

DATE 03/19/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT

000021642

APPLICANT MELVA NORRIS PHONE 961-6419
 ADDRESS _____ FL _____
 OWNER STEPANIE HORNE PHONE 755-0994
 ADDRESS 1089 SW NEWARK DR FORT WHITE FL 32038
 CONTRACTOR RONNIE NORRIS PHONE 961-6419
 LOCATION OF PROPERTY 47 TO FT WHITE, R WILSON SPRINGS RD, L NEWARK GO 2 MILES
ON THE RIGHT LOT # 36

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION .00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING A-3 MAX. HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 25-6S-15-01408-001 SUBDIVISION THREE RIVERS ESTATES
 LOT 36 BLOCK _____ PHASE _____ UNIT 22 TOTAL ACRES 1.00

IH0000049
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING _____ 03-0982-N _____ BK _____ RK _____ N _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: FLOOR 1 FOOT ABOVE THE ROADCheck # or Cash 3049**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power _____ date/app. by _____ Foundation _____ date/app. by _____ Monolithic _____ date/app. by _____
 Under slab rough-in plumbing _____ 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 \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 39.69 WASTE FEE \$ 85.75
 FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 375.44

INSPECTORS OFFICE J. H. L. 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 INCONVENIENCE, 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.

*** The well affidavit, from the well driller, is required before the permit can be issued.***

***This application must be ,completely, filled out to be accepted. Incomplete applications will not be accepted.

- called Ronnie 3-18-04 -

For Office Use Only		Zoning Official <u>BLK</u>	Building Official <u>CK 3-18-04</u>
AP# <u>0401-21</u>	Date Received <u>1/12/04</u>	By <u>JW</u>	Permit # <u>21642</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments _____			

* • Property ID # 00-00-00-01408-001 *(Must have a copy of the property d

* • New Mobile Home _____ Used Mobile Home Weston Year 86

• Applicant Ronnie Jarvis Phone # 961-6419
• Address Rt. 11 Box 9507

* • Name of Property Owner Stephanie Horne Phone# 5-0994
* • Address 691 SW Sister Welcome Rd.

* • Name of Owner of Mobile Home Stephanie Horne Phone # 5-0994
* • Address 691 SW Sisters Welcome Rd.

* • Relationship to Property Owner Self

* • Current Number of Dwellings on Property -0-

* • Lot Size LOT#36 / UNIT 22 Total Acreage 1 ACRE

* • Current Driveway connection is EXISTING

* • Is this Mobile Home Replacing an Existing Mobile Home N/A

• Name of Licensed Dealer/Installer Ronnie Jarvis Phone # 961-6419
• Installers Address Rt. 11 Box 9507
• License Number I#-0000049 Installation Decal # 216354

The Permit Worksheet (2 pages) must be submitted with this application.

***Must be returned when submitted**

PERMIT WORKSHEET

NUMBER

Home Donnie License # TH-0000049

Home

LOT # 36 / UNIT 22

THREE RIVERS ESTATES

Modern * Length x width

14x60 *

if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

and Lateral Arm Systems cannot be used on any home (new or used)
sidewall ties exceed 5 ft 4 in

Installer's initials

[Signature]

Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)

lateral

longitudinal

spacing

marriage wall piers within 2' of end of home per Rule 15C

* New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide ☒ Wind Zone II ☐ Wind Zone III ☐

Double wide ☐ Installation Decal # 216354

Triple/Quad ☐ * Serial # 69789

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psi	3'	4'	5'	6'	7'	8'
1500 psi	4' 6"	6'	7'	8'	8'	8'
2000 psi	6'	8'	8'	8'	8'	8'
2500 psi	7' 6"	8'	8'	8'	8'	8'
3000 psi	8'	8'	8'	8'	8'	8'
3500 psi	8'	8'	8'	8'	8'	8'

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

17x22

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft

5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Sidewall
Longitudinal
Marriage wall
Shearwall

Number

24
2

PERMIT WORKSHEET

PERMIT WORKSHEET

POCKET PENETROMETER TEST

POCKET PENETROMETER tests are rounded down to the next whole number without testing.

psf

X 1500

X 1500

X 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations
2. Take the reading at the depth of the footer
3. Using 500 lb increments, take the lowest reading and round down to that increment

X 160

X 150

X 150

TORQUE PROBE TEST

Results of the torque probe test is _____ inch pounds or check you are declaring 5" anchors without testing. A test _____

300 00

A state approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer, may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Name

James Adams

JA

Address

11-14-03

Electrical

JA

Electrical conductors between multi-wide units, but not to the main power panel includes the bonding wire between multi-wide units. Pg _____

Plumbing

JA

sewer drains to an existing sewer tap or septic tank. Pg _____

potable water supply piping to an existing water meter, water tap, or other

Site Preparation

Debris and organic material removed ☒ Compacted fill _____
Water drainage: Natural ☒ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor:	Type Fastener:	Length:	Spacing:
Walls:	Type Fastener:	Length:	Spacing:
Roof:	Type Fastener:	Length:	Spacing:

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

JA

Type gasket

Pg _____

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

James Adams

Date 1-15-03

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT # 84414 CUP # _____ DID # _____

If permit is for multiple wells indicate the number of wells drilled _____
Indicate remaining wells to be cancelled _____

WATER WELL CONTRACTOR'S SIGNATURE Stephane Mayland License # 2050

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:			
Bentonite:			

WELL LOCATION: County Columbia
S2 1/4 of NE 1/4 of Section 25 Twp. 6-S Rge. 15-E

DATE STAMP	Latitude _____ Longitude _____
Sketch of well location on property	

Official Use Only

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: _____ ppm Sulfate: _____ ppm

Chloride: _____ ppm

☐ Lab Test ☐ Field Test Kit

Pump Type Bounds LS

☐ Centrifugal ☐ Jet ☒ Submersible ☐ Turbine

Horsepower 1 Capacity _____ G.P.M. 18

Pump Depth 42 Ft. Intake Depth 42 Ft.

Give distances from septic tank and house or other reference points

well 1m4

(N2)

N

OWNER'S NAME Stephane Mayland

COMPLETION DATE 12-22-03 Florida Unique I.D. _____

WELL USE: DEP/ Public _____ Irrigation _____ Domestic ☒ Monitor _____

HRS Limited _____ 62-524 _____ Other _____

DRILL METHOD ☐ Rotary ☐ Cable Tool ☒ Combination

☐ Jet ☐ Auger Other _____

Measured Static Water Level 35' Measured Pumping Water Level _____
After _____ Hours at _____ G.P.M. Measuring Pt. (describe): _____

Which is _____ Ft. ☐ Above ☐ Below Land Surface
Casing: ☒ Black Steel ☐ Galv. ☐ PVC Other _____

Casing Diameter & Depth (Ft.)	Depth (Ft.)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color Grain Size Type of Material
	From	To	
Diameter 4" From 0 To 20	0	20	Brin dust
From 20 To 40	20	40	brn dirt
From 40 To 60	40	60	light sand with black water
From 60 To 67	60	67	light black water
Diameter _____ From _____ To _____			
Under <input type="checkbox"/> or Casing <input type="checkbox"/> Diameter _____ From _____ To _____			

wood August

Driller's Name: Wood August
(print or type)

^ DSS Enterprise, Inc.

691 SW Sisters Welcome Road
P.O. Box 1671
Lake City, Florida 32056
386-755-0994
Fax: 386-755-6193

Parties: Stephanie M. Hyde
Stephanie J. Horne

The parties hereby agree that Seller Stephanie Hyde shall sell and
Buyer Stephanie Horne shall buy the following Real Property and Personal Property pursuant
to the terms and conditions of this Contract for Sale and Purchase.

Description: Lot 36 Unit 22 Three Rivers Estates, Inc., a subdivision according to the plat thereof recorded
in Plat Book 6, page 10, public records of Columbia County, Florida.
Subject to: terms, provisions, restrictive covenants, conditions, reservation and easement contained in
Declaration recorded in O.R. Book 129, page 90 and O.R. Book 733, page 144, public records of
Columbia County, Florida. Subject to: Mineral Rights as recorded in O.R. Book 185, page 241, public
records of Columbia County, Florida.

Deposit paid by Stephanie Horne (Buyer) in the amount of: \$200.00

Time for acceptance of offer:

Deposit to be refunded in the event of cancellation by Seller or Buyer. If this offer is not executed by and
delivered to all parties communicated in writing between parties on or before July 18, 2003 the deposits
will be returned and this offer withdrawn.

Signed, sealed and delivered in the presence of:

Stephanie M. Hyde

Address: 525 Montrose Ave. Lake City, FL 32055

Signature: Stephanie M. Hyde

Stephanie J. Horne

Address: PO Box 1671 Lake City, Florida 32056

Signature: Stephanie J. Horne

Witness: Dawn Zyr Renee Rami

Ramona F Hyde and Stephanie M Hyde
first party, to Stephanie M Hyde

whose post office address is 2740 East St. Johns St. Lake City Fla. 32055

second party:

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the said first party, for and in consideration of the sum of \$ 10.00 in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Columbia, State of Florida, to-wit:

Lot 36 Unit 22 Three Rivers Estates, Inc., a subdivision according to the plat thereof recorded in Plat Book 6, page 10, public records of Columbia County, Florida.

Subject to: terms, provisions, restrictive covenants, conditions, reservations and easement contained in Declaration recorded in O.R. Book 129, page 90 and O.R. Book 733, page 144, public records of Columbia County, Florida.

Subject to: Mineral Rights as recorded in O.R. Book 185, page 241, public records of Columbia County, Florida.

Documentary Stamp 70
Intangible Tax 5
P. DeWitt Cason
Clerk of Court
By WCK D.C.

To Have and to Hold The same together with all and singular the appurtenances thereunto-belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Delores Brooks
Witness Signature (as to first Grantor)

Delores Brooks
Printed Name

Thomas J Duncan
Witness Signature (as to first Grantor)

Thomas J Duncan
Printed Name

Thomas J Duncan
Witness Signature (as to Co-Grantor, if any)

Thomas J Duncan
Printed Name

Dwayne Romine
Witness Signature (as to Co-Grantor, if any)

Dwayne Romine
Printed Name

STATE OF Florida

COUNTY OF Columbia

Ramona F. Hyde
Grantor Signature **U.S.**

Ramona F. Hyde
Printed Name

Post Office Address

PO BOX 454
Fort White, FL. 32038

Stephanie M. Hyde
Co-Grantor Signature, if any **U.S.**

Stephanie M. Hyde
Printed Name

2601 SE. Nassau St. #1
Post Office Address

Lake City, FL. 32055

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person S described in and who executed the foregoing instrument, who acknowledged before me that They executed the same, that I relied upon the following form of identification of the above-named person:

and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL



THOMAS J. DUNCAN
Notary Public, State of Florida
My comm. expires Mar. 12, 2003
Comm. No. 00 914054

Witness my hand and official seal in the County and State last aforesaid this 6 day of October, A.D. 19 99.

Thomas J Duncan
Notary Signature

Thomas J Duncan



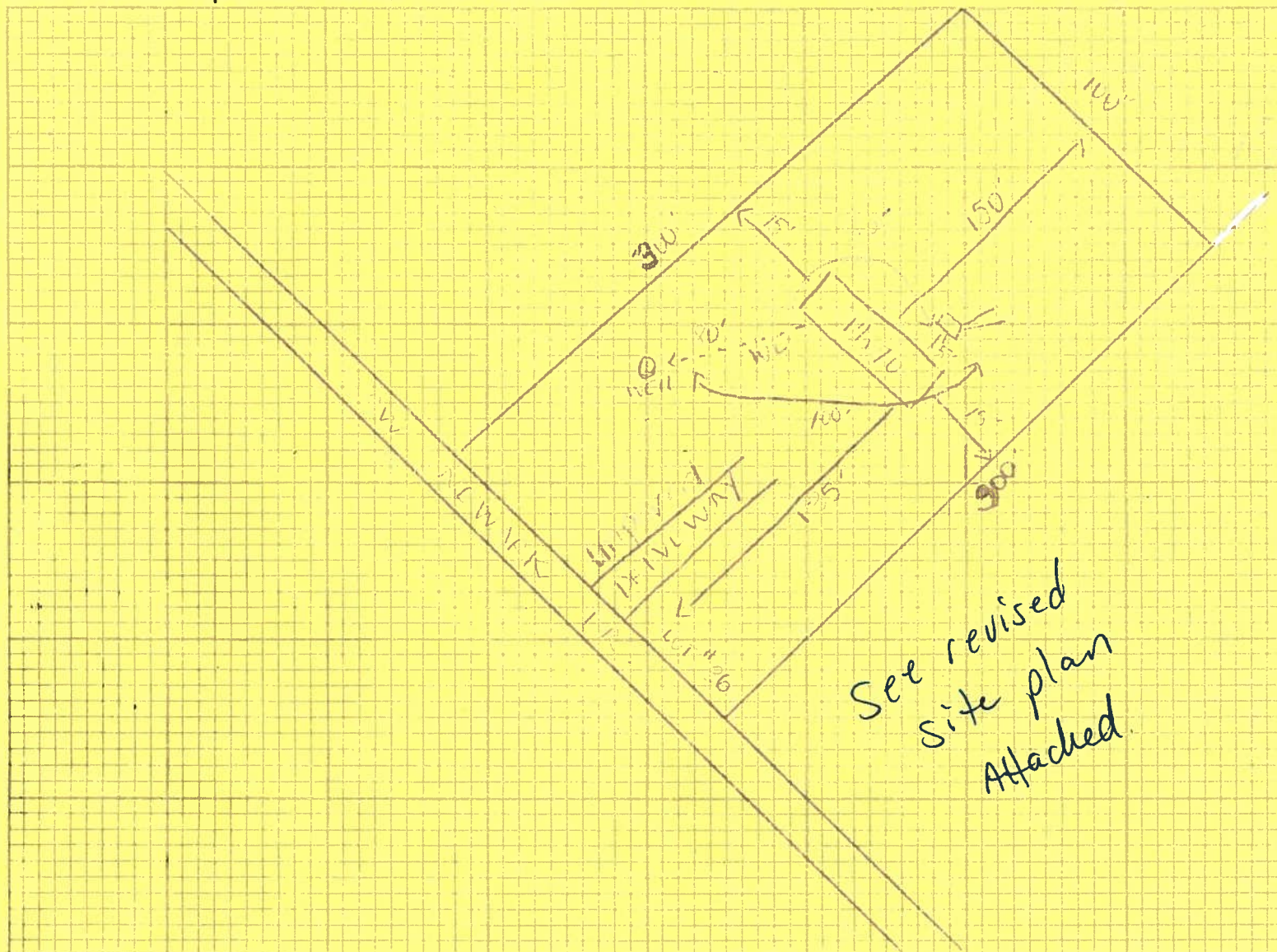
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-0982N

PART II - SITE PLAN

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



Notes: 47 S go to Wilson Springs Rd. / Property on SW Newark Dr. / LOT #36 in Three River Estates, Property on (R) 2 miles on (R)

Site Plan submitted by: [Signature] Signature Title

Plan Approved ✓ Not Approved _____ Date 1-10-03

By SILLIE A. GARDNER / FWH 100021 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY INSPECTION SHEET

DATE 1-15-04 INSPECTION TAKEN BY JW

BUILDING PERMIT # _____ CULVERT / WAIVER PERMIT # _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # _____ ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT Pic-nic

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER Stephanie Horne PHONE _____

ADDRESS _____

CONTRACTOR Connie Morris PHONE _____

LOCATION 47-5 to Wilson Springs Rd, Property

on SW N. 1/4 Sec 36, Lot #36 in Tract

12.6 ac Estate, Property on R. ...

COMMENTS: 2 miles on Rt 66

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: 1-16-04

☐ Temp Power ☐ Foundation ☐ Set backs ☐ Monolithic Slab
☐ Under slab rough-in plumbing ☐ Slab ☐ Framing
☐ Rough-in plumbing above slab and below wood floor ☐ Other _____
☐ Electrical Rough-in ☐ Heat and Air duct ☐ Perimeter Beam (Lintel)
☐ Permanent Power ☐ CO Final ☐ Culvert ☐ Pool ☐ Reconnection
☐ M/H tie downs, blocking, electricity and plumbing ☐ Utility pole
☐ Travel Trailer ☐ Re-roof ☐ Service Change ☐ Spot check/Re-check

INSPECTORS:

APPROVED ✓ NOT APPROVED _____ BY FOP POWER CO. _____

INSPECTORS COMMENTS: _____

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. • P. O. Box 2949 • Lake City, FL 32056-2949
PHONE: (386) 752-8787 • FAX: (386) 758-1365 • Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE ISSUED: January 26, 2004

ENHANCED 9-1-1 ADDRESS:

1089 SW NEWARD DR (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: _____

PROPERTY APPRAISER PARCEL NUMBER: 00-00-00-01408-001

Other Contact Phone Number (if any): _____

Building Permit Number (if known): _____

Remarks: LOT 36

Address Issued By: _____

Sally A. Measner
Columbia County 9-1-1 Addressing Department

Horne

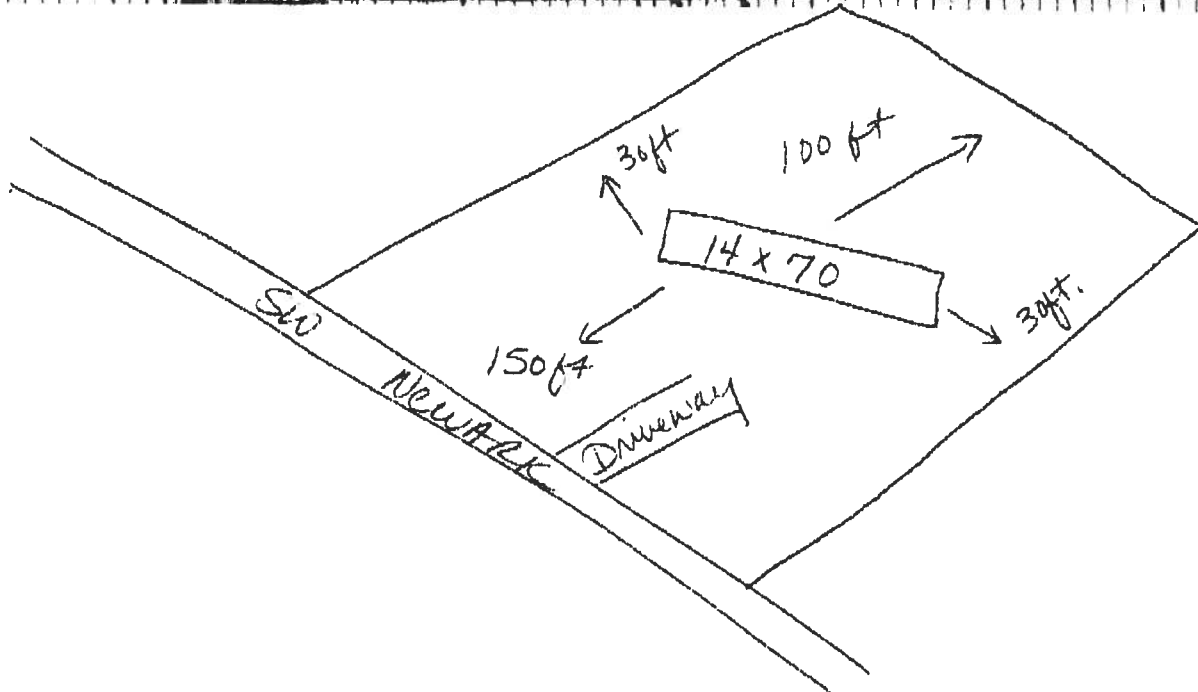
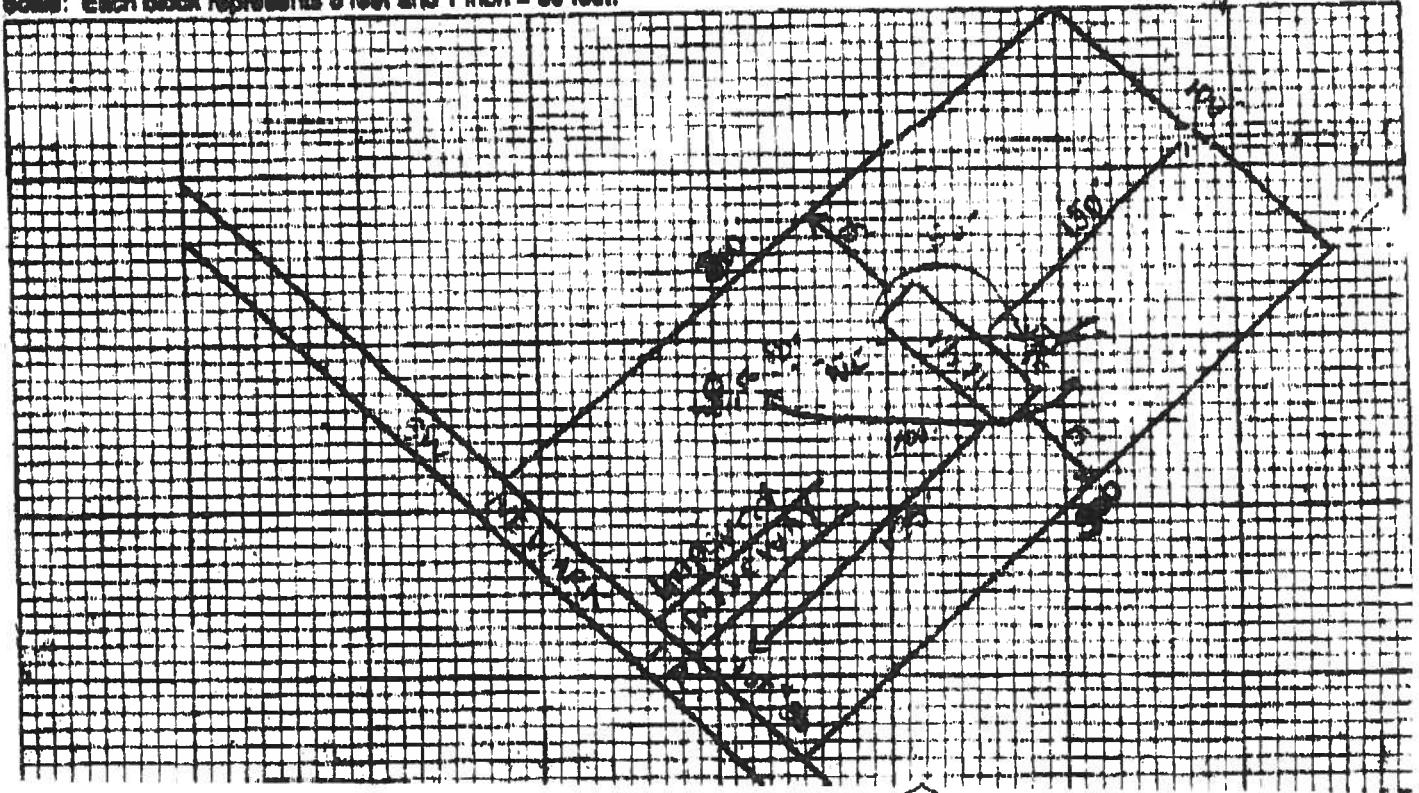
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FAX COVER SHEET***DSS Enterprise, Inc.***

*691 SW Sisters Welcome Road
Lake City, Florida 32025
386-755-0994 Fax: 386-755-6193*

<i>Send to: Building Dept.</i>	<i>From: Stephanie Horne</i>
<i>Attention: Janice</i>	<i>Date: March 16, 2004</i>
<i>Office location: Lake City</i>	<i>Office location: Lake City</i>
<i>Fax number: 758-2160</i>	<i>Phone number: 386- 755-0994 Fax: 755-6193</i>

☐ *Urgent* ☐ *Reply ASAP* ☐ *Please comment* ☐ *Please review* ☐ *For your information*

Total pages, including cover: 2

Comments:

Janice THANKS for everything. If this is not sufficient please let me know You can call the office or my direct cell 623-0624.

Thanks again,

Stephanie

Gaylord Pump & Irrigation Inc.

P.O. Box 548

Branford, Fl. 32008

386-935-0932 Fax 386-935-0778

4" Steel Casing (schedule 40)

1-Hp Submersible pump 18 gpm

1-1/4" Galvanize pipe

PC-244 Challenger Diaphragm Tank (81 gallon tank with 21.9 gallons of draw down)

This equipment meets or exceeds state code of March 2002

3/18/04

David L. Smith