrin
Chemical used *(active ingredient)*

35
Number of gallons applied

.25%
Percent Concentration

150
Area treated *(square feet)*

50
Linear feet treated

Horizontal / Vertical / Adjoining Slabs
Stage of treatment *(Horizontal, Vertical, Adjoining Slab, retreat of disturbed area)*

As per 104.2.6 - If soil chemical barrier method for Subterranean termite prevention is used, final exterior treatment shall be completed prior to final building approval.
If this notice is for the final exterior treatment, initial and date this line. _____

Notice of Prevention for Subterranean Termites

(As required by Florida Building Code (FBC) 104.2.6)

Live Oak PEST CONTROL, INC.
A locally owned company serving you since 1972

17856 U.S. 129 • McALPIN, FLORIDA 32062
(386) 362-3887 • 1-800-771-3887 • Fax: (386) 364-3529

24333

Hospice 6037 U.S. 90 W Lake City, FL.
Address of Treatment or Lot/Block of Treatment

9-8-06
Date

8:00 AM
Time

Calvin R Smart
Applicator

Prevail
Product Used

Cypermethrin
Chemical used *(active ingredient)*

150
Number of gallons applied

.25%
Percent Concentration

650
Area treated *(square feet)*

208
Linear feet treated

Horizontal/Vertical/Adjoining Slab
Stage of treatment *(Horizontal, Vertical, Adjoining Slab, retreat of disturbed area)*

As per 104.2.6 - If soil chemical barrier method for Subterranean termite prevention is used, final exterior treatment shall be completed prior to final building approval.
If this notice is for the final exterior treatment, initial and date this line. _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-0062-N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.

See attached

Notes: _____

Site Plan submitted by: See attached (Signature) Engineer (Title)

Plan Approved ✓ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
[illegible]

Notice of Commencement

Permit No. 0512-55
State of Florida
County of Alachua
City of Gainesville

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordan with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (street address, if available) -See Attached-

General description of improvements: New Office Facility and Care Center

Owner: North Central Florida Hospice, Inc.

Address: 6037 West U.S. Highway 90 Lake City, Florida

Owner's interest in site of the improvement Sole owner of new care facility.

Fee Simple Title holder (if other than the owner)

Name: N/A

Address:

Contractor: MM Parrish Construction Company

Address: 3455 SW 42nd Avenue Gainesville, Florida 32608

Surety: Arch Insurance Company

Address: 3 Parkway, Suite 1500 Philadelphia, PA 19102

Inst:2006001687 Date:01/24/2006 Time:12:14
DC,P.DeWitt Cason,Columbia County B:1071 P:2394

Any person making a loan for the construction of the improvements: YMK

Name: Wachovia Bank

Address: 104 North Main Street Gainesville, Florida 32601

Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes

Name: ~~N/A~~ North Central Florida Hospice Inc c/o AvMed Facilities Design & Construction Service

Address: 4300 NW 89 Blvd, Gainesville FL 32606

In addition to himself, owner designates Stephen L. Doll

Of MM Parrish Construction Company
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

Sworn to and subscribed before me this 17TH day of January, 2006.

Notary Signature

STEPHEN L. DOLL
Printed Signature of Notary

My commision expires: 4/7/06

NCFH inc by

Signature of Owner

S. BREITINGER
Printed Signature of Owner

STEPHEN L. DOLL
MY COMMISSION # DD 106164
EXPIRES: April 7, 2006
1-800-3-NOTARY FL Notary Service & Bonding, Inc.

Parrish
CONSTRUCTION CO.

Date: February 23, 2006

To: Joe Haltiwanger

From: Steve Doll

Attachments: Truss Engineering/Shop Drawings- Hospice of Suwannee

---

Re: Supplemental Permitting Information- Trusses

Joe,

Here is our truss engineering for the new Hospice facility to be constructed at 6037 West US Highway 90. Please add this to our permit package. Fire Protection drawings and product data sheets will be submitted shortly.

We appreciate all you have done to facilitate a quick turnaround on our Foundation permit. It has been extremely helpful in helping Hospice to honor some of the commitments they have already made to the general public.

Thank you,

Steve Doll

GENERAL CONTRACTORS • CONSTRUCTION MANAGERS • DESIGN BUILDERS
3455 SW 42 Avenue, Gainesville, Florida 32614 • P.O. Box 141930, Gainesville, Florida 32614-1930
(352) 378-1571 • Fax (352) 377-0669 • CGC 056005

Ridgway Roof Truss Company

(Trusses and Prefabricated Building Components)

Mailing: P.O. Box 1309 – Gainesville, Florida 32602
Physical: 235 SW 11th Place – Gainesville, Florida 32601

Telephone: (352) 376-4436
FAX: (352) 371-3316

Email: Sales@RidgwayTruss.com
www.RidgwayTruss.com

WARNING

THESE TRUSSES MUST BE HANDLED ACCORDING TO BCSI-B1 SUMMARY SHEETS

SEE TABLE OF CONTENTS

SEALED

DESIGN MANUAL

PROJECT NAME: Hospice of Suwannee Valley
JOB NUMBER: 06-0039
CONTRACTOR: M.M. Parrish Construction
DATE: 01/27/06
REVISIONS:
COMMENTS:

RIDGWAY ROOF TRUSS COMPANY

P.O. BOX 1309 GAINESVILLE, FL 32602, TELEPHONE: (352) 376-4436 FAX: (352) 371-3316

Job: **Hospice of Suwannee Valley - Office and Care Center**

Customer: **M.M. Parish Construction** Jurisdiction: **Columbia**

Structural Eng. of Record: Sputo and Lammert Engineering License # : PE 39142 building designer

Address of Eng. Of Record: 10 SW 1st Ave., Gainesville, FL 32601

SIGNATURE of Building Designer:

I, Gary G. Dounson, Florida Professional Engineer No.35054, hereby certify that I am the truss engineer of record with responsibility for the design of the metal plate connected wood trusses listed herein. The design of these trusses have been performed under my responsible supervision, direction and control and are in accordance with the National Design Standard for Metal Plate Connected Wood Truss Construction (ANSI TPI 1). Building Designer of Record responsibilities shall be required in Article 2.2 of the aforementioned TPI 1 document and shall include but are not limited to the design and detailing of truss supports, anchorage, and permanent truss bracing.

Engineering Program is **Robbins Engineering Online Plus** Building code and chapter: ANSI/ASCE 7-98

Live load: 20 lbs Dead load: 20 lbs Roof Wind speed: 110 mph Design criteria: TPI 1-95

Mean Roof Height: 25 ' Exposure: B Enclosure: Enclosed Category: II

#	Mark	Run Date	#	Mark	Run Date	#	Mark	Run Date	#	Mark	Run Date	#	Mark	Run Date
1	**R1**	1/25/06	29	**R25**	1/26/06	57	**R43A**	1/26/06	85	**R69**	1/25/06	107	**R93**	1/26/06
2	**R2**	1/26/06	30	**R26**	1/26/06	58	**R44**	1/25/06	86	**R70**	1/25/06	108	**R94**	1/26/06
3	**R3**	1/26/06	31	**R27**	1/26/06	59	**R44A**	1/26/06	87	**R71**	1/25/06	109	**R95**	1/26/06
4	**R4**	1/26/06	32	**R28**	1/26/06	60	**R45**	1/25/06	88	**R72**	1/25/06	110	**R96**	1/26/06
5	**R4A**	1/26/06	33	**R29**	1/26/06	61	**R45A**	1/26/06	89	**R73**	1/26/06	111	**R97**	1/26/06
6	**R5**	1/26/06	34	**R30**	1/26/06	62	**R46**	1/25/06	90	**R74**	1/26/06	112	**R98**	1/26/06
7	**R6**	1/26/06	35	**R31**	1/26/06	63	**R46A**	1/26/06	91	**R75**	1/26/06	113	**R99**	1/26/06
8	**R7**	1/26/06	36	**R32**	1/26/06	64	**R47**	1/25/06	92	**R76**	1/25/06	114	**R100**	1/26/06
9	**R8**	1/26/06	37	**R33**	1/26/06	65	**R47A**	1/26/06	93	**R77**	1/26/06	115	**R101**	1/26/06
10	**R9**	1/26/06	38	**R34**	1/25/06	66	**R48**	1/25/06	94	**R78**	1/26/06	116	**R102**	1/26/06
11	**R10**	1/26/06	39	**R34A**	1/25/06	67	**R48A**	1/26/06	95	**R79**	1/26/06	117	**R103**	1/26/06
12	**R11**	1/26/06	40	**R35**	1/25/06	68	**R49**	1/25/06	96	**R80**	1/26/06	118	**R104**	1/26/06
13	**R12**	1/26/06	41	**R35A**	1/25/06	69	**R49A**	1/26/06	97	**R81**	1/26/06	119	**R105**	1/26/06
14	**R13**	1/26/06	42	**R36**	1/25/06	70	**R50**	1/25/06	98	**R83**	1/26/06	120	**R106**	1/26/06
15	**R14**	1/26/06	43	**R36A**	1/25/06	71	**R51**	1/25/06	99	**R84**	1/26/06	121	**R107**	1/26/06
16	**R15**	1/26/06	44	**R37**	1/25/06	72	**R56**	1/25/06	100	**R86**	1/26/06	122	**R108**	1/26/06
17	**R16**	1/26/06	45	**R37A**	1/25/06	73	**R57**	1/25/06	101	**R87**	1/26/06	123	**R109**	1/26/06
18	**R17**	1/26/06	46	**R38**	1/25/06	74	**R58**	1/25/06	102	**R88**	1/26/06	124	**R110**	1/26/06
19	**R17A**	1/26/06	47	**R38A**	1/25/06	75	**R59**	1/25/06	103	**R89**	1/26/06	125	**R111**	1/26/06
20	**R18**	1/26/06	48	**R39**	1/25/06	76	**R60**	1/25/06	104	**R90**	1/26/06	126	**R112**	1/26/06
21	**R18A**	1/26/06	49	**R39A**	1/25/06	77	**R61**	1/25/06	105	**R91**	1/26/06	127	**R113**	1/26/06
22	**R18B**	1/26/06	50	**R40**	1/25/06	78	**R62**	1/25/06	106	**R92**	1/26/06	128	**R114**	1/26/06
23	**R19**	1/26/06	51	**R40A**	1/26/06	79	**R63**	1/25/06						
24	**R20**	1/26/06	52	**R41**	1/25/06	80	**R64**	1/25/06						
25	**R21**	1/25/06	53	**R41A**	1/26/06	81	**R65**	1/25/06						
26	**R22**	1/26/06	54	**R42**	1/25/06	82	**R66**	1/25/06						
27	**R23**	1/26/06	55	**R42A**	1/26/06	83	**R67**	1/25/06						
28	**R24**	1/26/06	56	**R43**	1/25/06	84	**R68**	1/25/06						

Delegated Engineer (Truss Designer)
GARY DOUNSON, PE 35054
GARY DOUNSON & ASSOCIATES, INC.
2830 NW 41st STREET SUITE D
GAINESVILLE, FL 32606
(352) 375-8593
CA 5201
1/26/2006

This Package includes 128 individual, dated Truss Design Drawings. With my Seal affixed to this sheet, I hereby certify that I am the Truss Design Engineer and this index sheet conforms to 61G15-31.003 section 5 of the Florida Board of Professional Engineers.

Note: The seal on this index sheet indicates acceptance of professional engineering responsibility solely for the Truss Design Drawings listed above and attached. The suitability and use of each component for any particular building is the responsibility of the Building Designer, per ANSI/TPI 1-1995 Section 2.

1-26-06

RIDGWAY ROOF TRUSS COMPANY

P.O. BOX 1309 GAINESVILLE, FL 32602, TELEPHONE: (352) 376-4436 FAX: (352) 371-3316

Job: **Hospice of Suwannee Valley - Office and Care Center**

Customer: **M.M. Parish Construction** Jurisdiction: **Columbia**

Structural Eng. of Record: Sputo and Lammert Engineering License # : PE 39142 building designer

Address of Eng. Of Record: 10 SW 1st Ave., Gainesville, FL 32601

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I, Gary G. Dounson, Florida Professional Engineer No.35054, hereby certify that I am the truss engineer of record with responsibility for the design of the metal plate connected wood trusses listed herein. The design of these trusses have been performed under my responsible supervision, direction and control and are in accordance with the National Design Standard for Metal Plate Connected Wood Truss Construction (ANSI TPI 1). Building Designer of Record responsibilities shall be required in Article 2.2 of the aforementioned TPI 1 document and shall include but are not limited to the design and detailing of truss supports, anchorage, and permanent truss bracing.

Engineering Program is **Robbins Engineering Online Plus** **Building code and chapter:** ANSI/ASCE 7-98

Live load: 20 lbs **Dead load:** 20 lbs Roof **Wind speed:** 110 mph **Design criteria:** TPI 1-95

Mean Roof Height: 25 ' **Exposure:** B **Enclosure:** Enclosed **Category:** II

#	Mark	Run Date	#	Mark	Run Date	#	Mark	Run Date	#	Mark	Run Date	#	Mark	Run Date
1	**R115**	1/26/06	29	**R147**	1/26/06	57	**R175**	1/26/06	85	**R210**	1/26/06	107	**R238**	1/26/06
2	**R116**	1/26/06	30	**R148**	1/26/06	58	**R176**	1/26/06	86	**R211**	1/26/06	108	**R239**	1/26/06
3	**R117**	1/26/06	31	**R149**	1/26/06	59	**R177**	1/26/06	87	**R212**	1/26/06	109	**R240**	1/26/06
4	**R118**	1/26/06	32	**R150**	1/26/06	60	**R178**	1/26/06	88	**R213**	1/26/06	110	**R241**	1/26/06
5	**R119**	1/26/06	33	**R151**	1/26/06	61	**R179**	1/26/06	89	**R214**	1/26/06	111	**R242**	1/26/06
6	**R120**	1/26/06	34	**R152**	1/26/06	62	**R180**	1/26/06	90	**R215**	1/26/06	112	**R243**	1/26/06
7	**R121**	1/26/06	35	**R153**	1/26/06	63	**R181**	1/26/06	91	**R216**	1/26/06	113	**R244**	1/26/06
8	**R122**	1/26/06	36	**R154**	1/26/06	64	**R182**	1/26/06	92	**R217**	1/26/06	114	**T1**	1/26/06
9	**R123**	1/26/06	37	**R155**	1/26/06	65	**R183**	1/26/06	93	**R218**	1/26/06	115	**T2**	1/26/06
10	**R124**	1/26/06	38	**R156**	1/26/06	66	**R191**	1/26/06	94	**R223**	1/26/06	116	**T3**	1/26/06
11	**R125**	1/26/06	39	**R157**	1/26/06	67	**R192**	1/26/06	95	**R224**	1/26/06	117	**T4**	1/26/06
12	**R126**	1/26/06	40	**R158**	1/26/06	68	**R193**	1/26/06	96	**R225**	1/26/06	118	**T5**	1/26/06
13	**R127**	1/26/06	41	**R159**	1/26/06	69	**R194**	1/26/06	97	**R226**	1/26/06	119	**T6**	1/26/06
14	**R128**	1/26/06	42	**R160**	1/26/06	70	**R195**	1/26/06	98	**R227**	1/26/06	120	**T7**	1/26/06
15	**R133**	1/26/06	43	**R161**	1/26/06	71	**R196**	1/26/06	99	**R228**	1/26/06	121	**T8**	1/26/06
16	**R134**	1/26/06	44	**R162**	1/26/06	72	**R197**	1/26/06	100	**R229**	1/26/06	122	**T9**	1/26/06
17	**R135**	1/26/06	45	**R163**	1/26/06	73	**R198**	1/26/06	101	**R232**	1/26/06	123	**T10**	1/26/06
18	**R136**	1/26/06	46	**R164**	1/26/06	74	**R199**	1/26/06	102	**R233**	1/26/06	124	**V5**	1/26/06
19	**R137**	1/26/06	47	**R165**	1/26/06	75	**R200**	1/26/06	103	**R234**	1/26/06	125	**V6**	1/26/06
20	**R138**	1/26/06	48	**R166**	1/26/06	76	**R201**	1/26/06	104	**R235**	1/26/06	126	**V7**	1/26/06
21	**R139**	1/26/06	49	**R167**	1/26/06	77	**R202**	1/26/06	105	**R236**	1/26/06	127	**V8**	1/26/06
22	**R140**	1/26/06	50	**R168**	1/26/06	78	**R203**	1/26/06	106	**R237**	1/26/06	128	**V9**	1/26/06
23	**R141**	1/26/06	51	**R169**	1/26/06	79	**R204**	1/26/06						
24	**R142**	1/26/06	52	**R170**	1/26/06	80	**R205**	1/26/06						
25	**R143**	1/26/06	53	**R171**	1/26/06	81	**R206**	1/26/06						
26	**R144**	1/26/06	54	**R172**	1/26/06	82	**R207**	1/26/06						
27	**R145**	1/26/06	55	**R173**	1/26/06	83	**R208**	1/26/06						
28	**R146**	1/26/06	56	**R174**	1/26/06	84	**R209**	1/26/06						

Delegated Engineer (Truss Designer)
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1-26-06

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1. GENERAL NOTES

2. WTCA 1-1995 (STANDARD RESPONSIBILITIES IN THE DESIGN PROCESS INVOLVING METAL PLATE CONNECTED WOOD TRUSSES)

ENGINEERING (INSERT)

BLUEPRINT OF TRUSS PLACEMENT PLAN (INSERT)

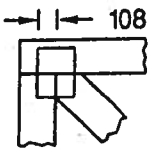
6. **BCSI-B1 SUMMARY SHEET**
HANDLING, INSTALLING & BRACING INFORMATION

8. STANDARD CHORD & WEB REPAIRS

11. EXAMPLES OF PERMANENT WEB BRACING

ROBBINS ENG. GENERAL NOTES & SYMBOLS

PLATE LOCATION



Center plates on joints unless otherwise noted in plate list or on drawing. Dimensions are given in inches (i.e. 1 1/2" or 1.5") or IN-16ths (i.e. 108).

PLATE SIZE

6.3 x 8.8

The first dimension is the width measured perpendicular to slots. The second dimension is the length measured parallel to slots.

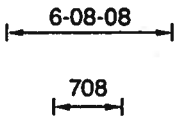
LATERAL BRACING

1x4 continuous lateral bracing attached with (2) 8d nails each member where indicated or 2x4 "T" or "L" brace stiffener if applicable nailed flat to edge of web with 12d nails spaced 8" o.c. "T" or "L" brace must be extended at least 90% of web length.

PLATE ORIENTATION

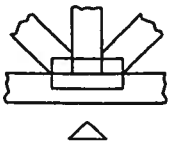
When shown, indicates direction of slots in connector plate.

DIMENSIONS



All dimensions are shown in FT-IN-SX (i.e. 6' 8 1/2" or 6-08-08). Dimensions less than one foot are shown in IN-SX only (i.e. 708).

BEARING



When truss is designed to bear on multiple supports, interior bearing locations should be marked on the truss. Interior support or temporary shoring must be in place before erecting this truss. If necessary, shim bearings to assure solid contact with truss.

ROBBINS LOCK connector plates (20 ga. galv. steel ASTM A653 SS Grade 40) shall be applied on both faces of truss at each joint. Center the plates, unless shown otherwise by circles (o) or dimensions. No loose knots or wanes in plate contact area. Splice only where shown. Overall spans assume 4" bearings at each end, unless indicated otherwise. Cutting and fabrication shall be performed on equipment which produces snug-fitting joints and plates. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication and these designs are not applicable for use with fire retardant lumber. This design was prepared in accordance with "National Design Specifications for Stress - Grade Lumber and Its Fastenings" (AFPA), "Design Specifications for Light Metal Plate Connected Wood Trusses" (TPI), and HUD Design Criteria for Trussed Rafters. Robbins Eng. Co. bears no responsibility for the erection of trusses, field bracing or permanent truss bracing. Refer to HIB-91 as published by the Truss Plate Institute, 583 D'Onofrio Drive, Suite 200, Madison, Wisconsin 53719. Persons erecting trusses are cautioned to seek professional advice concerning proper erection bracing to prevent toppling and "dominoing". Care should be taken to prevent damage during fabrication, storage, shipping and erection. Top and bottom chords shall be adequately braced in the absence of sheathing or rigid ceiling, respectively. It is the responsibility of others to ascertain that the design loads utilized on this drawing meet or exceed the actual dead loads imposed by the structure and the live loads imposed by the local building code or historical climatic records.

FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR. IT IS THE RESPONSIBILITY OF BUILDING DESIGNER TO REVIEW THIS DRWG. & VERIFY THAT DATA INCLUDING DIM. & LOADS CONFORM TO ARCH. PLAN/SPECS & FAB. TRUSS LAYOUTS.

Robbins Engineering, Inc.

CORPORATE HEADQUARTERS

P.O. Box 280055
Tampa, FL 33682-0055
800-282-1299 • Fax: 813-971-6117

Wood Truss Council of America
5937 Meadowood Dr., Ste. 14 • Madison, WI 53711-4125 • 608/274-3329 (fax)

Standard Responsibilities in the Design Process Involving Metal Plate Connected Wood Trusses

WTCA 1-1995

Developed by the WTCA Engineering Review Committee
in cooperation with the Truss Plate Institute

The Wood Truss Council of America publishes standard practice materials prepared and edited by knowledgeable authors from the construction industry to give as much assistance as possible to owners, architects, engineers, contractors, building officials, and others involved in the metal plate connected wood truss industry. The competence of the authors ensures accurate and authoritative information in regard to the subject matter covered, but, of course, neither the Wood Truss Council of America, nor the authors make either express or implied warranties in regard to the use of the materials.

1.0 SCOPE AND DEFINITIONS

1.1 This standard defines the design responsibilities of the individuals and organizations involved in the preparation, submittal, review and approval of each Truss Design Drawing and Truss Placement Plan associated with the use of metal plate connected wood trusses. These guidelines are presented as industry standard practice. The guidelines are not intended to preclude alternate provisions as agreed upon by the parties involved.

1.2 The following definitions shall apply:

1.2.1 "Architect" shall mean the individual registered architect responsible for the architectural design of the structure and who produces the architectural drawings included in the Construction Design Documents.

1.2.2 "Building Designer" is the individual or organization having responsibility for the overall building or structure design in accordance with the state's statutes and regulations governing the professional registration and certification of architects or engineers. This responsibility includes but is not limited to foundation design, structural member sizing, load transfer, bearing conditions, and the structure's compliance with the applicable building codes. Also referred to as registered architect or engineer, building designer, and registered building designer, but hereinafter will be referred to as Building Designer.

1.2.3 "Construction Design Documents" are the architectural drawings, structural drawings, mechanical drawings, electrical drawings, and any other drawings, specifications, and addenda which set forth the overall design of the structure and issued by the Building Designer.

1.2.4 "Contractor" shall mean the individual or organization responsible for the field storage, handling, and installation of trusses including, but not limited to, temporary bracing, permanent bracing, anchorage, connections and field assembly. The term "Contractor" shall include those subcontractors who have a direct contract with the Contractor to perform all or a portion of the storage, handling, and installation of the trusses.

1.2.5 "Engineer-of-Record" shall mean the registered professional engineer responsible for the structural design of the structure and who produces the structural drawings included in the Construction Design Documents.

1.2.6 "Owner" shall mean the individual or organization for whom the structure is designed.

1.2.7 "Truss" is an individual metal plate connected wood structural component manufactured by the Truss Manufacturer.

1.2.8 "Truss Designer" is the design professional, individual or organization, having responsibility for the design of metal plate connected wood trusses. This responsibility shall be in accordance with the state's statutes and regulations governing the professional registration and certification of architects or engineers. Also referred to as truss engineer, design engineer, registered engineer, and engineer, but hereinafter will be referred to as Truss Designer.

1.2.9 "Truss Design Drawing" shall mean the graphic depiction of an individual Truss prepared by the Truss Designer.

1.2.10 "Truss Manufacturer" shall mean an individual or organization regularly engaged in the manufacturing of Trusses.

1.2.11 "Truss Placement Plan" is the drawing identifying the location assumed for each Truss based on the Truss Manufacturer's interpretation of the Construction Design Documents.

2.0 OWNER RESPONSIBILITIES

2.1 Directly or through its representatives, which may include the Contractor and/or Building Designer; (a) review and approve each Truss Design Drawing; (b) review and approve the Truss Placement Plan; (c) resolve and approve all design issues arising out of the preparation of each Truss Design Drawing and Truss Placement Plan; and (d) coordinate the return of each approved Truss Design Drawing and Truss Placement Plan to the Truss Manufacturer prior to truss manufacturing.

3.0 BUILDING DESIGNER RESPONSIBILITIES

3.1 Design a structure suitable to ensure that the intended function of each Truss is not affected by adverse influences including, but not limited to, moisture, temperature, corrosive chemicals and gases;

3.2 Prepare the Construction Design Documents, showing all trussed areas, which must provide as a minimum the following:

3.2.1 All truss orientations and locations;

3.2.2 Information to fully determine all truss profiles;

3.2.3 Adequate support of the Truss and all truss bearing conditions;

3.2.4 Permanent bracing design for the structure including the Trusses, except as provided in 3.4 and 6.2.12.

3.2.5 The location, direction and magnitude of all dead and live loads applicable to each Truss including, but not limited to, loads attributable to: roof, floor, partition, mechanical, fire sprinkler, attic, storage, wind, snow drift and seismic;

3.2.6 All Truss anchorage designs required to resist uplift, gravity, and lateral loads;

3.2.7 Allowable vertical and horizontal deflection criteria;

3.2.8 Proper transfer of design loads affecting the Truss; and

3.2.9 Adequate connections between Truss and non-Truss components, except as noted in Section 6.2.9.

3.3 Review and approve the Truss Placement Plan and each Truss Design Drawing for conformance with the requirements and intent of the Construction Design Documents, the effect of each Truss Design Drawing and Truss Placement Plan on other parts of the structure, and the effect of the structure on each Truss.

3.4 Specify permanent lateral bracing where indicated by the Truss Designer on the Truss Design Drawings, to prevent buckling of the individual truss members due to design loads. The Building Designer shall specify how the permanent lateral bracing is to be anchored or restrained to prevent lateral movement if all truss members, so braced, buckle together. This shall be accomplished by: (a) anchorage to solid end walls; (b) permanent diagonal bracing in the plane of the web members; or (c) other means when demonstrated by the Building Designer to provide equivalent bracing.

4.0 CONTRACTOR RESPONSIBILITIES

4.1 Provide to the Truss Manufacturer the Construction Design Documents and all revisions and supplements thereto.

4.2 Review and approve the Truss Placement Plan and each Truss Design Drawing for conformance with the requirements and intent of the Construction Design Documents, and the effect of the Truss Placement Plan and each Truss Design Drawing on other trades involved in the construction of the structure and the effect of the other trades on the Trusses.

4.3 Coordinate the review, approval and return of each Truss Design Drawing and the Truss Placement Plan by the Owner and Building Designer.

4.4 Provide the approved Truss Design Drawings, approved Truss Placement Plans, and any supplemental information provided by the Truss Manufacturer to the individual or organization responsible for the installation of the Trusses.

4.5 Comply with the field storage, handling, installation, permanent bracing, anchorage, connections and field assembly requirements of the Construction Design Documents.

4.6 Determine and install the temporary bracing for the structure, including the Trusses.

5.0 TRUSS MANUFACTURER RESPONSIBILITIES

5.1 Communicate the design criteria from the Construction Design Documents to the Truss Designer.

5.2 Where required by the Construction Design Documents, prepare the Truss Placement Plan, providing as a minimum the location assumed for each Truss based on the Truss Manufacturer's interpretation of the Construction Design Documents.

5.3 Submit to the Contractor the Truss Placement Plan, as may be required, and each Truss Design Drawing for review and approval.

5.4 Manufacture the Trusses in accordance with the final approved Truss Design Drawings using the quality criteria for Metal Plate Connected Wood Trusses established by the ANSI/TPI 1-1995 "National Design Standard for Metal Plate Connected Wood Truss Construction."

6.0 TRUSS DESIGNER RESPONSIBILITIES

6.1 Prepare the Truss Design Drawings in conformance with the requirements set forth in the latest approved edition of ANSI/TPI 1-1995 "National Design Standard for Metal Plate Connected Wood Truss Construction."

6.2 For each Truss Design Drawing, set forth as a minimum the following:

6.2.1 Slope or depth, span and spacing;

6.2.2 Location of all joints;

6.2.3 Required bearing widths;

6.2.4 Design loads as applicable:

6.2.4.1 Top chord live load (including snow loads);

6.2.4.2 Top chord dead load;

6.2.4.3 Bottom chord live load;

6.2.4.4 Bottom chord dead load;

6.2.4.5 Concentrated loads and their points of application; and

6.2.4.6 Controlling wind and earthquake loads;

6.2.5 Adjustments to lumber and metal connector plate design values for conditions of use;

6.2.6 Each reaction force and direction;

6.2.7 Metal connector plate type, size, thickness or gage, and the dimensioned location of each metal connector plate except where symmetrically located relative to the joint interface;

6.2.8 Lumber size, species, and grade for each member;

6.2.9 Connection Requirements for:

(a) Truss to Truss girder;

(b) Truss ply to ply; and

(c) Field splices;

6.2.10 Calculated deflection ratio and/or maximum deflection for live and total load;

6.2.11 Maximum axial compression forces in the Truss members to enable the Building Designer to design the size, connections and anchorage of the permanent continuous lateral bracing. Forces may be shown on the Truss Design Drawing or on supplemental documents; and

6.2.12 Required permanent Truss member bracing location.

7.0 OTHER RESPONSIBILITIES

7.1 Any party who cuts or damages a truss shall be responsible for securing the engineering required for the repair and for subsequent costs.

Wood Truss Council of America's Objective

WTCA is committed to promoting the common interests of all engaged in the manufacture of wood trusses and related components to ensure growth, continuity, and increased professionalism in our industry. Fundamental to this is promoting the safe, economic, and structurally sound use of trusses in all applications.

BCSI-B1 SUMMARY SHEET 1 of 2

GENERAL NOTES

Trusses are not marked in any way to identify the frequency or location of temporary bracing. Follow the recommendations for handling, installing and temporary bracing of trusses. Refer to BCSI 1-03 Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses for more detailed information.

Truss Design Drawings may specify locations of permanent bracing on individual compression members. Refer to the BCSI-B3 Summary Sheet - Web Member Permanent Bracing/Web Reinforcement for more information. All other permanent bracing design is the responsibility of the Building Designer.

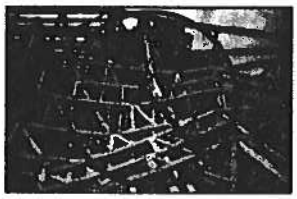
NOTAS GENERALES

Los trusses no están marcados de ningún modo que identifique la frecuencia o localización de los arriostres (bracing) temporales. Use las recomendaciones de manejo, instalación y arriostre temporal de los trusses. Vea el folleto BCSI 1-03 Guía de Buena Práctica para el Manejo, Instalación y Arriostre de los Trusses de Madera Conectados con Placas de Metalpara para mayor información.

Los dibujos de diseño de los trusses pueden especificar las localizaciones de los arriostres permanentes en los miembros individuales en compresión. Vea la hoja resumen BCSI-B3 para los arriostres permanentes y refuerzos de los miembros secundarios (webs) para mayor información. El resto de arriostres permanentes son la responsabilidad del Diseñador del Edificio.

⚠ The consequences of improper handling, installing and bracing may be a collapse of the structure, or worse, serious personal injury or death.

El resultado de un manejo, instalación y arriostre inadecuados, puede ser la caída de la estructura o aun peor, muertos o heridos.



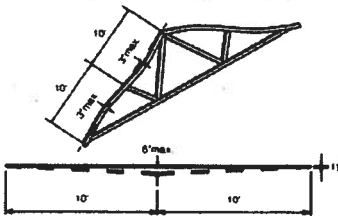
⚠ Banding and truss plates have sharp edges. Wear gloves when handling and safety glasses when cutting banding.

Empaques y placas de metal tienen bordes afilados. Use guantes y lentes protectores cuando corte los empaques.

HANDLING — MANEJO

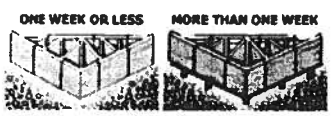
☑ Allow no more than 3" of deflection for every 10' of span.

No permita mas de 3 pulgadas de pandeo por cada 10 pies de tramo.



☑ Pick up vertical bundles at the top chord.

Levante de la cuerda superior los grupos verticales de trusses.



☑ Bundles stored on the ground for one week or more should be raised by blocking at 8' to 10' on center.

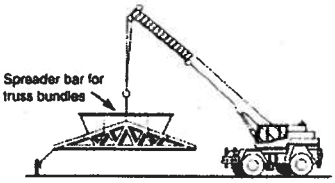
Los paquetes almacenados en la tierra por una semana o más deben ser elevados con bloques a cada 8 o 10 pies.

☑ For long term storage, cover bundles to prevent moisture gain but allow for ventilation.

Para almacenamiento por mayor tiempo, cubra los paquetes para prevenir aumento de humedad pero permita ventilación.

⚠ Use special care in windy weather or near power lines and airports.

Utilice cuidado especial en días ventosos o cerca de cables eléctricos o de aeropuertos.



☑ Check banding prior to moving bundles.

Revise los empaques antes de mover los paquetes de trusses.

⚠ Avoid lateral bending. — Evite la flexión lateral.

⊘ Do not store unbraced bundles upright.

No almacene verticalmente los trusses sueltos.

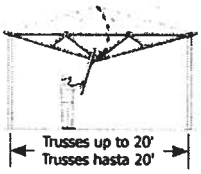
⊘ Do not store on uneven ground.

No almacene en tierra desigual.

HAND ERECTION — LEVANTAMIENTO A MANO

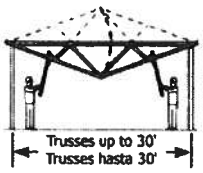
☑ Trusses 20' or less, support at peak.

Levante del pico los trusses de 20 pies o menos.



☑ Trusses 30' or less, support at quarter points.

Levante de los cuartos de tramo los trusses de 30 pies o menos.



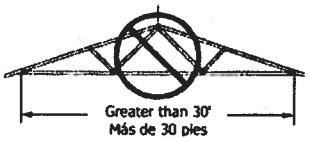
HOISTING — LEVANTAMIENTO

☑ Hold each truss in position with the erection equipment until temporary bracing is installed and truss is fastened to the bearing points.

Sostenga cada truss en posición con la grua hasta que el arriostre temporal este instalado y el truss asegurado en los soportes.

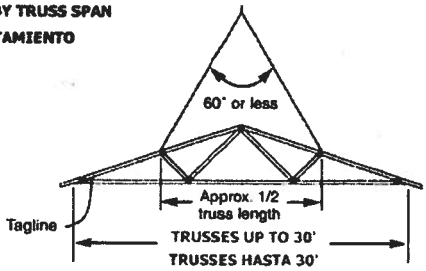
⊘ Do not lift trusses over 30' by the peak.

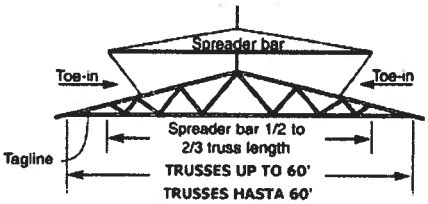
No levante del pico los trusses de más de 30 pies.

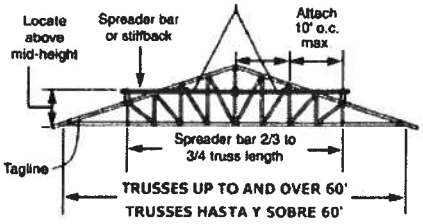


HOISTING RECOMMENDATIONS BY TRUSS SPAN

RECOMMENDACIONES DE LEVANTAMIENTO POR LONGITUD DEL TRUSS







BRACING — ARRIOSTRE

⚠ Refer to BCSI-B2 Summary Sheet - Truss Installation and Temporary Bracing for more information.

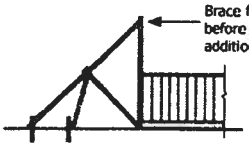
Vea el resúmen BCSI-B2 - Instalación de Trusses y Arriostre Temporal para mayor información.

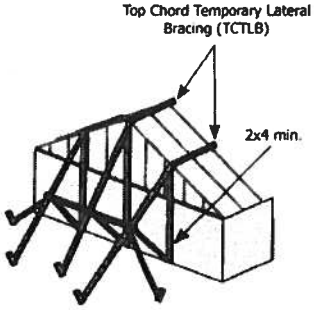
⊘ Do not walk on unbraced trusses.

No camine en trusses sueltos.

☑ Locate ground braces for first truss directly in line with all rows of top chord temporary lateral bracing.

Coloque los arriostres de tierra para el primer truss directamente en línea con cada una de las filas de arriostres laterales temporales de la cuerda superior.





BCSI-B1 SUMMARY SHEET 2 of 2

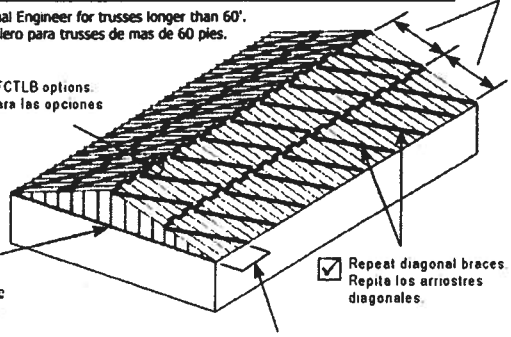
BRACING FOR THREE PLANES OF ROOF
EL ARRIOSTRE EN TRES PLANOS DE TECHO

☑ This bracing method is for all trusses except 3x2 and 4x2 parallel chord trusses.
Este metodo de arriostre es para todo trusses excepto trusses de cuerdas paralelas 3x2 y 4x2

1) TOP CHORD — CUERDA SUPERIOR

Truss Span Longitud de Tramo	Top Chord Temporary Lateral Brace (TCTLB) Spacing Espaciamiento del Arriostre Temporal de la Cuerda Superior
Up to 30' Hasta 30 pies	10' o.c. max. 10 pies máximo
30' to 45' 30 a 45 pies	8' o.c. max. 8 pies máximo
45' to 60' 45 a 60 pies	6' o.c. max. 6 pies máximo
60' to 80'* 60 a 80 pies*	4' o.c. max. 4 pies máximo

*Consult a Professional Engineer for trusses longer than 60'.
*Consulte a un ingeniero para trusses de mas de 60 pies.



☑ See BCSI-B2 for TCTLB options.
Vea el BCSI-B2 para las opciones de TCTLB.

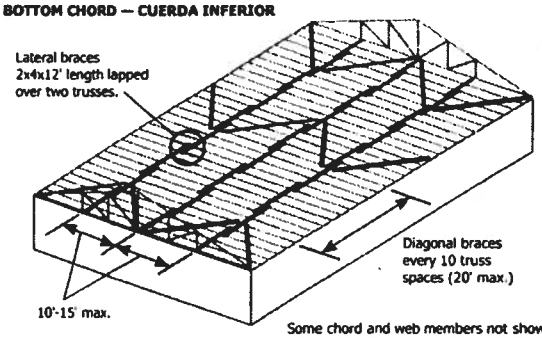
⚠ Refer to BCSI-B6 Summary Sheet - Gable End Frame Bracing.
Vea el resumen BCSI-B6 - Arriostre del truss terminal de un techo a dos aguas.

☑ Repeat diagonal braces.
Repita los arriostres diagonales.

☑ Set first five trusses with spacer pieces, then add diagonals. Repeat process on groups of four trusses until all trusses are set.

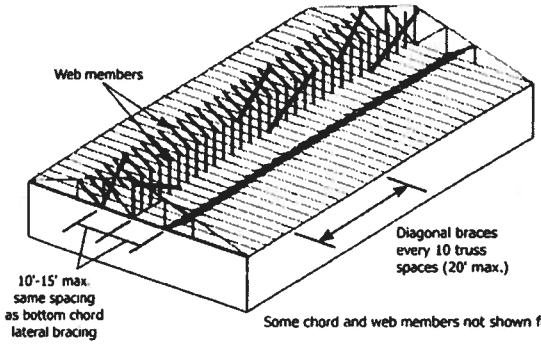
Instale los cinco primeros trusses con espaciadores, luego los arriostres diagonales. Repita este procedimiento en grupos de cuatro trusses hasta que todos los trusses esten instalados.

2) BOTTOM CHORD — CUERDA INFERIOR



Some chord and web members not shown for clarity.

3) WEB MEMBER PLANE — PLANO DE LOS MIEMBROS SECUNDARIOS

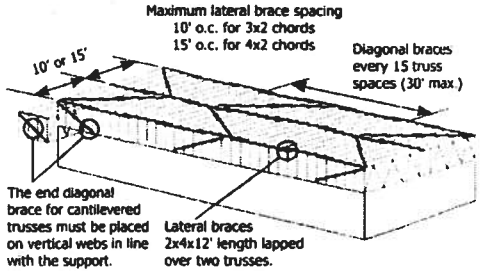


Some chord and web members not shown for clarity.

⚠ **DIAGONAL BRACING IS VERY IMPORTANT**
⚠ **¡EL ARRIOSTRE DIAGONAL ES MUY IMPORTANTE!** ⚠

BRACING FOR 3x2 AND 4x2 PARALLEL CHORD TRUSSES
EL ARRIOSTRE PARA TRUSSES DE CUERDAS PARALELAS 3x2 Y 4x2

⚠ Refer to BCSI-B7 Summary Sheet - Temporary and Permanent Bracing for Parallel Chord Trusses for more information.
Vea el resumen BCSI-B7 - Arriostre temporal y permanente de trusses de cuerdas paralelas para mayor información.

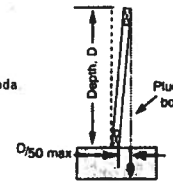


INSTALLING — INSTALACION

☑ Tolerances for Out-of-Plane. Tolerancias para Fuera-de-Plano.

Max. Bow	Truss Length
3/4"	12.5'
7/8"	14.6'
1"	16.7'
1-1/8"	18.8'
1-1/4"	20.8'
1-3/8"	22.9'
1-1/2"	25.0'
1-3/4"	29.2'
2"	≥ 33.3'

☑ Tolerances for Out-of-Plumb
Tolerances para Fuerta-de-Plomada



D/50	D (ft.)
1/4"	1'
1/2"	2'
3/4"	3'
1"	4'
1-1/4"	5'
1-1/2"	6'
1-3/4"	7'
2"	≥ 8'

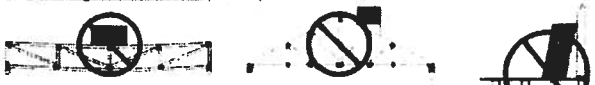
CONSTRUCTION LOADING — CARGA DE CONSTRUCCION

⚠ Do not proceed with construction until all bracing is securely and properly in place.
No proceda con la construcción hasta que todos los arriostres estén colocados en forma apropiada y segura.

⊘ Do not exceed maximum stack heights. Refer to BCSI-B4 Summary Sheet - Construction Loading for more information.
No exceda las máximas alturas recomendadas. Vea el resumen BCSI-B4 Carga de Construcción para mayor información.

Maximum Stack Height for Materials on Trusses

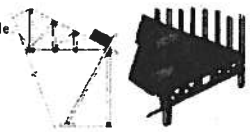
Material	Height (h)
Gypsum Board	12"
Plywood or OSB	16"
Asphalt Shingles	2 bundles
Concrete Block	8"
Clay Tile	3-4 tiles high



⊘ Do not overload small groups or single trusses.
No sobrecargue pequeños grupos o trusses individuales.

☑ Place loads over as many trusses as possible
Cologue las cargas sobre tantos trusses como sea posible

☑ Position loads over load bearing walls.
Coloque las cargas sobre las paredes soportantes.



ALTERATIONS — ALTERACIONES

⚠ Refer to BCSI-B5 Summary Sheet - Truss Damage, Jobsite Modifications and Installation Errors.
Vea el resumen BCSI-B5 Daños de trusses, Modificaciones en la Obra y Errores de Instalacion.

⊘ Do not cut, alter, or drill any structural member of a truss unless specifically permitted by the Truss Design Drawing.
No corte, altere o perfore ningun miembro estructural de los trusses, a menos que este especificamente permitido en el dibujo del diseño del truss.

⚠ Trusses that have been overloaded during construction or altered without the Truss Manufacturer's prior approval may render the Truss Manufacturer's limited warranty null and void.
Trusses que se han sobrecargado durante la construccion o han sido alterados sin una autorizacion previa del Fabricante de Trusses, pueden reducir o eliminar la garantia del Fabricante de Trusses.

WOOD TRUSS COUNCIL OF AMERICA
One WTCA Center • 6300 Enterprise Lane • Madison, WI 53719
608/274-4849 • www.woodtruss.com

TRUSS PLATE INSTITUTE
583 D'Onofrio Drive • Madison, WI 53719
608/833-5900 • www.tpinst.org

General detail for repair of broken webs that meet the following conditions.

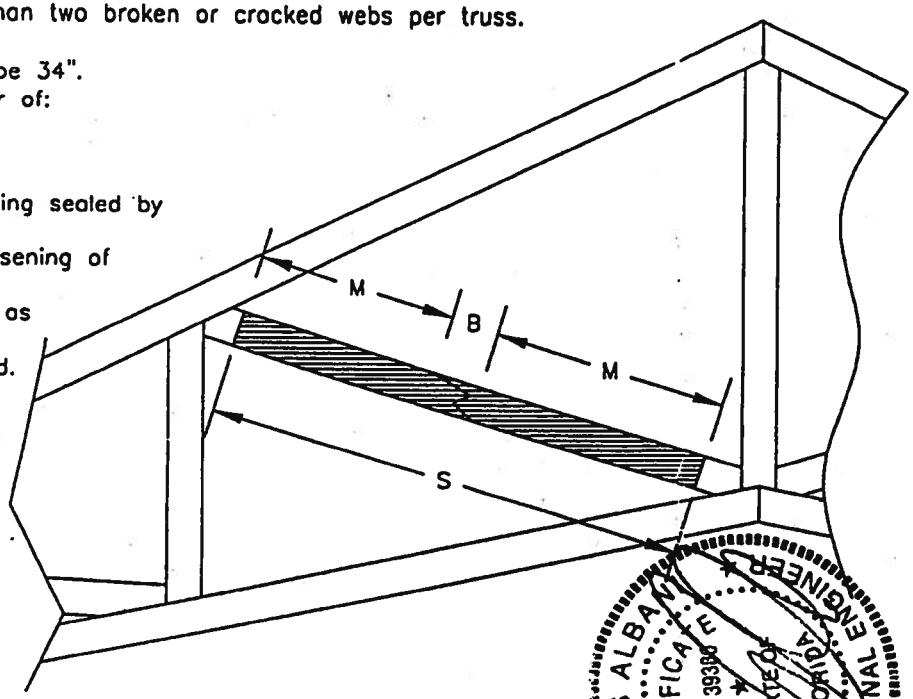
* Web size and grade must be maximum 2x4, #3, standard, or stud grade of any species.
* Truss must be single ply.
* No more than one crack or break per web and no more than two broken or cracked webs per truss.

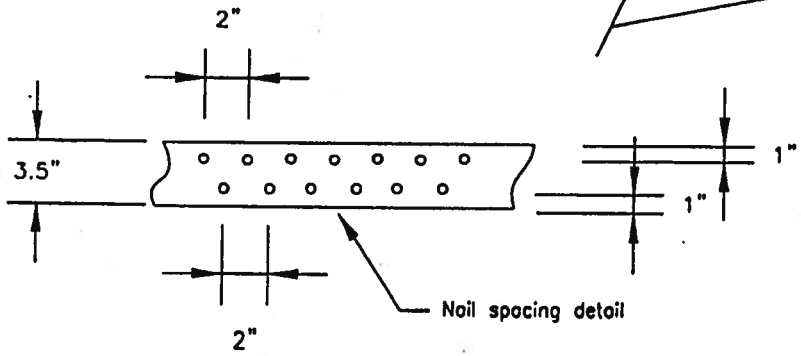
B = Maximum length of damaged area not to exceed 12".
M = Minimum length of scab at each end of break area to be 34".
S = Overall length of scab member (shaded) must be greater of:
S = 68" + B
S = 80% of original web length.

For all lumber, plates, web bracing, etc. refer to original drawing sealed by Robbins Engineering Inc.

1) Apply all nails so as to avoid damaging of lumber and loosening of plates at joints.
2) Attach 2x4 scab (shaded), minimum same size and grade as original web member, to one face of truss using 2 rows of 10d common nails 2" on center each row and staggered.

Truss manufacturer must be notified if field conditions do not match this general detail.





THOMAS ALBANESE CERTIFICATE No. 39380 STATE OF FLORIDA PROFESSIONAL ENGINEER

ROBBINS
Engineering Inc.
P.O.Box 280055, Tampa, FL 33882

ROBBINS LOCK connector plates (20 ga. galv. steel-ASTM A653 SS Grade 40) shall be applied on both faces of truss at each joint. Center the plates,unless shown otherwise by circles (o) or dimensions. Unless otherwise indicated by a "V", all slots in plates run parallel with the chords or horizontally at the peak and / or heel. No loose knots or voids in plate contact area. Splice only where shown. Overall spans assume 4" bearings at each end, unless indicated otherwise. Cutting and fabrications shall be performed on equipment which produces snug-fitting joints and plates. This design was prepared in accordance with "National Design Specifications for Stress-Grade lumber and its Fastenings" (AFPA), "Design Specifications for Light Metal Plate Connected Wood Trusses" (TPI), and HUD Design Criteria for Trussed Rafters.

Robbins Mfg. Co. bears no responsibility for the erection of trusses. Field bracing or permanent truss bracing. Refer to HIB-91 as published by the Truss Plate Institute,583 D'Onofrio Drive,Suite 200, Madison, Wisconsin 53719. Persons erecting trusses are cautioned to seek professional advice concerning proper erection bracing to prevent toppling and "dominoing". Care should be taken to prevent damage during fabrication, storage, shipping and erection. Top and bottom chords shall be adequately braced in the absence of sheathing or rigid ceiling, respectively. It is the responsibility of others to ascertain that the design loads utilized on this drawing meet or exceed the actual dead loads imposed by the structure and the live loads imposed by the local building code or historical climatic records.

FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR
IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER AND TRUSS FAB. TO REVIEW THIS DRWG. & VERIFY THAT DATA INCLUDING DIM. & LOADS CONFORM TO ARCH. PLAN/SPECS & FAB. TRUSS LAYOUTS.

Designed By: MG
Checked By: TAA
Date: 5/23/02
Dwg. No: GD-41

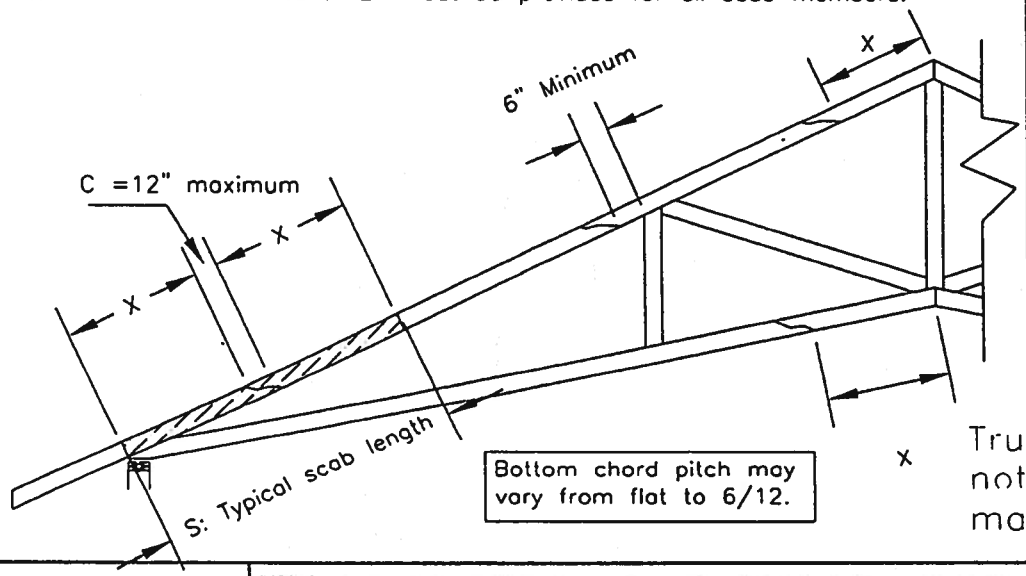
General detail for repair of broken chords and damaged or missing chord splices that meet the following conditions:

* Chord size must be maximum 2x6 and southern pine species.
* Scab must be the same size and grade as broken chord.
* Truss must be single ply.
* No more than two broken or cracked chords per truss.
* Perimeter of break area must be minimum of X distance from any heel or peak, and minimum of 6" away from any interior joint locations.

C = Maximum length of damaged area not to exceed 12".
S = Overall length of scab member (shaded) must be equal or greater than 2(X)+C.
X = Minimum length of scab member at each end of break area.
Refer to following table for minimum length of scab, and minimum number of nails at each end of break area and maximum axial force of broken member.
For all lumber, plates, web bracing, etc. refer to original drawing sealed by Robbins Engineering Inc.

1) Apply all nails so as to avoid damaging of lumber and loosening of plates at joints.
2) Use 2 rows of 10d common nails 3" on center each row and staggered into 2x4 members.
   Use 3 rows of 10d common nails 3" on center each row and staggered into 2x6 members.
   Use 6" spacing If scabs applied to each face of truss.
   Minimum end distance of 2" must be provided for all scab members.

THOMAS ALBANI
CERTIFICATE
No. 29386
STATE OF
FLORIDA
PROFESSIONAL ENGINEER



Bottom chord pitch may vary from flat to 6/12.

TOTAL NUMBER OF NAILS ON EACH SIDE OF BREAK		-X (INCHES)	MAXIMUM FORCE (LBS.) AT 33% LOAD DURATION	
2X4 SYP	2X6 SYP		2X4 SYP	2X6 SYP
13	20	24"	1924	2886
17	26	30"	2501	3752
21	32	36"	3079	4618
25	38	42"	3656	5484
29	44	48"	4233	6349

Truss manufacturer must be notified if field conditions do not match this general detail.

ROBBINS
Engineering Inc.
P.O.Box 280055, Tampa, FL 33682

ROBBINS LOCK connector plates (20 ga. galv. steel-ASTM A653 SS Grade 40) shall be applied on both faces of truss at each joint. Center the plates,unless shown otherwise by circles (o) or dimensions. Unless otherwise indicated by a "v", all slots in plates run parallel with the chords or horizontally at the peak and / or heel. No loose knots or wanes in plate contact area. Splice only where shown. Overall spans assume 4" bearings at each end, unless indicated otherwise. Cutting and fabrications shall be performed on equipment which produces snug-fitting joints and plates. This design was prepared in accordance with "National Design Specifications for Stress-Grade lumber and its Fastenings" (AFPA), "Design Specifications for Light Metal Plate Connected Wood Trusses" (TPI), and HUD Design Criteria for Trussed Rafters.

Robbins Mfg., Co. bears no responsibility for the erection of trusses, field bracing or permanent truss bracing. Refer to HIB-91 as published by the Truss Plate Institute,583 D'Onofrio Drive,Suite 200, Madison, Wisconsin 53719. Persons erecting trusses are cautioned to seek professional advice concerning proper erection bracing to prevent toppling and "dominoing". Care should be taken to prevent damage during fabrication, storage, shipping and erection. Top and bottom chords shall be adequately braced in the absence of sheathing or rigid ceiling, respectively. It is the responsibility of others to ascertain that the design loads utilized on this drawing meet or exceed the actual dead loads imposed by the structure and the live loads imposed by the local building code or historical climatic records.

FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR
IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER AND TRUSS FAB. TO REVIEW THIS DRWG. & VERIFY THAT DATA INCLUDING DIM. & LOADS CONFORM TO ARCH. PLAN/SPECS & FAB. TRUSS LAYOUTS.

Designed By: MG
Checked By: TAA
Rev. Date: 12/01/03
Dwg. No: GD-62-33

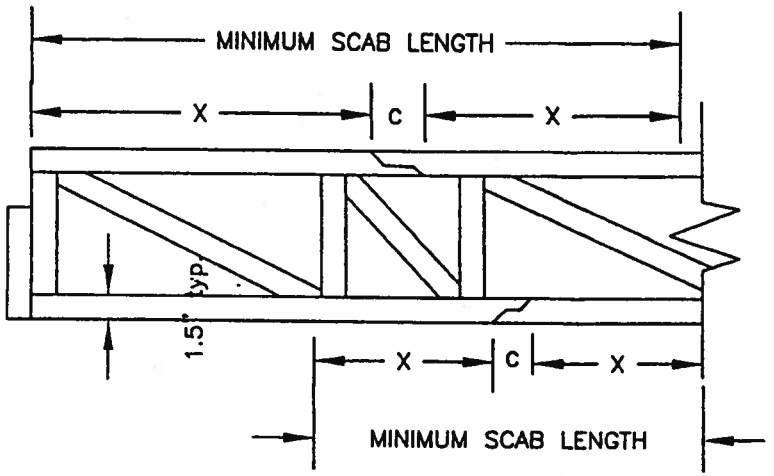
General detail for repair of broken, damaged or cut chords of PC42 floor trusses that meet the following conditions.

* Chord size must be maximum 4x2 and southern pine species.
* Scab must be at minimum the same size and grade as broken chord. Wide face of scab must be attached to narrow face of chord member.
* Truss must be single ply.
* No more than two broken or cracked chords per truss.
* Perimeter of break area must be minimum of X distance from end of truss. and minimum of 4" away from any plates at panel points. All plates must be intact and fully embedded.

C = Maximum length of damaged area or cut section not to exceed 12".
S = Overall length of scab member must be equal or greater than 2(X)+C.
X = Minimum length of scab member at each end of break area.
Refer to following table for minimum length of scab, and minimum number of nails at each end of break area or maximum axial force of broken member.
For all lumber, plates, web bracing, etc. refer to original drawing sealed by Robbins Engineering Inc.

1) Apply all nails so as to avoid damaging of lumber and loosening of plates at joints.
2) Attach the scab with one row of 10d common nails at 3" on center into 4x2 chord members. Axial force and number of nails may be doubled or X distance divided by 2, if scabs applied to each face of truss at the same location. Minimum end distance of 3" must be provided for all members.

THOMAS ALBANI CERTIFICATE No. 39380 STATE OF FLORIDA PROFESSIONAL ENGINEER



TOTAL NUMBER OF NAILS AT EACH END OF	X (INCHES)	MAXIMUM AXIAL FORCE IN CHORD MEMBER (LBS.)
3	16	384
6	24	768
8	30	1024
10	36	1280
12	42	1536
14	48	1792
16	54	2048
18	60	2304
20	66	2560
22	72	2816

Truss manufacturer must be notified if field conditions do not match this general detail.

DEC 1 0 2003

ROBBINS
Engineering Inc.
P.O.Box 280055, Tampa, FL 33682

ROBBINS LOCK connector plates (20 ga. galv. steel-ASTM A653 SS Grade 40) shall be applied on both faces of truss at each joint, Center the plates,unless shown otherwise by circles (o) or dimensions. Unless otherwise indicated by a "V", all plate in plates run parallel with the chords or horizontally at the peak and / or heel. No loose knots or voids in plate contact area. Splice only where shown. Overall spans assume 4" bearings at each end, unless indicated otherwise. Cutting and fabrications shall be performed on equipment which produces snug-fitting joints and plates. This design was prepared in accordance with "National Design Specifications for Stress-Grade lumber and its Fastenings" (AFPA), "Design Specifications for Light Metal Plate Connected Wood Trusses" (TPI), and HUD Design Criteria for Trussed Rafters.

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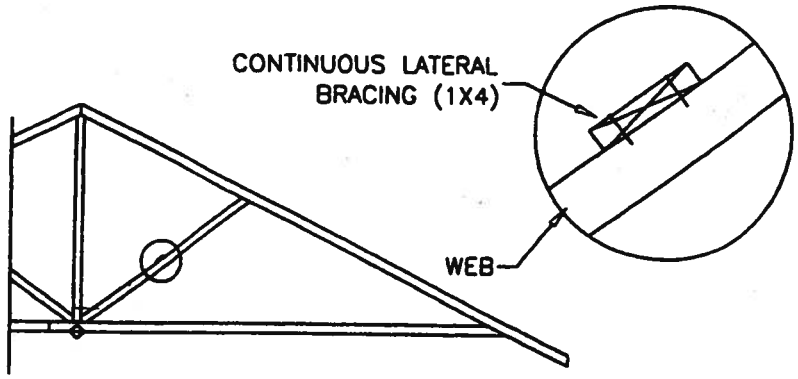
FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR
IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER AND TRUSS FAB. TO REVIEW THIS DRWG. &
VERIFY THAT DATA INCLUDING DIM. & LOADS CONFORM TO ARCH. PLAN/SPECS & FAB. TRUSS LAYOUTS.

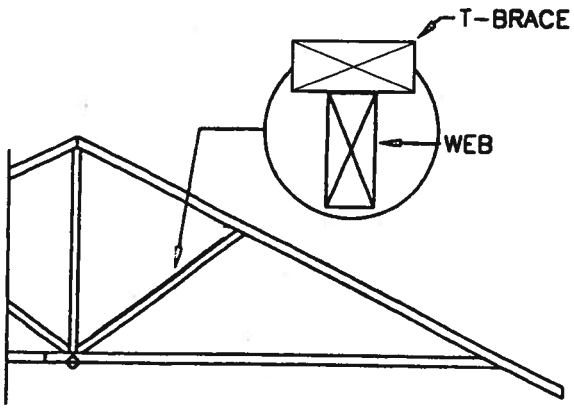
Designed By: MG
Checked By: TAA
Rev. Date: 12/09/03
Dwg. No: GD-62-FL

PERMANENT WEB BRACING



CONTINUOUS LATERAL BRACING

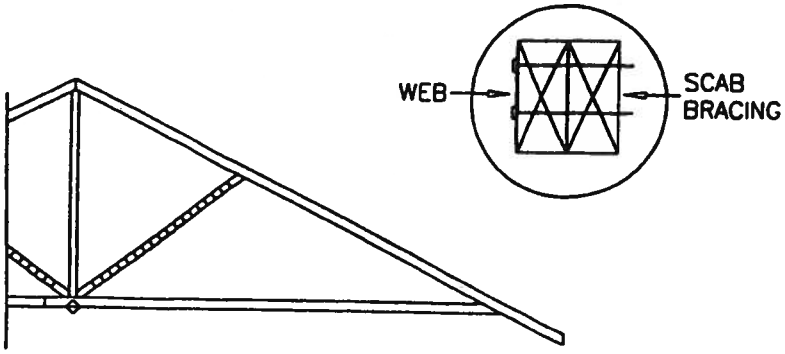
1x4 #3 HEM–FIR OR BETTER CONTINUOUS LATERAL BRACING TO BE EQUALLY SPACED. ATTACH WITH (2) 8d NAILS. BRACING MATERIAL TO BE SUPPLIED AND ATTACHED AT BOTH ENDS TO A SUITABLE SUPPORT BY ERECTION CONTRACTOR.



T-BRACE

THESE DETAILS APPLY TO 1.5" WIDE WOOD TRUSSES.

- USE A 2x4 T-BRACE IF THE TRUSS DESIGN SPECIFIES ONE LATERAL BRACE (MID POINT OF WEB).
- USE A 2x6 T-BRACE IF THE TRUSS DESIGN SPECIFIES TWO LATERAL BRACES (AT THE THIRD POINTS OF THE WEB).
- USE A CONTINUOUS PIECE FOR THE T-BRACE, OF THE SAME GRADE AS THE WEB AND COVERING AT LEAST 90% OF THE WEB LENGTH.
- CENTER THE T-BRACE ON THE WEB AND FASTEN WITH 10d COMMON NAILS SPACED 4" ON CENTER.



SCAB BRACE

SCAB BRACE SAME SIZE, GRADE, AND LENGTH AS WEB MEMBER. ATTACH WITH 10d NAILS @ 4" O.C. BRACING MATERIAL TO BE SUPPLIED BY ERECTION CONTRACTOR.

March 20, 2006

SUBJECT:
Haven Hospice
of the Suwannee Valley
Lake City, FL
(5138.010)

Building Permit Application Number **0512-55**

Joe Haltiwanger
Plans Examiner
Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056-1529

Dear Mr. Haltiwanger:

Thank you for the time spent discussing concerns about the fire area requirements in section 903.2.1.3.2. I was not aware of this provision in the new code, which limits each fire area occupant load to under 300 people. From a financial standpoint, we want to comply with this requirement by some means other than providing sprinklers for this portion of the project. We understand that we will need to either create fire areas with two hour rated walls such that we stay below the 300 occupant limit, or alternatively, introduce a two hour fire rated separation between the office and assembly uses.

As we discussed on the phone, wood frame roof structural members cannot penetrate a fire rated wall. There are limited places within this building where a fire wall can extend up to the roof deck without going through various trusses. Therefore, we propose to create a two hour wall that isolates the multi-purpose room area from the balance of the building. See the attached Exhibit A.

This wall will extend up to the bottom chord of the trusses. The bottom chord of the trusses will receive type x gypsum panels as indicated in the attached Exhibit B, which is a fire rated assembly GA File No. FC5724. As we discussed on the phone, we have used this assembly previously for a ceiling/roof assembly, even though it is actually a ceiling/floor assembly. The authority having jurisdiction approved its use.

Please review this proposed solution and let me know if this is acceptable, or if you any comments or questions. Thank you very much for your assistance in this effort.

Sincerely,

William W. 'Billy' Brame AIA
Brame Architects

WWB:bb(F:\5138010\ltr joe haltiwanger 3.20.06 fire areas.wpd)

Attachments

606 N.E. First Street
Gainesville, Florida 32601
(352) 372-0425
FAX (352) 372-0427

Lic. No. AA-0002304

Founded in 1911

EXHIBIT A

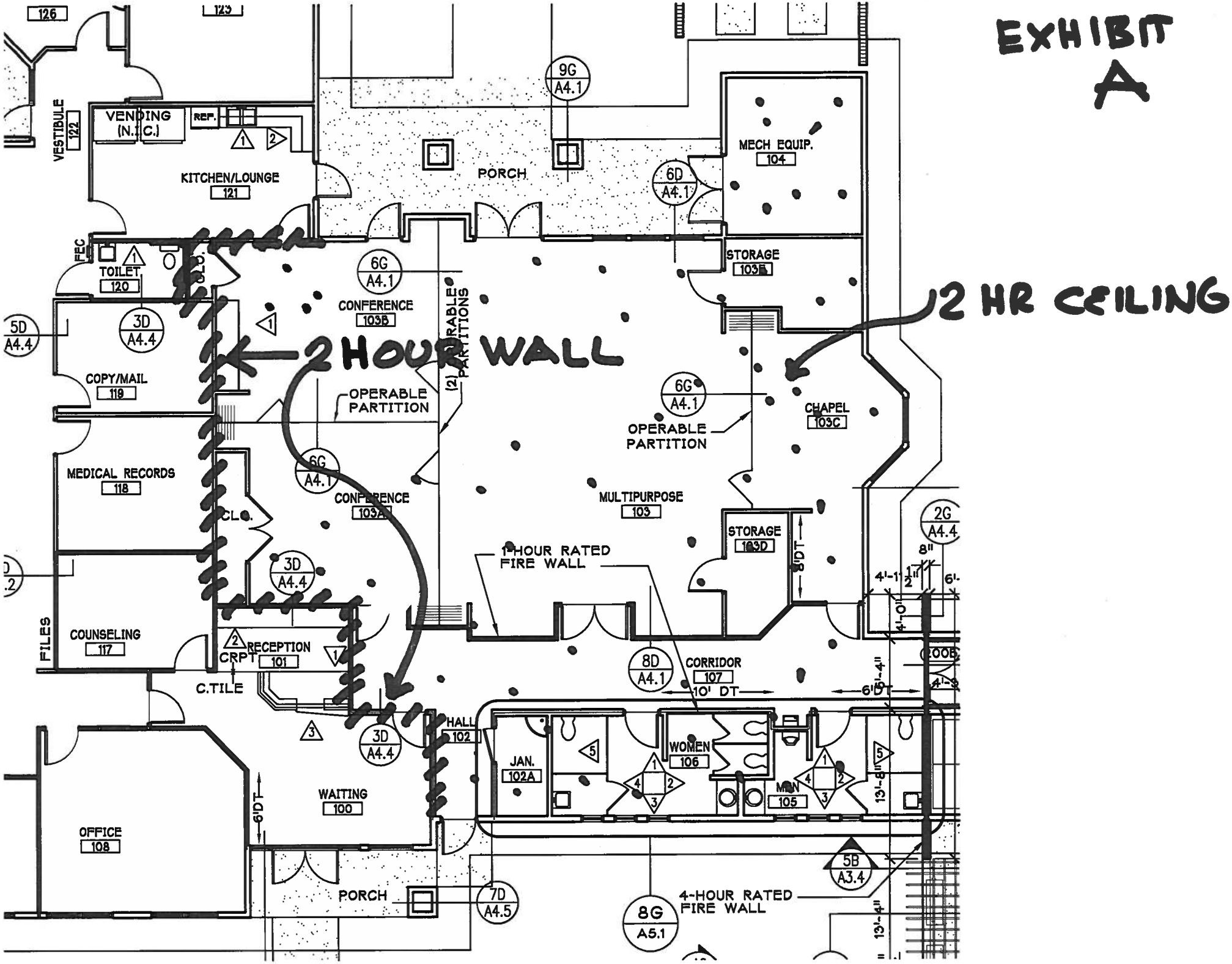
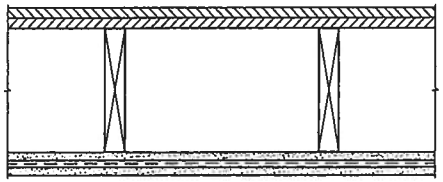

2 HOUR WALL
2 HR CEILING
1 HOUR RATED FIRE WALL
4-HOUR RATED FIRE WALL
VESTIBULE 122
VENDING (N.I.C.)
REF.
KITCHEN/LOUNGE 121
PORCH
MECH EQUIP. 104
STORAGE 103E
TOILET 120
FEC
CONFERENCE 103B
OPERABLE PARTITIONS
COPY/MAIL 119
OPERABLE PARTITION
CHAPEL 103C
MEDICAL RECORDS 118
CONFERENCE 103A
MULTIPURPOSE 103
STORAGE 103D
COUNSELING 117
FILES
RECEPTION
CRPT 101
C.TILE
CORRIDOR 107
HALL 102
JAN. 102A
WOMEN 106
MEN 105
WAITING 100
OFFICE 108
PORCH
9G A4.1
6D A4.1
6G A4.1
3D A4.4
5D A4.4
2G A4.4
8D A4.1
7D A4.5
8G A5.1
5B A3.4
10' DT
6' DT
8' DT
6' DT

EXHIBIT B

GA FILE NO. FC 5724 | **PROPRIETARY †** | **2 HOUR FIRE**

WOOD FLOOR, WOOD JOISTS, GYPSUM WALLBOARD, RESILIENT CHANNELS

Base layer 5/8" proprietary type X gypsum wallboard or gypsum veneer base applied at right angles to 2 x 10 wood joists 16" o.c. with 8d nails, 2 1/2" long, 0.113" shank, 19/64" heads, 7" o.c. Resilient furring channels 24" o.c. applied at right angles to joists through base layer with one 8d nail, 2 1/2" long, 0.113" shank, 19/64" head, at each joist. **Face** layer 5/8" proprietary type X gypsum wallboard or gypsum veneer base applied at right angles to resilient furring channels with 1" Type S drywall screws 12" o.c. Double channel installed at face layer end joints. Wood joists supporting 1" nominal T & G wood subfloor and 1" nominal wood finish floor or 19/32" plywood finished floor with long edges T & G and 15/32" interior plywood with exterior glue subfloor perpendicular to joists with joints staggered.



Approx. Ceiling Weight: 6 psf

Fire Test: UL R2717-35, 10-21-64, UL Design L505; ULC Design M503

PROPRIETARY GYPSUM BOARD

American Gypsum Company	-	5/8" FIREBLOC TYPE C
Celotex Corporation	-	5/8" FI-ROK PLUS™
Continental Gypsum	-	5/8" *MoreRock*® FireBar® Type C (CGTC-C)
G-P Gypsum	-	5/8" GyProc® Fireguard® C
James Hardie Gypsum	-	5/8" Hardirock® Brand Max "C"™ Gypsum Panels
Lafarge Gypsum	-	5/8" Firecheck® Type C
National Gypsum Company	-	5/8" Gold Bond® FIRE-SHIELD G™ Gypsum Wallboard
Temple-Inland Forest Products Corporation	-	5/8" TG-C
Westroc Industries Limited	-	5/8" Westroc Fireboard™ C

† Contact the manufacturer for more detailed information on proprietary products.

Florida Energy Efficiency Code For Building Construction
Florida Department of Community Affairs

EnergyGauge FlaCom v 2.11 FORM 400A-2004
Whole Building Performance Method for Commercial Buildings

Jurisdiction: LAKE CITY, COLUMBIA COUNTY, FL (221200)

Short Desc: 05030
Owner: Hospice of N. Florida
Address: 6037 West U.S. Highway 90

Project: Haven Hospice of the Suwannee Valley

City: Lake City
State: FL
Zip: 32055

PermitNo: 0
Storeys: 1

Type: Office
Class: New Finished building

***Conditioned Area:** 8559
***Cond + UnCond Area:** 8559

* denotes lighted area. Does not include wall crosection areas

Max Tonnage: 8.6 (if different, write in)

Compliance Summary

Component	Design	Criteria	Result
Gross Energy Use	8,412.30	9,116.52	**PASSES**
LIGHTING CONTROLS			**PASSES**
EXTERNAL LIGHTING			**PASSES**
HVAC SYSTEM			**PASSES**
PLANT			**None Entered**
WATER HEATING SYSTEMS			**PASSES**
PIPING SYSTEMS			**None Entered**
Met all required compliance from Check List?			**Yes/No/NA**

IMPORTANT NOTE: An input report Print-Out from EnergyGauge Com of this design building must be submitted along with this Compliance Report.

COMPLIANCE CERTIFICATION:

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Efficiency Code.

PREPARED BY: Christopher M. Spence

DATE: Dec. 22, 05

I hereby certify that this building is in compliance with the Florida Energy Efficiency Code.

OWNER AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL: _____

DATE: _____

If required by Florida law, I hereby certify (*) that the system design is in compliance with the Florida Energy Code.

		REGISTRATION No.
ARCHITECT :	DONALD L. HECK, AIA ~~William Brame AIA~~	AR 16464
ELECTRICAL SYSTEM DESIGNER:	Kevin Campbell	55531
LIGHTING SYSTEM DESIGNER:	Kevin Campbell	55531
MECHANICAL SYSTEM DESIGNER:	Art Campbell	13153
PLUMBING SYSTEM DESIGNER:	Art Campbell	13153

(*) Signature is required where Florida Law requires design to be performed by registered design professionals.
Typed names and registration numbers may be used where all relevant information is contained on signed/sealed plans.

Arthur L. Campbell, III, PE
PE No. 13153
DIV 15
Campbell Engineering
of North Florida, Inc.
Lic. No. 00008813
2209 NW 40th Terrace, Suite A
Gainesville, Florida 32605
Phone: 352/372-6967
Fax: 352/372-7232

12/23/05

Kevin O'Kelley Campbell, PE
PE No. 55531
DIV 16
Campbell Engineering
of North Florida, Inc.
2209 NW 40th Terrace, Suite A
Gainesville, Florida 32605
PHONE: 352/372-6967
FAX: 352/372-7232
Lic No. 00008813

12/23/05

Donald L. Heck
12-23-05

Project: 05030
Title: Haven Hospice of the Suwannee Valley
Type: Office
(WEA File: JACKSONVILLE.TMY)

Whole Building Compliance

	Design	Reference
Total	*91.37*	*100.00*
	$8,412.30	*$9,116.52*
ELECTRICITY(MBtu/kWh/$)	91.37 165,923.00 *$8,412.30*	100.00 181,604.00 *$9,116.52*
AREA LIGHTS	20.96 38,046.00 *$1,928.93*	16.31 29,617.00 *$1,486.77*
MISC EQUIPMT	5.16 9,380.00 *$475.57*	5.16 9,380.00 *$470.88*
PUMPS & MISC	0.21 393.00 *$19.93*	0.23 414.00 *$20.78*
SPACE COOL	26.98 48,984.00 *$2,483.49*	22.73 41,270.00 *$2,071.75*
VENT FANS	38.06 69,120.00 *$3,504.38*	55.57 100,923.00 *$5,066.33*

Credits & Penalties (if any): Modified Points: = 91.37 | **PASSES**

Project: 05030
Title: Haven Hospice of the Suwannee Valley
Type: Office
(WEA File: JACKSONVILLE.TMY)

External Lighting Compliance

Description	Category	Allowance (W/Unit)	Area or Length or No. of Units (Sqft or ft)	ELPA (W)	CLP (W)
Ext Light 1	Building Entrance with (or free standing) Canopy	3.00	408.0	1,224	52
Ext Light 2	Building exit	20.00	60.0	1,200	52

Design: 676 (W)
Allowance: 2424 (W)

PASSES

Project: 05030
Title: Haven Hospice of the Suwannee Valley
Type: Office
(WEA File: JACKSONVILLE.TMY)

Lighting Controls Compliance

Acronym	Ashrae ID	Description	Area (sq.ft)	No. of Tasks	Design CP	Min CP	Compli-ance
Pr0Zo1Sp1	1	Electrical Mechanical Equipment Room - General	195	1	1	1	**PASSES**
Pr0Zo2Sp1	3	Storage & Warehouse - Bulky Active Storage	117	1	1	1	**PASSES**
Pr0Zo2Sp2	3	Storage & Warehouse - Bulky Active Storage	66	1	1	1	**PASSES**
Pr0Zo2Sp3	15	Conference/meeting (Multiple Functions)	1,258	1	3	1	**PASSES**
Pr0Zo2Sp4	5	Corridor	480	1	1	1	**PASSES**
Pr0Zo2Sp5	2	Storage & Warehouse - Inactive Storage	50	1	1	1	**PASSES**
Pr0Zo2Sp6	6	Toilet and Washroom	200	1	3	1	**PASSES**
Pr0Zo2Sp7	6	Toilet and Washroom	100	1	4	1	**PASSES**
Pr0Zo3Sp1	1	Electrical Mechanical Equipment Room - General	50	1	1	1	**PASSES**
Pr0Zo3Sp2	1	Electrical Mechanical Equipment Room - General	50	1	1	1	**PASSES**
Pr0Zo3Sp3	3	Storage & Warehouse - Bulky Active Storage	369	1	2	1	**PASSES**
Pr0Zo3Sp4	9	Food Service - Bar/Lounge	256	1	2	1	**PASSES**
Pr0Zo3Sp5	1	Electrical Mechanical Equipment Room - General	697	1	3	1	**PASSES**
Pr0Zo3Sp6	12	Lobby (General) - Reception and Waiting	380	1	6	1	**PASSES**
Pr0Zo4Sp1	6	Toilet and Washroom	54	1	1	1	**PASSES**
Pr0Zo4Sp2	,001	Sorting Area	167	1	2	1	**PASSES**
Pr0Zo4Sp3	3	Storage & Warehouse - Bulky Active Storage	181	1	2	1	**PASSES**
Pr0Zo4Sp4	17	Office - Enclosed	160	1	3	1	**PASSES**
Pr0Zo4Sp5	16	Office - Open Plan	1,560	1	4	1	**PASSES**
Pr0Zo5Sp1	17	Office - Enclosed	323	1	1	1	**PASSES**
Pr0Zo5Sp2	17	Office - Enclosed	131	1	1	1	**PASSES**
Pr0Zo5Sp3	17	Office - Enclosed	131	1	1	1	**PASSES**
Pr0Zo5Sp4	17	Office - Enclosed	158	1	1	1	**PASSES**
Pr0Zo5Sp5	17	Office - Enclosed	152	1	2	1	**PASSES**
Pr0Zo6Sp1	2	Storage & Warehouse - Inactive Storage	25	1	1	1	**PASSES**
Pr0Zo6Sp2	17	Office - Enclosed	131	1	2	1	**PASSES**
Pr0Zo6Sp3	16	Office - Open Plan	798	1	4	1	**PASSES**
Pr0Zo7Sp1	1	Electrical Mechanical Equipment Room - General	248	1	2	1	**PASSES**
Pr0Zo7Sp2	1	Electrical Mechanical Equipment Room - General	72	1	1	1	**PASSES**

PASSES

Project: 05030
Title: Haven Hospice of the Suwannee Valley
Type: Office
(WEA File: JACKSONVILLE.TMY)

System Report Compliance

Pr0Sy1 **System 1** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.57	0.90			PASSES

Pr0Sy2 **System 2** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.63	0.90			PASSES

Pr0Sy3 **System 3** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.63	0.90			PASSES

Pr0Sy4 **System 4** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.63	0.90			PASSES

Pr0Sy5	System 5		Constant Volume Packaged System				No. of Units 1
Component	**Category**	**Capacity**	**Design Eff**	**Eff Criteria**	**Design IPLV**	**IPLV Criteria**	**Comp-liance**
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.63	0.90			PASSES

Pr0Sy6	System 6		Constant Volume Packaged System				No. of Units 1
Component	**Category**	**Capacity**	**Design Eff**	**Eff Criteria**	**Design IPLV**	**IPLV Criteria**	**Comp-liance**
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.63	0.90			PASSES

Pr0Sy7	System 7		Constant Volume Packaged System				No. of Units 1
Component	**Category**	**Capacity**	**Design Eff**	**Eff Criteria**	**Design IPLV**	**IPLV Criteria**	**Comp-liance**
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.55	0.90			PASSES

PASSES

Plant Compliance

Description	**Installed No**	**Size**	**Design Eff**	**Min Eff**	**Design IPLV**	**Min IPLV**	**Category**	**Comp liance**

None

Project: 05030
Title: Haven Hospice of the Suwannee Valley
Type: Office
(WEA File: JACKSONVILLE.TMY)

Water Heater Compliance

Description	Type	Category	Design Eff	Min Eff	Design Loss	Max Loss	Compliance
Water Heater 1	Electric water heater	<= 12 [kW]	0.92	0.89			PASSES

PASSES

Piping System Compliance

Category	Pipe Dia [inches]	Is Runout?	Operating Temp [F]	Ins Cond [Btu-in/hr .SF.F]	Ins Thick [in]	Req Ins Thick [in]	Compliance

None

Project: 05030
Title: Haven Hospice of the Suwannee Valley
Type: Office
(WEA File: JACKSONVILLE.T

Other Required Compliance

Category	Section	Requirement (write N/A in box if not applicable)	Check
Infiltration	406.1	Infiltration Criteria have been met	☑
System	407.1	HVAC Load sizing has been performed	☑
Ventilation	409.1	Ventilation criteria have been met	☑
ADS	410.1	Duct sizing and Design have been performed	☑
T & B	410.1	Testing and Balancing will be performed	☑
Motors	414.1	Motor efficiency criteria have been met	☑
Lighting	415.1	Lighting criteria have been met	☑
O & M	102.1	Operation/maintenance manual will be provided to owner	☑
Roof/Ceil	404.1	R-19 for Roof Deck with supply plenums beneath it	☑
Report	101	Input Report Print-Out from EnergyGauge FlaCom attached?	☑

PERMIT APPLICATION # 0512-55

Cal-Tech Testing, Inc.
• Engineering
• Geotechnical
• Environmental
LABORATORIES

P.O. Box 1625 • Lake City, FL 32056-1625
6919 Distribution Avenue S., Unit #5 • Jacksonville, FL 32257

Tel. (386) 755-3633 • Fax (386) 752-5456
Tel. (904) 262-4046 • Fax (904) 262-4047

October 20, 2005

Parrish Construction Company, Inc.
3455 S. W. 42nd Avenue
Gainesville, Florida 32608

Attention: Doug Taulbee

Reference: Report of Geotechnical Investigation
Hospice of Suwannee Valley
U. S. 90 West
Lake City, Columbia County, Florida
Cal-Tech Project No. 05-524

Dear Mr. Taulbee,

Cal-Tech Testing, Inc. has completed the subsurface investigation and engineering evaluation of the site for "Hospice of Suwannee Valley" in Lake City, Florida. Our work was performed in conjunction with and authorized by you.

Introduction

We were provided a site plan and understand you will construct a single-story, wood frame building with a plan area of approximately 29,000 square feet. Provided suitable subsurface conditions exist, support for the building is to be provided by conventional, shallow spread footings. Floors are to be slab-on-grade construction. Parking and access pavements are to be provided on the east and south sides of the building, and retention basins are to be provided north and/or south of the building near the property lines. Detailed foundation loads have not been provided; however, we assume column and wall loads will not exceed 25 kips and 2 kips per foot, respectively. Fill materials up to about 5 feet in thickness are anticipated within portions of the building area.

The site is heavily wooded primarily with a dense stand of small oaks and scattered, larger trees, not particularly of high density. The building is to be located near the center of the site. This area is higher in elevation and approximately level. The ground surface slopes away from the building area on the north and south ends of the site.

The purposes of our investigation were to determine the general subsurface conditions in the building and basin areas and to provide recommendations for foundation design and construction and for design of the basins.

Site Investigation

The subsurface conditions were investigated by performing six (6) Standard Penetration Test borings advanced to depths of 20 feet and seven (7) auger borings advanced to depths of 15 feet. Borings were performed at the approximate locations indicated on the attached Boring Location Plan. These locations were selected by your firm and were staked in the field by Cal-Tech Testing, Inc. The provided site plan and boundary survey were used to stake the borings.

The Standard Penetration Test (ASTM D-1586) is performed by driving a standard split-barrel sampler into the soil by blows of a 140-pound hammer falling 30 inches. The number of blows required to drive the sampler 1 foot, after seating 6 inches, is designated the penetration resistance, or N-value; this value is an index to soil density or consistency.

Auger borings are performed by advancing a slender, solid-stem auger into the soil to the desired depth, by retracting the auger, and by examining cuttings recovered on the auger flights. Samples are collected and are examined for soil type and color.

Findings

Within the building area the soil borings encountered three soil strata. The first layer consists of 4 to 13.5 feet of tan, tannish gray, white or light tan to white sand (SP) or sand with silt (SP/SM). These soils range from very loose to medium dense with N-values that range from 2 to 19 blows per foot.

The second layer consists of 5 to 13 feet of generally loose to medium dense, orange, gray and orange or light gray to white, clayey sand (SC). The N-values of this layer range from 4 to 32 blows per foot.

The third layer consists of an undetermined thickness of stiff to hard, gray, greenish gray, orange and red clay (CH) or clay with sand (CH). The N-values of this layer range from 9 to 33 blows per foot.

At boring locations S-1 through S-4 the soil borings generally encountered three soil strata. The first layer consists of 3 to 5 feet of grayish tan, tannish gray or tannish gray and orange sand with silt (SP/SM).

The second layer consists of up to 5 feet of gray and orange, clayey sand (SC), and the third layer consists of an undetermined thickness of orange, gray and red clay (CH) or sandy clay (CH).

At boring locations S-5 through S-7 the soil borings generally encountered two soil strata. The first layer consists of 5 to 10 feet of tan, tannish gray or light gray to white sand (SP), sand with silt (SP/SM) or silty sand (SM).

The second layer consists of an undetermined thickness of orange, gray or light gray to white, clayey sand (SC), sand with clay (SP/SC) or sand, traces of clay (SP).

Ground water was not encountered at any boring location at the time of our investigation; however, we believe temporarily perched ground water could occur in some areas at depths on the order of 4 to 5 feet below the ground surface following periods of heavy rainfall.

For a more detailed description of the subsurface conditions encountered, please refer to the attached Boring Logs. For these logs the transition between soil layers may be gradual and not abrupt as indicated; therefore, the thickness of soil layers should be considered approximate.

Discussion and Recommendations

Based upon our findings, it is our opinion the site soils are suitable to provide support for the proposed single-story, wood frame building; however, the near surface soils appear to be very loose to a depth of about 5 feet, and very thorough proof-rolling and proof-compaction of these very loose soils will be required to improve their density. Except for providing especially thorough compaction of bearing soils within the building area, only normal, good practice site preparation procedures should be required to prepare the building site. Excavation and replacement of clay soils is not anticipated.

We recommend foundations be sized to exert a maximum soil bearing pressure of 2,000 pounds per square foot. Additionally, foundations should have minimum widths of 18 and 24 inches for strip and isolated footings, respectively, even though the maximum soil bearing pressure may not be attained. The bottoms of foundations should be embedded a minimum of 16 inches below the finished surface grade. For monolithic foundations as required, a minimum embedment of 12 inches should be provided.

Building and pavement areas should be stripped of surface vegetation, topsoil, stumps, roots and other deleterious materials. Typical stripping is not expected to exceed a depth of about 1 foot; however, for this heavily wooded site, some areas may have deeper roots that require stripping to depths of 3 or more feet.

Excavation should then be performed as required to establish the appropriate bearing grades for foundations and slabs. Relatively clean, sandy soils that are excavated should be stockpiled for later use as fill. Especially silty soils or organic soils should not be reused as fill within the building area; however, these soils may be used for landscaping as required.

Bearing soils should then be thoroughly proof-rolled using heavy, rubber-tired equipment (a large, loaded, front-end loader, for example). Proof rolling helps to compact these soils and to locate zones of especially loose or soft soil that may be present, particularly in stump areas. Such zones should be undercut and back-filled or

otherwise treated as directed by the geotechnical engineer. Replacement soils should consist of clean, fine sand containing less that about 10% passing the No. 200 sieve. This soil should be placed in maximum 12-inch, loose lifts, and each lift should be proof-compacted to a minimum of 95% of the Modified Proctor maximum dry density.

Subgrade areas should then be proof-compacted to a minimum of 95% of the Modified Proctor maximum dry density to a depth of 2 feet in foundation areas and to a depth of 1 foot in floor slab areas. It is unlikely dewatering will be required to achieve adequate compaction of the subgrade; however, if required, the ground water table should be temporarily lowered to a depth of at least 2 feet below compaction surfaces.

Fill materials to raise the building area may be placed as required following proof-rolling and proof-compaction operations. Building fill should also consist of relatively clean, fine sand containing less than 10% passing the No. 200 sieve. This soil should be placed in maximum 12-inch, loose lifts, and each lift should be proof-compacted to a minimum of 95% of the Modified Proctor maximum dry density.

Field density testing should be performed in the compacted subgrade, in each lift of fill, and in foundation excavations to verify the recommended compaction has been achieved.

Field permeability testing was performed at each auger boring location, and we obtained vertical coefficients of permeability that range from 14.0 to 28.2 feet per day. These values and test depths are indicated on the attached boring logs.

Based upon the USDA Soil Survey of Suwannee County, the south basin area is within the Alpin Fine Sand soil group; however, based upon stratification of the soil layers, we believe this area is actually within the Bonneau Fine Sand soil group. For the Bonneau soils a perched water table is reported to occur at a depth of 48 to 72 inches for 1 to 2 months suring rainy periods in most years. Otherwise, the water table is at a depth of more than 72 inches. The north basin area is within the Blanton Fine Sand soil group. The water table is reported to occur at a depth of 5 to 6 feet most of the year.

Based upon our findings and evaluation, we recommend the following soil parameters be used for design of the south basin:

1. Average depth of confining layer = 7.5 feet

2. Average Vertical Unsaturated Infiltration Rate = 20.0 feet / day
   (Applicable to sandy surface soils only)

   Average Vertical Unsaturated Infiltration Rate = 0.5 feet / day
   (Applicable to clay soils below surface layer)

3. Average Horizontal Hydraulic Conductivity = 22.0 feet / day
   (Applicable to surface soils only)

4. Average Horizontal Hydraulic Conductivity = 0.6 feet / day
   (Applicable to clayey soils below surface layer)

5. Fillable Porosity = 30%

6. Average Depth of Seasonal High Water Table = 6.5 feet

We recommend the following soil parameters be used for design of the north basin:

1. Average depth of confining layer = N/A

2. Average Vertical Unsaturated Infiltration Rate = 18.0 feet / day
   (Applicable to sandy surface soils only)

   Average Vertical Unsaturated Infiltration Rate = 4.0 feet / day
   (Applicable to clayey sands below surface layer)

3. Average Horizontal Hydraulic Conductivity = 21.0 feet / day
   (Applicable to surface soils only)

4. Average Horizontal Hydraulic Conductivity = 5.0 feet / day
   (Applicable to clayey sands below surface layer)

5. Fillable Porosity = 30%

6. Average Depth of Seasonal High Water Table = 7.5 feet

Our recommendations are based upon our findings as described in this report; however, subsurface conditions may exist that were not encountered in the soil test borings. Cal-Tech Testing, Inc. should be notified immediately if different soil conditions are encountered during construction. It may be necessary to reevaluate this site and revise our recommendations.

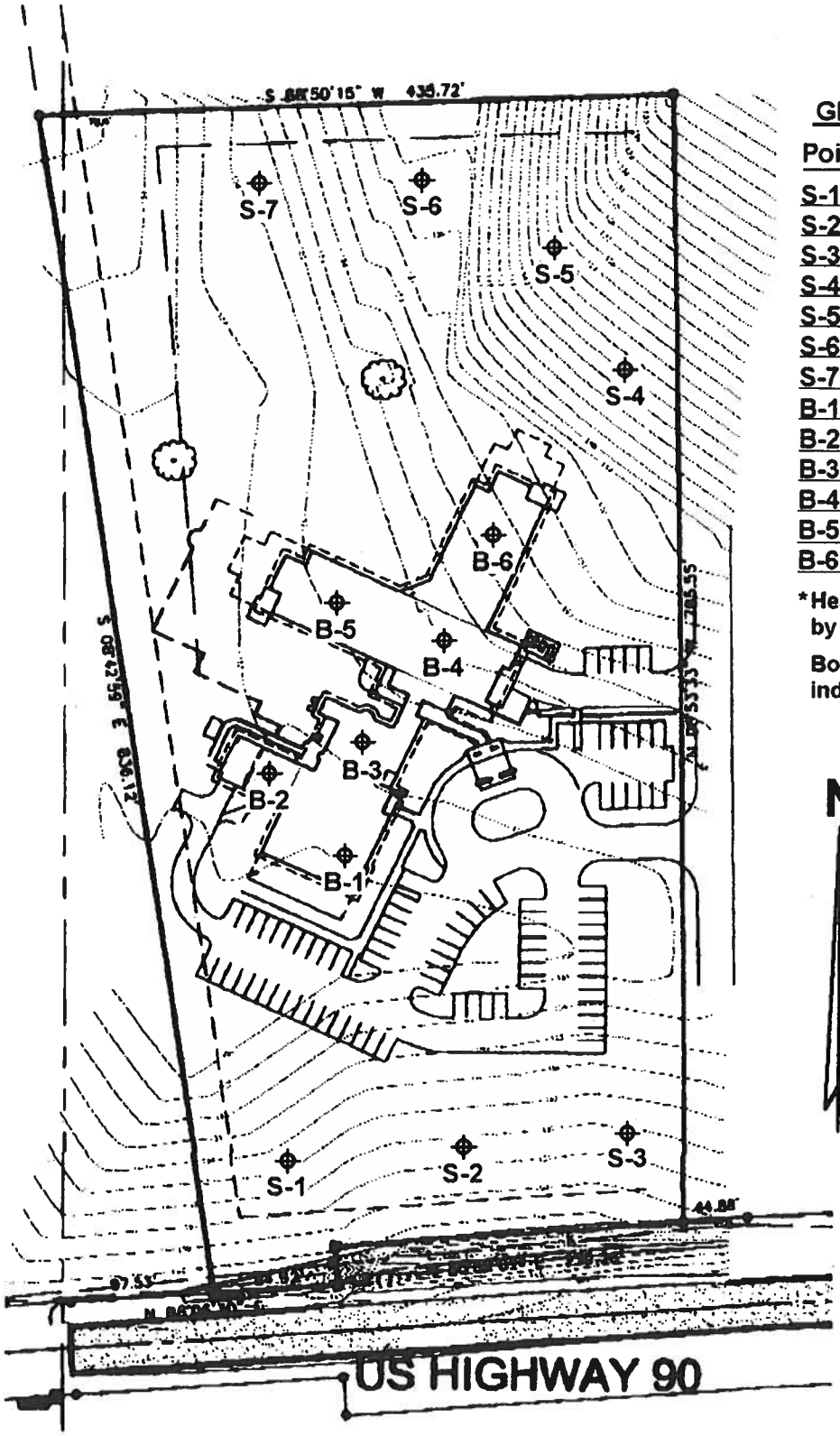
We appreciate the opportunity to be of service on this project and look forward to a continued association. Please do not hesitate to contact us if you have questions concerning this report or if we may be of further assistance.

Respectfully submitted,
Cal-Tech Testing, Inc.

Linda Creamer
President / CEO

John C. Dorman, Jr., Ph. D., P. E.
Geotechnical Engineer

1/5/06
5/26/12



GPS Coordinates*

Point	N	W
S-1	30° 11.604'	82° 43.762'
S-2	30° 11.607'	82° 43.742'
S-3	30° 11.612'	82° 43.718'
S-4	30° 11.698'	82° 43.715'
S-5	30° 11.705'	82° 43.727'
S-6	30° 11.717'	82° 43.739'
S-7	30° 11.718'	82° 43.759'
B-1	30° 11.644'	82° 43.753'
B-2	30° 11.653'	82° 43.760'
B-3	30° 11.657'	82° 43.749'
B-4	30° 11.668'	82° 43.739'
B-5	30° 11.672'	82° 43.749'
B-6	30° 11.677'	82° 43.733'

*Heavy tree cover. Some points off by up to 25 feet.

Borings staked per plan as indicated.

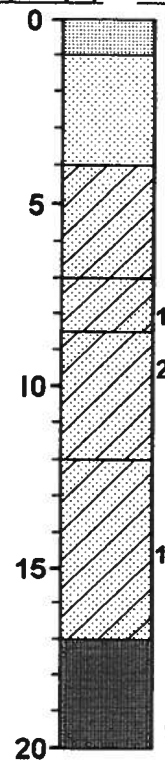
N

Boring Location Plan: Hospice of Suwannee Valley

B-1

Water Table: N/A

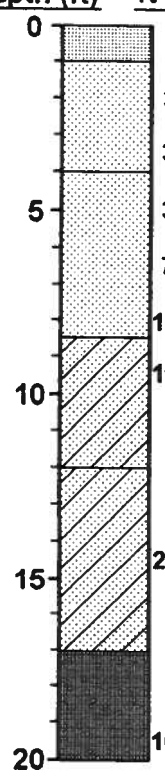
Depth (ft)	N-value	Soil Description
0		Tannish Gray, FINE SAND with SILT (SP/SM)
	4	Very Loose to Loose, Light Tan, FINE SAND (SP)
	3	
5	6	Loose, Light Orange, SLIGHTLY CLAYEY SAND (SC)
	9	
	17	Medium Dense, Orange and Gray, CLAYEY SAND (SC)
10	21	Medium Dense, Gray, Tan and Orange, SLIGHTLY CLAYEY SAND (SC)
15	11	Medium Dense, Light Gray, CLAYEY SAND (SC)
		Stiff, Greenish Gray CLAY with SAND (CH)
20	9	



B-2

Water Table: N/A

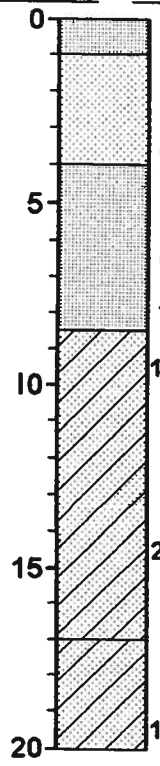
Depth (ft)	N-value	Soil Description
0		Tannish Gray SAND with SILT (SP/SM)
	3	Very Loose, Light Tan, FINE SAND (SP)
	3	
5	3	Very Loose to Medium Dense, Light Tan to White, FINE SAND (SP)
	7	
	12	
10	19	Medium Dense, Orange and Light Grey, SLIGHTLY CLAYEY SAND (SC)
15	25	Medium Dense, Tannish Gray, VERY CLAYEY SAND (SC)
		Stiff, Greenish Gray, Orange and Red CLAY with SAND (CH)
20	10	



B-3

Water Table: N/A

Depth (ft)	N-value	Soil Description
0		Dark Brownish Gray SAND with SILT (SP/SM)
	3	Very Loose to Loose, Light Tan SAND (SP)
	4	
5	3	Very Loose to Loose, Light Tan to White SAND with SILT (SP/SM)
	6	
	7	
10	13	Medium Dense, Light Gray and Orange, SLIGHTLY CLAYEY SAND (SC)
15	22	
		Medium Dense, Gray, CLAYEY SAND (SC)
20	11	

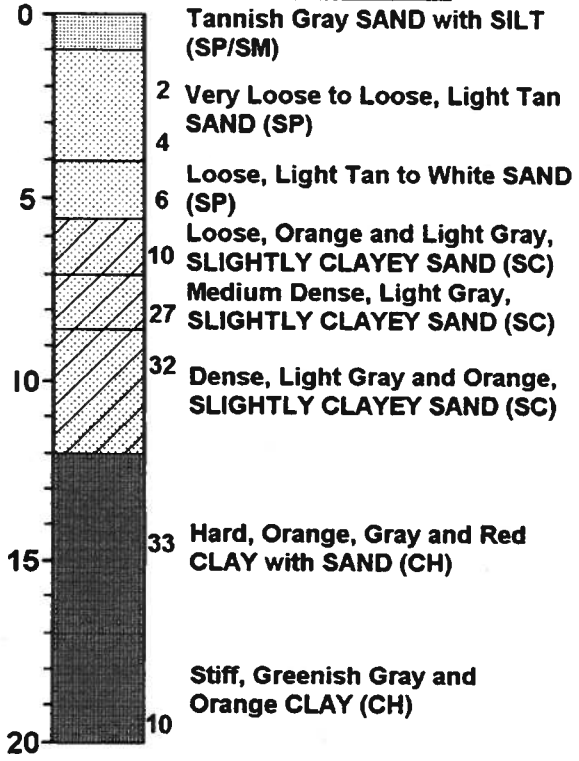


Boring Logs: Hospice of Suwannee Valley

B-4

Water Table: N/A

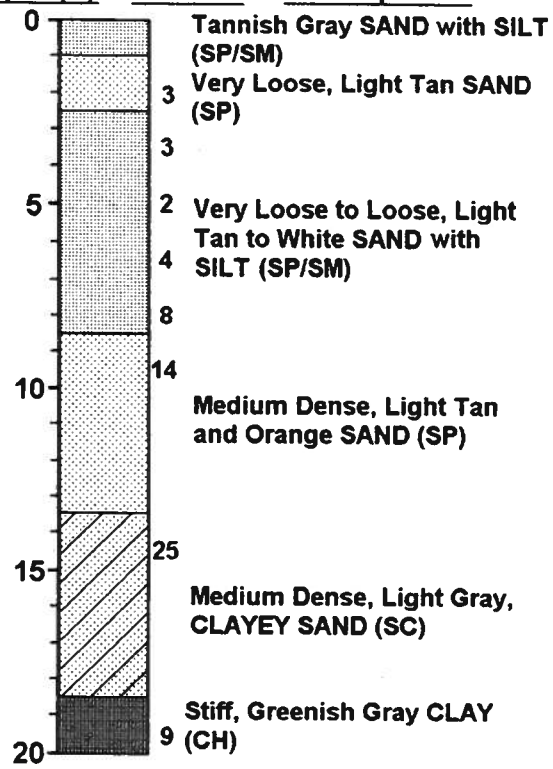
Depth (ft)	N-value	Soil Description
0		Tannish Gray SAND with SILT (SP/SM)
	2	Very Loose to Loose, Light Tan SAND (SP)
	4	
5	6	Loose, Light Tan to White SAND (SP)
	10	Loose, Orange and Light Gray, SLIGHTLY CLAYEY SAND (SC)
	27	Medium Dense, Light Gray, SLIGHTLY CLAYEY SAND (SC)
10	32	Dense, Light Gray and Orange, SLIGHTLY CLAYEY SAND (SC)
	33	Hard, Orange, Gray and Red CLAY with SAND (CH)
15		
		Stiff, Greenish Gray and Orange CLAY (CH)
20	10	



B-5

Water Table: N/A

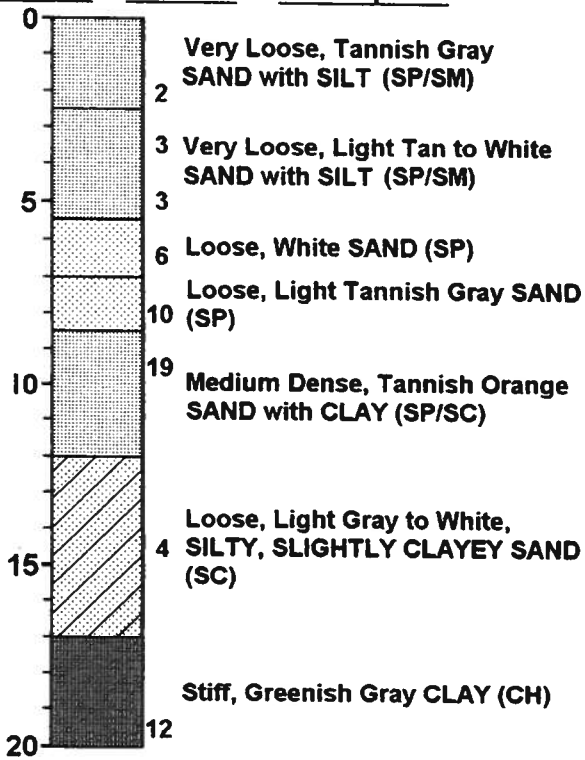
Depth (ft)	N-value	Soil Description
0		Tannish Gray SAND with SILT (SP/SM)
	3	Very Loose, Light Tan SAND (SP)
	3	
5	2	Very Loose to Loose, Light Tan to White SAND with SILT (SP/SM)
	4	
	8	
10	14	Medium Dense, Light Tan and Orange SAND (SP)
	25	Medium Dense, Light Gray, CLAYEY SAND (SC)
15		
	9	Stiff, Greenish Gray CLAY (CH)
20		



B-6

Water Table: N/A

Depth (ft)	N-value	Soil Description
0		Very Loose, Tannish Gray SAND with SILT (SP/SM)
	2	
	3	Very Loose, Light Tan to White SAND with SILT (SP/SM)
5	3	
	6	Loose, White SAND (SP)
	10	Loose, Light Tannish Gray SAND (SP)
	19	Medium Dense, Tannish Orange SAND with CLAY (SP/SC)
10		
	4	Loose, Light Gray to White, SILTY, SLIGHTLY CLAYEY SAND (SC)
15		
		Stiff, Greenish Gray CLAY (CH)
20	12	



Boring Logs: Hospice of Suwannee Valley

S-1

Water Table: N/A

Depth (ft)	Soil Description
0	Light Grayish Tan, FINE SAND with SILT (SP/SM) K_V = 17.3 ft/day @ 2.0 ft.
5	Light Orange, SLIGHTLY CLAYEY SAND (SC)
	Light Gray, CLAYEY SAND (SC)
10	Orange, Gray and Red, SANDY CLAY (CH)
	Greenish Gray and Orange CLAY (CH)
15	

S-2

Water Table: N/A

Depth (ft)	Soil Description
0	Tannish Gray, FINE SAND with SILT (SP/SM)
	Tannish Gray and Orange SAND with CLAY (SP/SC) K_V = 28.2 ft/day @ 1.9 ft.
5	Gray and Orange, SANDY CLAY (CH)
10	Gray, Orange and Red CLAY with SAND (CH)
	Gray CLAY (CH)
15	

S-3

Water Table: N/A

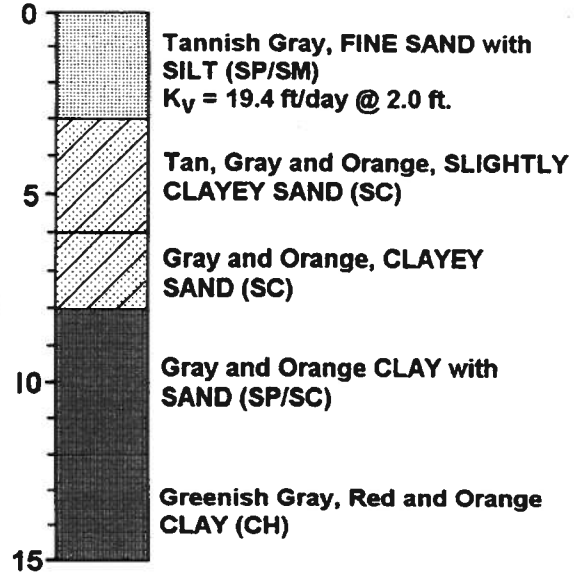
Depth (ft)	Soil Description
0	Light Tannish Gray, FINE SAND with SILT (SP/SM) K_V = 17.7 ft/day @ 2.0 ft.
	Tannish Gray and Orange SAND with CLAY (SP/SC) K_V = 21.8 ft/day @ 3.7 ft.
5	Gray and Orange, CLAYEY SAND (SC)
10	Gray, Red and Orange, SANDY CLAY (CH)
	Light Orange and Gray CLAY (CH)
15	

Boring Logs: Hospice of Suwannee Valley

S-4

Water Table: N/A

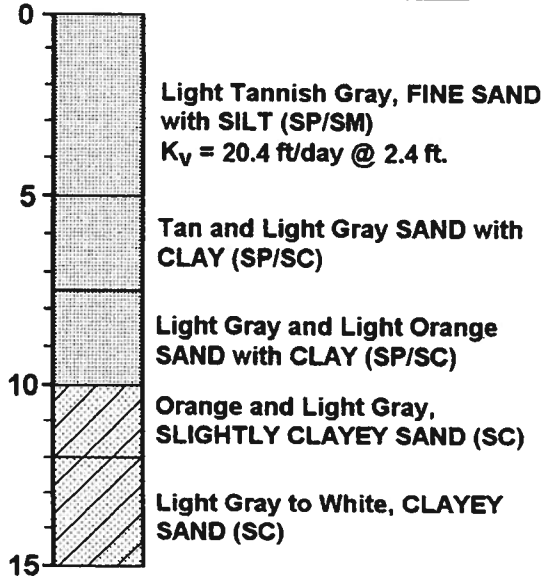
Depth (ft) | Soil Description



S-5

Water Table: N/A

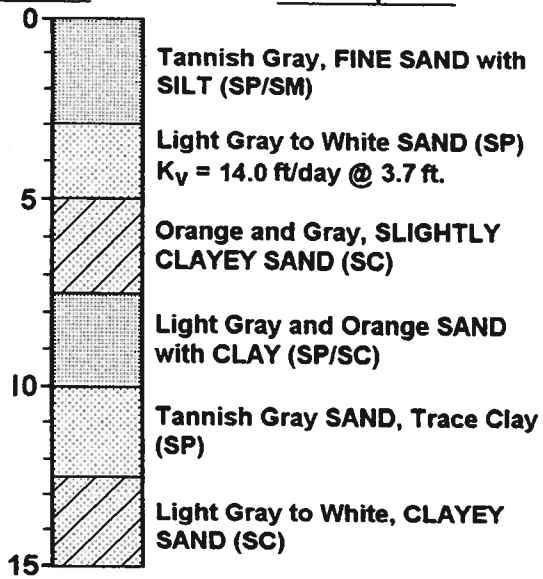
Depth (ft) | Soil Description



S-6

Water Table: N/A

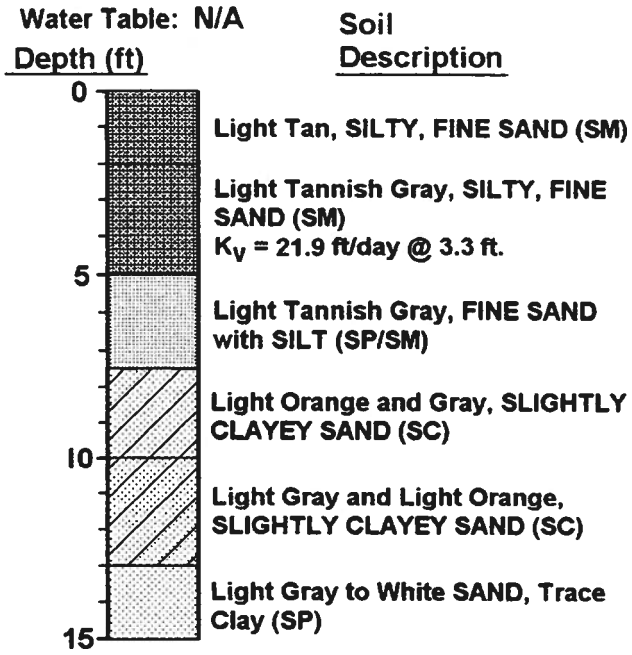
Depth (ft) | Soil Description



Boring Logs: Hospice of Suwannee Valley

S-7

Water Table: N/A



Boring Logs: Hospice of Suwannee Valley

Cal-Tech Testing, Inc.
• Engineering
• Geotechnical
• Environmental
LABORATORIES

P.O. Box 1625 • Lake City, FL 32056-1625
6919 Distribution Avenue S., Unit #5 • Jacksonville, FL 32257

Tel. (386) 755-3633 • Fax (386) 752-5456
Tel. (904) 262-4046 • Fax (904) 262-4047

SUMMARY OF LABORATORY TEST RESULTS

PROJECT: Hospice of Suwannee Valley
Lake City, Florida
CLIENT: Parrish Construction Company

JOB NO.: 05-524
REPORT NO.: 1
DATE: 10/24/05

BORING NO.	SAMPLE DEPTH (ft.)	SOIL DESCRIPTION	SAMPLE TYPE*	NATURAL MOISTURE (%)	ATTERBERG LIMITS		COEFFICIENT OF PERMEABILITY (feet/day)	SIEVE ANALYSIS (% passing)						AASHTO SOIL CLASSIFICATION	UNIFIED SOIL CLASSIFICATION
					LIQUID LIMIT (%)	PLASTICITY INDEX (%)		No.4	No.10	No. 40	No. 60	No.100	No. 200		
B-1	3	Light Tan Sand w/Silt	SS					100	100	97.3	84.0	54.0	10.4		SP/SM
B-2	0.5	Tannish Grey Sand w/Silt	SS					100	99.9	95.8	83.2	53.7	9.8		SP/SM
B-3	5	Light Tan to White Sand w/Silt	SS					100	100	96.7	83.6	55.1	7.3		SP/SM
B-4	0.5	Tannish Grey Sand w/Silt	SS					100	100	94.6	80.4	53.3	11.6		SP/SM
B-4	14	Orange, Grey and Red Clay w/Sand	SS					100	100	99.2	96.2	85.2	80.9		SP/SM
B-5	3	Light Tan to White Sand w/Silt	SS					100	100	96.4	82.2	52.2	7.9		SP/SM
B-6	0.5	Tannish Grey Sand w/Silt	SS					100	99.9	94.9	81.8	55.6	10.7		SP/SM
B-6	5	Light Tan to White Sand w/Silt	SS					100	100	95.9	84.7	58.1	10.3		SP/SM

***SS- Split Spoon**
ST- Shelby Tube
A- Auger

Reviewed By:

Date: 10/24/05
Florida Registration No.: 52612

"Excellence in Engineering & Geoscience"

Florida Energy Efficiency Code For Building Construction
Florida Department of Community Affairs

EnergyGauge FlaCom v 2.11 FORM 400A-2004
Whole Building Performance Method for Commercial Buildings

Jurisdiction: LAKE CITY, COLUMBIA COUNTY, FL (221200)

Short Desc: 05030
Owner: Hospice
Address: U.S. Highway 90

Project: Haven Hospice of the Suwannee Care Center

City: Lake City
State: FL
Zip: 32055

PermitNo: 0
Storeys: 1

Type: Healthcare-Clinic
Class: New Finished building

***Conditioned Area:** 13280
***Cond + UnCond Area:** 13280

* denotes lighted area. Does not include wall crosection areas

Max Tonnage: 15.3 (if different, write in)

Compliance Summary

Component	Design	Criteria	Result
Gross Energy Use	9,442.21	13,476.51	**PASSES**
LIGHTING CONTROLS			**PASSES**
EXTERNAL LIGHTING			**PASSES**
HVAC SYSTEM			**PASSES**
PLANT			**None Entered**
WATER HEATING SYSTEMS			**PASSES**
PIPING SYSTEMS			**PASSES**
Met all required compliance from Check List?			**Yes/No/NA**

IMPORTANT NOTE: An input report Print-Out from EnergyGauge Com of this design building must be submitted along with this Compliance Report.

COMPLIANCE CERTIFICATION:

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Efficiency Code.

PREPARED BY: Christopher M. Spence

DATE: Dec. 22, 2005

I hereby certify that this building is in compliance with the Florida Energy Efficiency Code.

OWNER AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL: _____

DATE: _____

If required by Florida law, I hereby certify (*) that the system design is in compliance with the Florida Energy Code.

		REGISTRATION No.
ARCHITECT :	DONALD L. HECK, AIA ~~William Brame AIA~~ Donald L. Heck	AR-16404
ELECTRICAL SYSTEM DESIGNER:	Kevin Campbell	55531
LIGHTING SYSTEM DESIGNER:	Kevin Campbell	55531
MECHANICAL SYSTEM DESIGNER:	Art Campbell	13153
PLUMBING SYSTEM DESIGNER:	Art Campbell	13153

(*) Signature is required where Florida Law requires design to be performed by registered design professionals. Typed names and registration numbers may be used where all relevant information is contained on signed/sealed plans.

Arthur L. Campbell, III, PE
PE No. 13153
DIV 15
Campbell Engineering
of North Florida, Inc.
Lic. No. 00008813
2209 NW 40th Terrace, Suite A
Gainesville, Florida 32605
Phone: 352/372-6967
Fax: 352/372-7232

12/23/05

Kevin O'Kelley Campbell, PE
PE No. 55531
DIV 16
Campbell Engineering
of North Florida, Inc.
2209 NW 40th Terrace, Suite A
Gainesville, Florida 32605
PHONE: 352/372-6967
FAX: 352/372-7232
Lic No. 00008813

12/23/05

Donald L. Heck
12-23-05

Project: 05030
Title: Haven Hospice of the Suwannee Care Center
Type: Healthcare-Clinic
(WEA File: JACKSONVILLE.TMY)

Whole Building Compliance

	Design	Reference
Total	*69.39*	*100.00*
	$9,442.20	*$13,476.51*
ELECTRICITY(MBtu/kWh/$)	69.39 185,505.00 *$9,442.20*	100.00 267,391.00 *$13,476.51*
AREA LIGHTS	16.87 45,079.00 *$2,294.52*	14.05 37,567.00 *$1,893.38*
MISC EQUIPMT	4.62 12,362.00 *$629.23*	4.62 12,362.00 *$623.04*
PUMPS & MISC	0.11 281.00 *$14.30*	0.12 336.00 *$16.93*
SPACE COOL	21.11 56,426.00 *$2,872.08*	21.29 56,941.00 *$2,869.83*
SPACE HEAT	6.79 18,167.00 *$924.70*	10.94 29,249.00 *$1,474.15*
VENT FANS	19.89 53,190.00 *$2,707.37*	48.98 130,936.00 *$6,599.17*

Credits & Penalties (if any): Modified Points: = 69.4 **PASSES**

Project: 05030
Title: Haven Hospice of the Suwannee Care Center
Type: Healthcare-Clinic
(WEA File: JACKSONVILLE.TMY)

External Lighting Compliance

Description	Category	Allowance (W/Unit)	Area or Length or No. of Units (Sqft or ft)	ELPA (W)	CLP (W)
Ext Light 1	Building Entrance with (or free standing) Canopy	3.00	1,480.0	4,440	26
Ext Light 2	Building exit	20.00	36.0	720	26

Design: 624 (W)
Allowance: 5160 (W)

PASSES

Project: 05030
Title: Haven Hospice of the Suwannee Care Center
Type: Healthcare-Clinic
(WEA File: JACKSONVILLE.TMY)

Lighting Controls Compliance

Acronym	Ashrae ID	Description	Area (sq.ft)	No. of Tasks	Design CP	Min CP	Compli-ance
Pr0Zo1Sp2	,006	Patient Room	171	0	5	1	PASSES
Pr0Zo2Sp2	,006	Patient Room	248	1	5	1	PASSES
Pr0Zo3Sp1	9	Food Service - Bar/Lounge	260	1	2	1	PASSES
Pr0Zo4Sp1	8	Food Service - Leisure Dining	319	0	4	1	PASSES
Pr0Zo4Sp2	7	Food Service - Kitchen	630	0	1	1	PASSES
Pr0Zo4Sp3	3	Storage & Warehouse - Bulky Active Storage	30	0	1	1	PASSES
Pr0Zo4Sp4	1	Electrical Mechanical Equipment Room - General	98	0	1	1	PASSES
Pr0Zo4Sp5	9	Food Service - Bar/Lounge	165	0	2	1	PASSES
Pr0Zo4Sp6	1	Electrical Mechanical Equipment Room - General	440	0	1	1	PASSES
Pr0Zo4Sp7	17	Office - Enclosed	80	0	2	1	PASSES
Pr0Zo4Sp8	5	Corridor	162	0	2	1	PASSES
Pr0Zo4Sp9	6	Toilet and Washroom	60	0	1	1	PASSES
Pr0Zo4Sp10	8	Food Service - Leisure Dining	36	0	1	1	PASSES
Pr0Zo5Sp1	,009	Medical Supply	152	0	1	1	PASSES
Pr0Zo5Sp2	17	Office - Enclosed	154	0	1	1	PASSES
Pr0Zo5Sp3	,003	Nurse Station	240	0	3	1	PASSES
Pr0Zo5Sp4	3	Storage & Warehouse - Bulky Active Storage	104	0	1	1	PASSES
Pr0Zo5Sp5	12	Lobby (General) - Reception and Waiting	1,080	1	5	1	PASSES
Pr0Zo5Sp6	5	Corridor	182	0	3	1	PASSES
Pr0Zo5Sp7	17	Office - Enclosed	74	1	1	1	PASSES
Pr0Zo5Sp8	9	Food Service - Bar/Lounge	90	1	1	1	PASSES
Pr0Zo6Sp1	5	Corridor	765	0	1	1	PASSES
Pr0Zo6Sp2	17	Office - Enclosed	99	0	1	1	PASSES
Pr0Zo6Sp3	1	Electrical Mechanical Equipment Room - General	80	0	1	1	PASSES
Pr0Zo6Sp4	6	Toilet and Washroom	496	0	2	1	PASSES
Pr0Zo6Sp5	3	Storage & Warehouse - Bulky Active Storage	140	0	1	1	PASSES
Pr0Zo6Sp6	3	Storage & Warehouse - Bulky Active Storage	148	0	2	1	PASSES
Pr0Zo6Sp7	3	Storage & Warehouse - Bulky Active Storage	150	0	1	1	PASSES
Pr0Zo6Sp8	0	Unknown	80	0	1	1	PASSES
Pr0Zo6Sp9	14	Classroom/Lecture Hall	104	0	2	1	PASSES
Pr0Zo6Sp10	,003	Reading Area	64	0	1	1	PASSES
Pr0Zo6Sp11	17	Office - Enclosed	80	0	1	1	PASSES
Pr0Zo6Sp12	6	Toilet and Washroom	70	1	1	1	PASSES
Pr0Zo6Sp13	6	Toilet and Washroom	135	1	8	8	PASSES
Pr0Zo7Sp1	3	Storage & Warehouse - Bulky Active Storage	196	1	1	1	PASSES
Pr0Zo7Sp2	,009	Medical Supply	145	1	1	1	PASSES
Pr0Zo7Sp3	17	Office - Enclosed	289	1	1	1	PASSES
Pr0Zo7Sp4	,006	Patient Room	64	1	2	1	PASSES
Pr0Zo7Sp5	6	Toilet and Washroom	63	1	1	1	PASSES

Pr0Zo7Sp6	6	Toilet and Washroom	135	1	1	1 **PASSES**
Pr0Zo7Sp7	5	Corridor	680	1	2	1 **PASSES**
Pr0Zo8Sp1	1	Electrical Mechanical Equipment Room - General	109	0	1	1 **PASSES**
Pr0Zo9Sp1	1	Electrical Mechanical Equipment Room - General	100	0	1	1 **PASSES**
Pr0Zo10Sp1	1	Electrical Mechanical Equipment Room - General	100	0	1	1 **PASSES**
Pr0Zo11Sp2	,006	Patient Room	171	0	5	1 **PASSES**
Pr0Zo12Sp2	,006	Patient Room	171	0	2	1 **PASSES**
Pr0Zo15Sp1	9	Food Service - Bar/Lounge	361	1	1	1 **PASSES**
Pr0Zo14Sp1	3	Storage & Warehouse - Bulky Active Storage	27	1	1	1 **PASSES**

PASSES

Project: 05030
Title: Haven Hospice of the Suwannee Care Center
Type: Healthcare-Clinic
(WEA File: JACKSONVILLE.TMY)

System Report Compliance

Pr0Sy1 System 1 — **Constant Volume Packaged Terminal System** — **No. of Units 5**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	PTAC 14000 to 15000 Btu/h (Cooling Mode)		9.50	9.50			PASSES
Heating System	Electric Furnace		1.00	1.00			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.50	0.90			PASSES

Pr0Sy2 System 2 — **Constant Volume Packaged Terminal System** — **No. of Units 3**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	PTAC 11000 to 12000 Btu/h (Cooling Mode)		10.60	10.20			PASSES
Heating System	Electric Furnace		1.00	1.00			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.50	0.90			PASSES

Pr0Sy3 System 3 — **Constant Volume Packaged Terminal System** — **No. of Units 2**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	PTAC 14000 to 15000 Btu/h (Cooling Mode)		9.50	9.50			PASSES
Heating System	Electric Furnace		1.00	1.00			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.70	0.90			PASSES

Pr0Sy4 System 4 — **Constant Volume Packaged System** — **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	8.50		PASSES
Heating System	Air Cooled HP 65000 to 135000 Btu/h Clg Cap		3.30	3.20			PASSES

Air Handling System -Supply	Air Handler (Supply) - Constant Volume	0.38	0.90	PASSES

Pr0Sy5 **System 5** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Heating System	Air Cooled HP 65000 to 135000 Btu/h Clg Cap		3.30	3.20			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.38	0.90			PASSES

Pr0Sy6 **System 6** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Heating System	Air Cooled HP 65000 to 135000 Btu/h Clg Cap		3.30	3.20			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.38	0.90			PASSES

Pr0Sy7 **System 7** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Heating System	Air Cooled HP 65000 to 135000 Btu/h Clg Cap		3.30	3.20			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.28	0.90			PASSES

Pr0Sy8 **System 8** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity		10.30	10.30	10.30		PASSES
Heating System	Electric Furnace		1.00	1.00			PASSES

Air Handling System -Supply	Air Handler (Supply) - Constant Volume	0.38	0.90		PASSES

Pr0Sy9 **System 9** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	Air Cooled 135000 to 240000 Btu/h Clg Capacity		10.30	9.70	10.30		PASSES
Heating System	Electric Furnace		1.00	1.00			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.38	0.90			PASSES

Pr0Sy10 **System 10** **Constant Volume Packaged System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	Air Cooled 135000 to 240000 Btu/h Clg Capacity		10.30	9.70	10.30		PASSES
Heating System	Electric Furnace		1.00	1.00			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.38	0.90			PASSES

Pr0Sy 11 **System 11** **Constant Volume Packaged Terminal System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	PTAC 14000 to 15000 Btu/h (Cooling Mode)		9.50	9.50			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.50	0.90			PASSES

Pr0Sy12 **System 12** **Constant Volume Packaged Terminal System** **No. of Units 1**

Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp-liance
Cooling System	PTAC 14000 to 15000 Btu/h (Cooling Mode)		9.50	9.50			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.50	0.90			PASSES

Pr0Sy13	System 13		Constant Volume Packaged Terminal System				No. of Units 2
Component	**Category**	**Capacity**	**Design Eff**	**Eff Criteria**	**Design IPLV**	**IPLV Criteria**	**Comp-liance**
Cooling System	PTAC 14000 to 15000 Btu/h (Cooling Mode)		9.50	9.50			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.50	0.90			PASSES

Pr0Sy14	System 14		Constant Volume Air Cooled Split System < 65000 Btu/hr				No. of Units 1
Component	**Category**	**Capacity**	**Design Eff**	**Eff Criteria**	**Design IPLV**	**IPLV Criteria**	**Comp-liance**
Cooling System	Air Cooled < 65000 Btu/h Cooling Capacity		10.00	10.00	10.00		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.35	0.90			PASSES

PASSES

Plant Compliance

Description	Installed No	Size	Design Eff	Min Eff	Design IPLV	Min IPLV	Category	Comp liance

None

Project: 05030
Title: Haven Hospice of the Suwannee Care Center
Type: Healthcare-Clinic
(WEA File: JACKSONVILLE.TMY)

Water Heater Compliance

Description	Type	Category	Design Eff	Min Eff	Design Loss	Max Loss	Comp liance
Water Heater 1	Electric heat pump water heater	All ratings	0.96	0.80			PASSES

PASSES

Project: 05030
Title: Haven Hospice of the Suwannee Care Center
Type: Healthcare-Clinic
(WEA File

Piping System Compliance

Category	Pipe Dia [inches]	Is Runout?	Operating Temp [F]	Ins Cond [Btu-in/hr .SF.F]	Ins Thick [in]	Req Ins Thick [in]	Compliance
Heating System (Steam, Steam Condensate, & Hot Water)	1.50	False	115.00	0.28	1.50	1.00	**PASSES**

PASSES

Project: 05030
Title: Haven Hospice of the Suwannee Care Center
Type: Healthcare-Clinic
(WEA File

Other Required Compliance

Category	Section	Requirement (write N/A in box if not applicable)	Check
Infiltration	406.1	Infiltration Criteria have been met	☑
System	407.1	HVAC Load sizing has been performed	☑
Ventilation	409.1	Ventilation criteria have been met	☑
ADS	410.1	Duct sizing and Design have been performed	☑
T & B	410.1	Testing and Balancing will be performed	☑
Motors	414.1	Motor efficiency criteria have been met	☑
Lighting	415.1	Lighting criteria have been met	☑
O & M	102.1	Operation/maintenance manual will be provided to owner	☑
Roof/Ceil	404.1	R-19 for Roof Deck with supply plenums beneath it	☑
Report	101	Input Report Print-Out from EnergyGauge FlaCom attached?	☑

March 20, 2006

SUBJECT:
Haven Hospice
of the Suwannee Valley
Lake City, FL
(5138.010)

Building Permit Application Number **0512-55**

Joe Haltiwanger
Plans Examiner
Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056-1529

Dear Mr. Haltiwanger:

Thank you for the time spent discussing concerns about the fire area requirements in section 903.2.1.3.2. I was not aware of this provision in the new code, which limits each fire area occupant load to under 300 people. From a financial standpoint, we want to comply with this requirement by some means other than providing sprinklers for this portion of the project. We understand that we will need to either create fire areas with two hour rated walls such that we stay below the 300 occupant limit, or alternatively, introduce a two hour fire rated separation between the office and assembly uses.

As we discussed on the phone, wood frame roof structural members cannot penetrate a fire rated wall. There are limited places within this building where a fire wall can extend up to the roof deck without going through various trusses. Therefore, we propose to create a two hour wall that isolates the multi-purpose room area from the balance of the building. See the attached Exhibit A.

This wall will extend up to the bottom chord of the trusses. The bottom chord of the trusses will receive type x gypsum panels as indicated in the attached Exhibit B, which is a fire rated assembly GA File No. FC5724. As we discussed on the phone, we have used this assembly previously for a ceiling/roof assembly, even though it is actually a ceiling/floor assembly. The authority having jurisdiction approved its use.

Please review this proposed solution and let me know if this is acceptable, or if you any comments or questions. Thank you very much for your assistance in this effort.

Sincerely,

William W. 'Billy' Brame AIA
Brame Architects

WWB:bb(F:\5138010\ltr joe haltiwanger 3.20.06 fire areas.wpd)

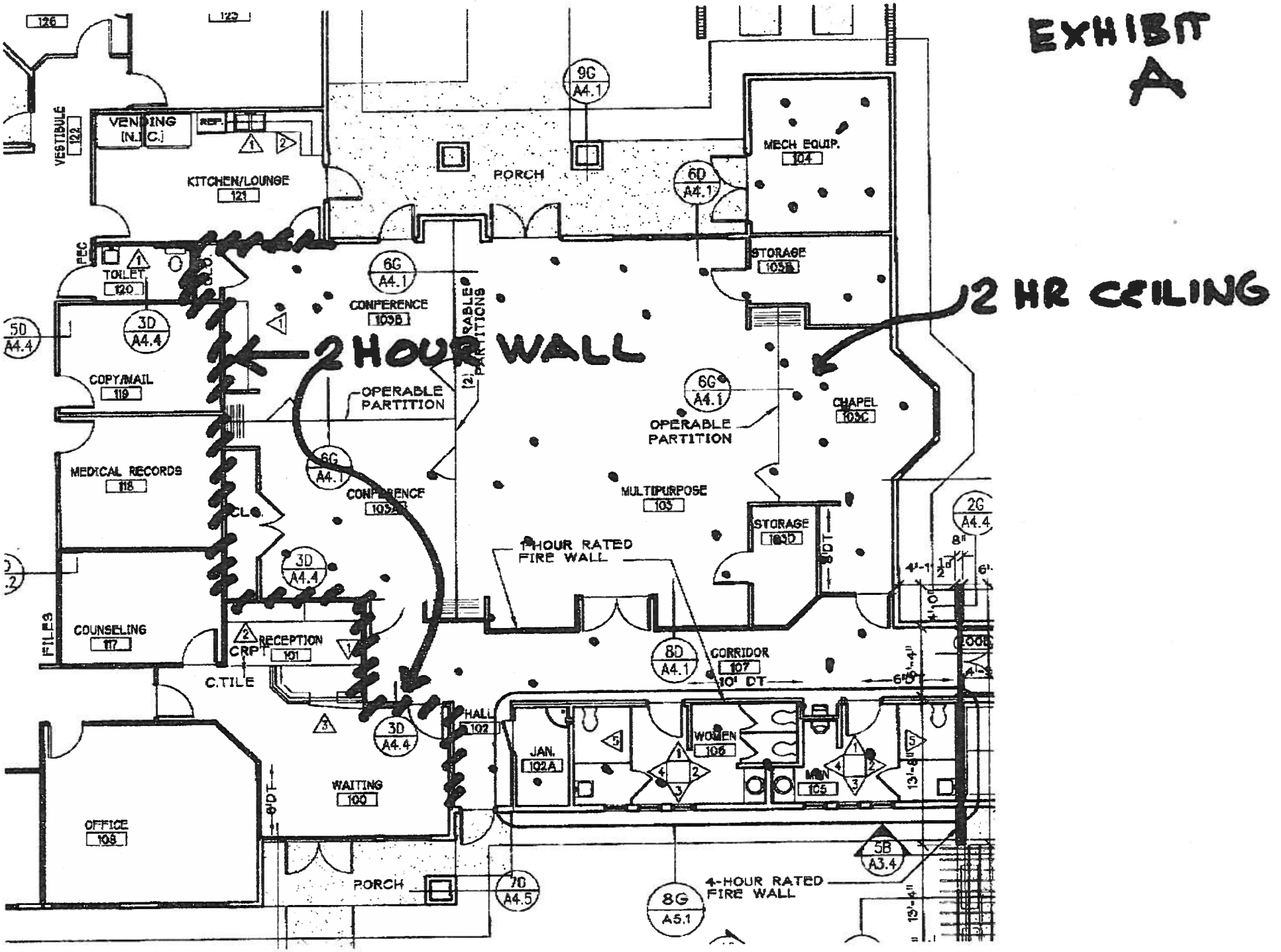
Attachments

606 N.E. First Street
Gainesville, Florida 32601
(352) 372-0425
FAX (352) 372-0427

Lic. No. AA-0002304

Founded in 1911

EXHIBIT A


2 HOUR WALL
2 HR CEILING
1 HOUR RATED FIRE WALL
4-HOUR RATED FIRE WALL
OPERABLE PARTITION
OPERABLE PARTITION
VESTIBULE 122
VENDING [N.I.C.]
KITCHEN/LOUNGE 121
PORCH
MECH EQUIP. 104
STORAGE 103A
TOILET 120
CONFERENCE 109B
CHAPEL 109C
COPY/MAIL 119
MEDICAL RECORDS 118
CONFERENCE 109A
MULTIPURPOSE 105
STORAGE 103D
COUNSELING 117
RECEPTION 101
C.TILE
CORRIDOR 107
HALL 102
JAN. 102A
WOMEN 106
MEN 105
WAITING 100
OFFICE 108
PORCH
9G A4.1
6D A4.1
6G A4.1
5D A4.4
3D A4.4
2G A4.4
8D A4.1
7D A4.5
8G A5.1
5B A3.4

Brame Architects
606 N.E. First Street Gainesville, Florida 32601
Phone (352) 372-0425 FAX (352) 372-0427

FAX TRANSMITTAL LETTER

PAGE 1 OF 4

TO Joe Haltiwanger
Columbia County Building Dept.

DATE March 20, 2006

RE: Haven Hospice
of the Suwannee Valley
Lake City, FL
(5138.010)

ATTN:

TO FAX NO. 386 754-7088

COMMENTS: Attached is the letter we discussed. I look forward to hearing from you.

CC:

If transmission is incomplete
please call telephone (352) 372-0425
or FAX (352) 372-0427 immediately

Brame Architects

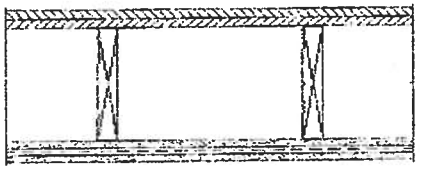
William W. "Billy" Brame AIA

EXHIBIT B

GA FILE NO. FC 5724 | **PROPRIETARY†** | **2 HOUR FIRE**

WOOD FLOOR, WOOD JOISTS, GYPSUM WALLBOARD, RESILIENT CHANNELS

Base layer 5/8" proprietary type X gypsum wallboard or gypsum veneer base applied at right angles to 2 x 10 wood joists 16" o.c. with 8d nails, 2½" long, 0.113" shank, 19/64" heads, 7" o.c. Resilient furring channels 24" o.c. applied at right angles to joists through base layer with one 8d nail, 2½" long, 0.113" shank, 19/64" head, at each joist. Face layer 5/8" proprietary type X gypsum wallboard or gypsum veneer base applied at right angles to resilient furring channels with 1" Type S drywall screws 12" o.c. Double channel installed at face layer end joints. Wood joists supporting 1" nominal T & G wood subfloor and 1" nominal wood finish floor or 19/32" plywood finished floor with long edges T & G and 15/32" interior plywood with exterior glue subfloor perpendicular to joists with joints staggered.



Approx. Ceiling Weight: 6 psf

Fire Test: UL R2717-35, 10-21-64, UL Design L505, ULC Design M503

PROPRIETARY GYPSUM BOARD

American Gypsum Company	-	5/8" FIREBLOC TYPE C
Celotex Corporation	-	5/8" FI-ROK PLUS™
Continental Gypsum	-	5/8" *MoreRock*® FireBar® Type C (CGTC-C)
G-P Gypsum	-	5/8" GyProc® Fireguard® C
James Hardie Gypsum	-	5/8" Hardirock® Brand Max "C"™ Gypsum Panels
Lafarge Gypsum	-	5/8" Firechock® Type C
National Gypsum Company		5/8" Gold Bond® FIRE-SHIELD G™ Gypsum Wallboard
Temple Inland Forest Products Corporation	-	5/8" TG-C
Westroc Industries Limited	-	5/8" Westroc Fireboard™ C

† Contact the manufacturer for more detailed information on proprietary products.

Brame Architects
606 N. E. First Street
Gainesville, Florida 32601
(352) 372-0425
FAX (352) 372-0427

TRANSMITTAL LETTER

TO: MM Parrish Construction
P.O. Box 141930
Gainesville, FL 32614-1930

DATE: March 23, 2006

RE: Haven Hospice of the Suwannee Valley
of the Suwannee Valley
Lake City, FL
5138.010

ATTN: Steve Doll

WE TRANSMIT	[X] attached	[ ] under separate cover			
FOR YOUR	[X] use	[ ] approval	[ ] information	[ ] as requested	[ ] review & comment
THE FOLLOWING	[ ] prints	[ ] specifications	[ ] copy of letter	[ ] shop drawings	[ ] change order
	[ ] cert. of pay	[ ] computer disk	[ ] contract	[X] See below	

COPIES	DATE	NO.	DESCRIPTION	ACTION
1		06176	Truses	A

ACTION CODE A. No exception taken B. Make Corrections noted C. Rejected D. Revise & Resubmit E. See Remarks

Remarks:

Copy to:

Owner's copy with copy

If items are not as noted please notify us immediately

Brame Architects

Annette Phelps, Administrative Assistant