DATE 07/30/2003

Columbia County
Building Permit / Application

This Permit Expires One Year From Date of Issue

PERMIT
000020931
New Resident N

APPLICANT JOHN G. MOSER PHONE 386.758.8827

ADDRESS RT. 12, BOX 477-A LAKE CITY FL 32025

OWNER SAME AS APPLICANT PHONE SAME

ADDRESS 424 SAME AS APPLICANT SE DEERWOOD Glen LC SAME FL SAME fl 32025

CONTRACTOR JOHN G.MOSER PHONE SAME

LOCATION OF PROPERTY OLD COUNTRY CLUB RD CROSS OVER PRICE CREEK,
3 RDS TO THE RIGHT GO TOTHE END OF STREET. THRU GATES.

TYPE DEVELOPMENT SFD,SEPTIC,UTILITY ESTIMATED COST OF CONSTRUCTION 48000.00

FLOOR AREA 1600.00 TOTAL AREA 2272.00 HEIGHT 18.50 STORIES 1 WALLS FRAMED

FOUNDATION CONC ROOF (Type & Pitch) 6'12 FLOOR CONC

LAND USE & ZONING RSF-2 MAX. HEIGHT 35

MINIMUM SET BACK: STREET-FRONT / SIDE 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 2 FLOOD ZONE AE CERT. DATE _____ DEV. PERMIT F02303016

LEGAL DESCRIPTION

PARCEL ID 09-4S-17-08301-003 SUBDIVISION _____

BLOCK _____ LOT _____ UNIT _____ TOTAL ACRES 15.33

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiciton and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

PRIVATE	_	OWNER	John G Moser
Driveway Connection	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor

03-0461-E	BLK	JDK
Septic Tank Number	LU & Zoning checked by	Approved for Issuance

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 framing _____ date/app. by

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

Electrical rough-in _____ date/app. by Heat and Air Duct _____ date/app. by Peri. beam _____ date/app. by

Permanent power _____ date/app. by Final _____ date/app. by Pool _____ date/app. by

COMMENTS: NOC ON FILE. CK#0292. 1FT ABOVE ROAD. DP $10.00

OTHER TYPES OF INSPECTIONS

Culvert _____ date/app. by M/H tie downs, blocking, electricity and plumbing _____ date/app. by

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

BUILDING PERMIT FEE $ 240.00 ZONING CERT. FEE $ 25.00 Certification Fee $ 11.36 Surcharge $ 11.36

MISC. FEES $ .00 CULVERT FEE $ _____ TOTAL PERMIT FEE $ 287.72

INSPECTORS OFFICE _____ CLERKS OFFICE _____

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.

Building Permit Application 20931

Date _____ Application No. 0306-48

Applicants Name & Address John G Moser Phone 758-8827
Rt 12 Box 477A (Deerwood GLN) Lake City Fl 3202
Owners Name & Address _____ Phone _____
SAme
Fee Simple Owners Name & Address _____ Phone _____
Contractors Name & Address SAme Phone _____
Legal Description of Property 09-4S-17 0200/0200 15.33 Acress Comm SW Cor of SE 1/4, Run E 30.01 Ft. To E R/W of Piute Dr. (over)
Location of Property Deerwood GLN - Rt 12 Box 477A Lake City Fl. 32025
Tax Parcel Identification No. 09-4S-17-08301-003 Estimated Cost of Construction $ 40,000.00
Type of Development SFD Home Number of Existing Dwellings on Property 1
Comprehensive Plan Map Category RES. Low DENSITY Zoning Map Category ~~A-1~~ RSF-2
Building Height 18'5" Number of Stories 1 Floor Area 1600 Total Acreage in Development 15.33
Distance From Property Lines (Set Backs) Front 100' Side 49'/31 Rear 39' Street 101'
Flood Zone A E ✓ Certification Date _____ Development Permit YES
Bonding Company Name & Address N/A
Architect/Engineer Name & Address FREEMAN DESIGN GROUP. 305 E DUVAL ST SU 3 LAKE CITY FL 32055
Mortgage Lenders Name & Address NONE

Application is hereby made to obtain a permit to do the 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 will 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 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.

_____
Owner or Agent (including contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification

_____
Contractor

_____
Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed $25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

(X) Single Family Dwelling ( ) Two-Family Residence

( ) Farm Outbuilding ( ) Other _____

NEW CONSTRUCTION OR IMPROVEMENT

(X) New Construction ( ) Addition, Alteration, Modification or other Improvement

I John Moser, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number 20931

John Moser
Signature

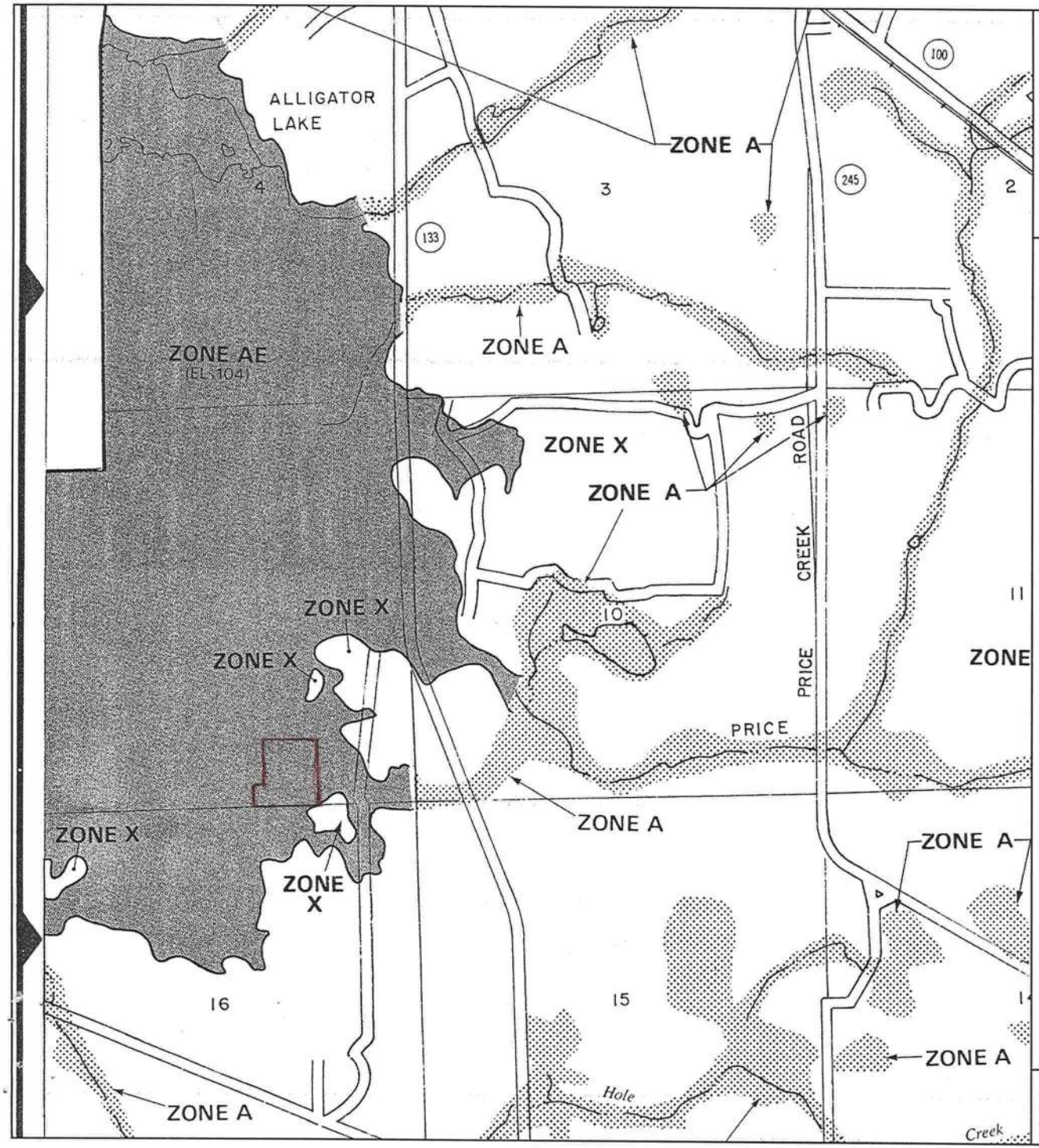
6-4-03
Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date 7-30-03 Building Official/Representative David Turner

0306-48



APPROXIMATE SCALE IN FEET

2000 0 2000

NATIONAL FLOOD INSURANCE PROGRAM

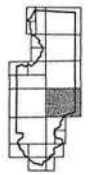
FIRM

FLOOD INSURANCE RATE MAP

COLUMBIA COUNTY, FLORIDA
(UNINCORPORATED AREAS)

PANEL 200 OF 300

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0200 B

EFFECTIVE DATE:
JANUARY 6, 1988

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Futher information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mit/tsd.

Print Date: 7/1/03 (printed at scale and type A)

```
CAM112M01  S      CamaUSA Appraisal System                                  Columbia County
 7/10/2003 15:06 Legal Description Maintenance                  35992  Land   002   *
Year T Property                          Sel                            AG     000
2003 R 09-4S-17-08301-003                                        4168  Bldg   001   *
       --                                                        4600  Xfea   003   *
HX      MOSER JOHN G & THELMA JEAN                              44760  TOTAL      B

COMM SW COR OF SE1/4, RUN E 30.01 FT TO E R/W OF PIUTE DR,
CONT E 430.10 FT FOR POB, RUN N 250 FT, E 145 FT, N 585 FT,
E 714.98 FT TO E LINE OF SW1/4 OF SE1/4, S 835.12 FT TO S
LINE OF SEC, W 864.01 FT TO POB. ORB 515-707, 734-736,
749-244 & 761-1747.

                                               Mnt 12/19/1996 TERR
F1=Task  F3=Exit  F4=Prompt  F10=GoTo  PGUP/PGDN  F24=MoreKeys
```

Permit No._____ Tax Parcel No. 09-4S-17-08301-003

COLUMBIA COUNTY NOTICE OF COMMENCEMENT

STATE OF FLORIDA

nst:2003012062 Date:06/09/2003 Time:13:54
DC,P.DeWitt Cason,Columbia County B:985 P:1310

COUNTY OF COLUMBIA

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property: (legal description of the property, and street address if available.)**
Deerwood Gln Rt 12 Box 477A Lake City, Fl. 32025
09-4S-17-0200/0200 15,33 Aaress
Comm SW Cor of SE 1/4, Run E
30.01 Ft. To E R/W of Piute Dr,
Cont E 430.10 Ft. For PoB, Run
N.250 Ft, E 145 Ft, N 585 Ft,
E 714.98 Ft To E line of SW 1/4

2. **General description of improvement:** New Home

3. **Owner Information:**
   A. **Name and address:**
JOHN G AND THELMA S MOSER

   B. **Interest in property:**
OWNER

   C. **Name and address of fee simple titleholder (if other than owner):**

4. **Contractor: (name and address)**
SELF

5. **Surety**
   A. **Name and address:**

   B. **Amount of bond:**

6. **Lender: (name and address)**

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 718.13 (1) (a) 7., Florida Statutes: (name and address)**

nst:2003012062 Date:06/09/2003 Time:13:54
DC,P.DeWitt Cason,Columbia County B:985 P:1311

8. In addition to himself, owner designates _____ **of** _____ **to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (a) 7., Florida Statutes.**

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.

John G Moser
(Signature of Owner)

SWORN TO and subscribed before me this 9th **day of** June
19 2003 By John G. Moser.

MENDY E. WARNER
MY COMMISSION # DD 177550
EXPIRES: February 21, 2007
Bonded Thru Notary Public Underwriters

Notary Public

(NOTARIAL SEAL)

My Commission Expires:

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 09-4S-17-08301-003 **Building permit No.** 000020931

Use Classification SFD,SEPTIC,UTILITY **Fire:** .00

Permit Holder JOHN G.MOSER **Waste:** .00

Owner of Building JOHN G. MOSER **Total:** .00

Location: DEERWOOD GLEN

Date: 04/09/2004

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

APPLICATION FOR DEVELOPMENT PERMIT

PERMIT NO. 1-023-03-016 DATE: 7-30-03
(COUNTY NO. & SEQUENCE)

APPLICANT: JOHN G. MOSER

ADDRESS: Rt. 12, Box 477-A, LAKE CITY, FL 32025

TELEPHONE: (386) 758-8827

OWNER: SAME AS APPLICANT

ADDRESS: " "

TELEPHONE: " "

NEW SUBDIVISION NO (YES/NO) IF YES, RECORD THE ENGINEER'S REGISTRATION NO. P.E. NO. 45623 - DALE JONES

TRS 09-4S-17

SUBDIVISION _____ LOT/BLOCK: _____

DU SINGLE FAMILY DWELLING WORK _____

RIVER: — RIVER MILE _____

PLAN _____ (YES/NO) WELL PERMIT NO. _____

SUR-ELEVATION 104.0' - PER FEMA MAP - SANITARY PERMIT NO. 03-0461E

SURVEYOR NO. _____ BUILDING PERMIT NO. 20931

OFFICIAL 100-YEAR ELEVATION 104.0' MSL (SRWMD)

REQUIRED LOWEST HABITABLE FLOOR ELEVATION 105.0' MSL (SRWMD)

PERMIT APPROVED Orvill L Gilman 7-30-03
ADMINISTRATOR SIGNATURE DATE

EXPIRATION DATE OF PERMIT 7-30-04

VIOLATIONS: _____ FINAL INSPECTION DATE: _____

COMMENTS: ONE FOOT RISE ON FILE
TWIN'S DINER 7100 ELEVATION CERTIFICATE PRIOR
TO POWER BEING RELEASED

#20931

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME
John Moser

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

Company NAIC Number

CITY
Lake City

STATE
Fl

ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
P/O SW 1/4 of the SE 1/4

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°)

HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
120070	Columbia	FL

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0200	B	6 Jan 1988		AE	104 ft

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	105. 49 ft.(m)
☐ b) Top of next higher floor	____. __ ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	____. __ ft.(m)
☐ d) Attached garage (top of slab)	____. __ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	____. __ ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	100. 95 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	105. 05 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME L. Scott Britt

LICENSE NUMBER P.S.M. # 5757

TITLE Professional Surveyor and Mapper

COMPANY NAME Britt Surveying

ADDRESS
830 W. Duval Street

CITY
Lake City

STATE
FL

ZIP CODE
32055

SIGNATURE

DATE
9/03/03

TELEPHONE
(386) 752-7163

L-14127

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

The finished floor elevation was established on the foundation underconstruction at this time.

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _(Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS | CITY | STATE | ZIP CODE

SIGNATURE | DATE | TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: ____.__ ft.(m) Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is: ____.__ ft.(m) Datum:

LOCAL OFFICIAL'S NAME | TITLE

COMMUNITY NAME | TELEPHONE

SIGNATURE | DATE

COMMENTS

☐ Check here if attachments

BUILDING DIAGRAMS

The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item C2 and the elevations in Items C3a-C3g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

DIAGRAM 1

All slab-on-grade single- and multiple-floor buildings (other than split-level) and high-rise buildings, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor is at or above ground level (grade) on at least one side.*

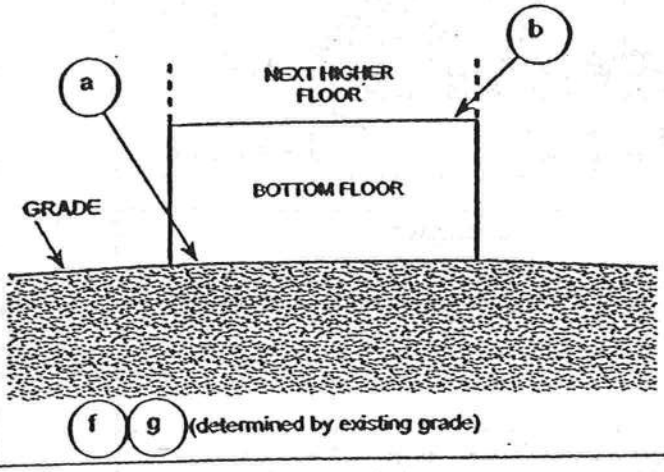


DIAGRAM 2

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*

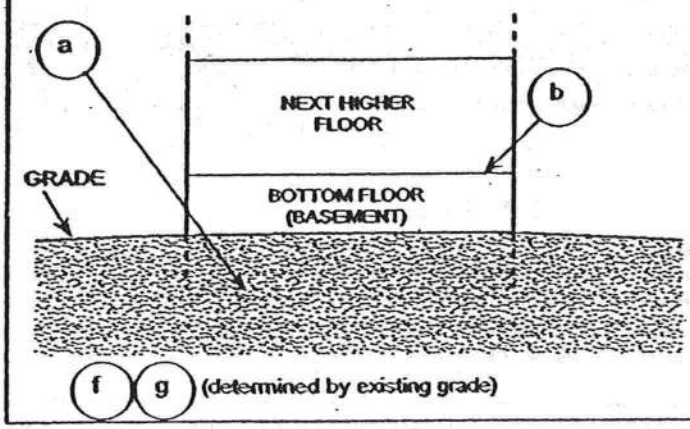


DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side.*

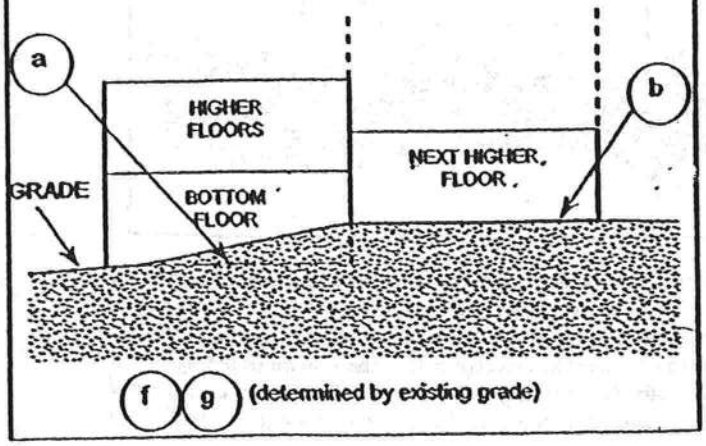
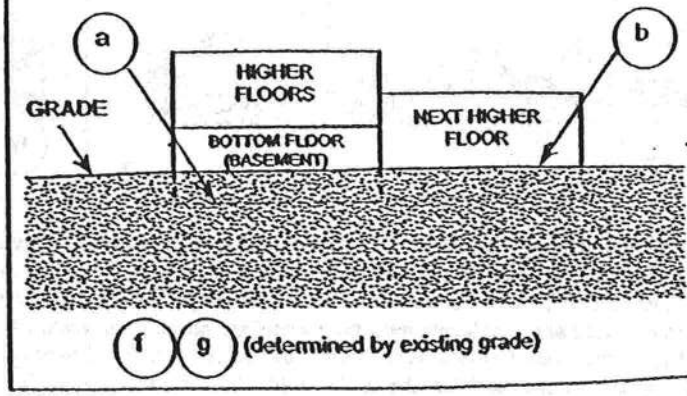


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

Freeman
Design Group inc

Engineers Contractors Designers

6/4/2003

Columbia County Building Department

To whom it may concern,

RE: John Moser Residence

I have reviewed the conditions for the Moser's property located on Deerwood Drive, and have included calculations verifying that the placement of this home will not cause the flood elevations to rise more than one foot. If you have any questions, please call me at (386) 758-4209.

Sincerely,

William H. Freeman

William Freeman, P.E.

409 East Duval St., Suite 3 ~ Lake City, Florida 32055 ~ (386) 758-4209

TOTAL AREA of HOUSE 2272 sF

DEPTH OF FILL 2'-0"

VOLUME DISPLACED 2(2272) = 4544 cF

TOTAL AREA OF PROPERTY 14.5 Ac (43560) = 631,620 sF

TOTAL RISE = 4544 cf / 631,620 = .0072'

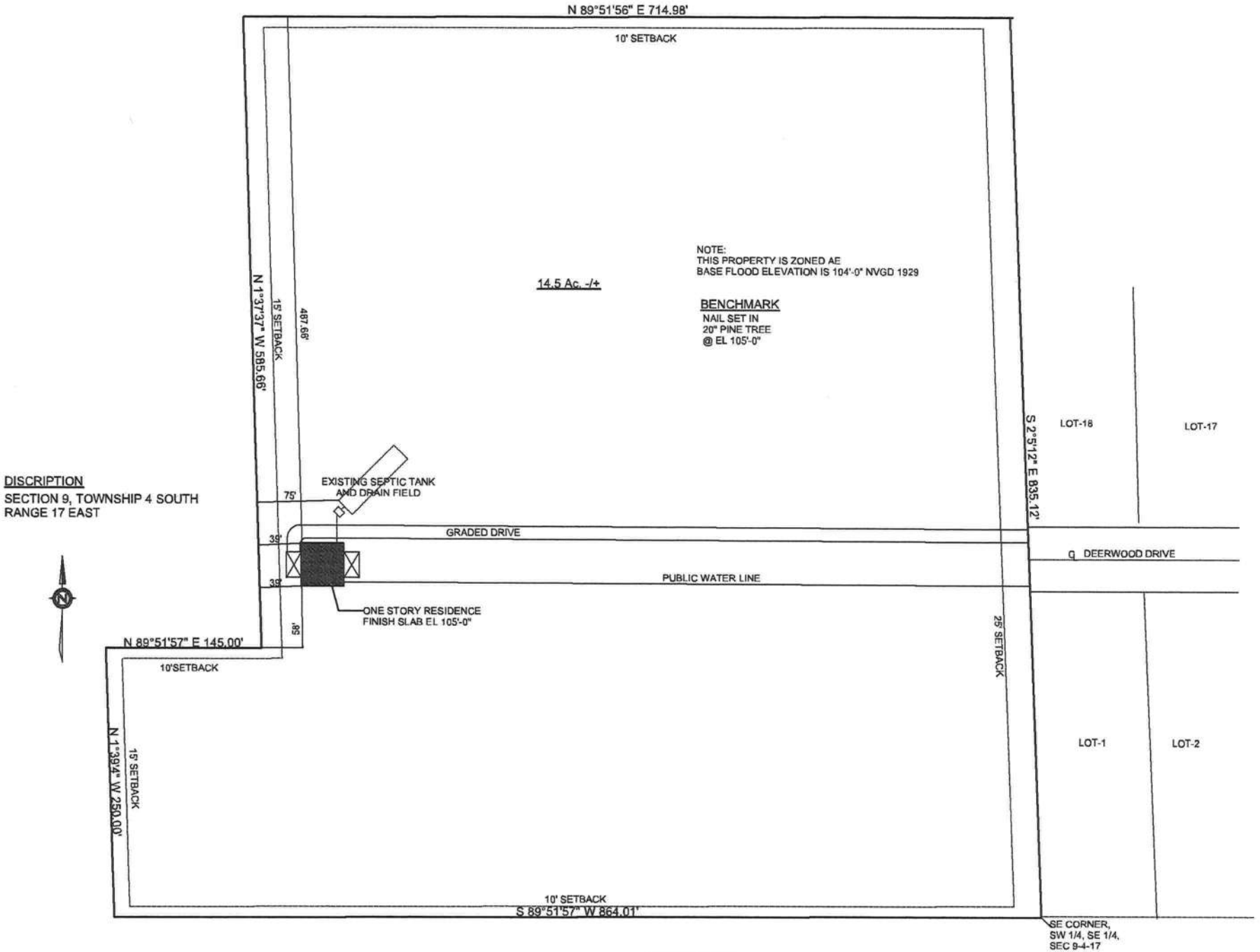
= 0.086"

THE SLAB EL. MUST BE AT EL. 105.0 NGVD 1929

THIS CONSTRUCTION WILL NOT CAUSE A 1'-0" RISE OF FLOOD WATERS

William H Freeman

6/4/03



SITE PLAN

SCALE: 1" = 50'

Lauren E. (Bud) Britt, P.L.S.
Florida Certification no. 1079

1426 West Duval Street
Post Office Box 837
Lake City, FL 32055
(904) 752-7163

"Britt Surveying"

CERTIFICATION:

I, THE UNDERSIGNED REGISTERED LAND SURVEYOR, HEREBY CERTIFY THAT A POSITION WAS FLAGGED AND MARKED ON THE PROPERTY AS SHOWN ON THE SKETCH BELOW, IN SECTION 9 TOWNSHIP 4 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA. THAT THE ELEVATION AS SHOWN ARE IN ACCORDANCE WITH THE BENCH MARK RUN BY BRITT SURVEYING, IN 1991.

DATE: 8 OCT 1991

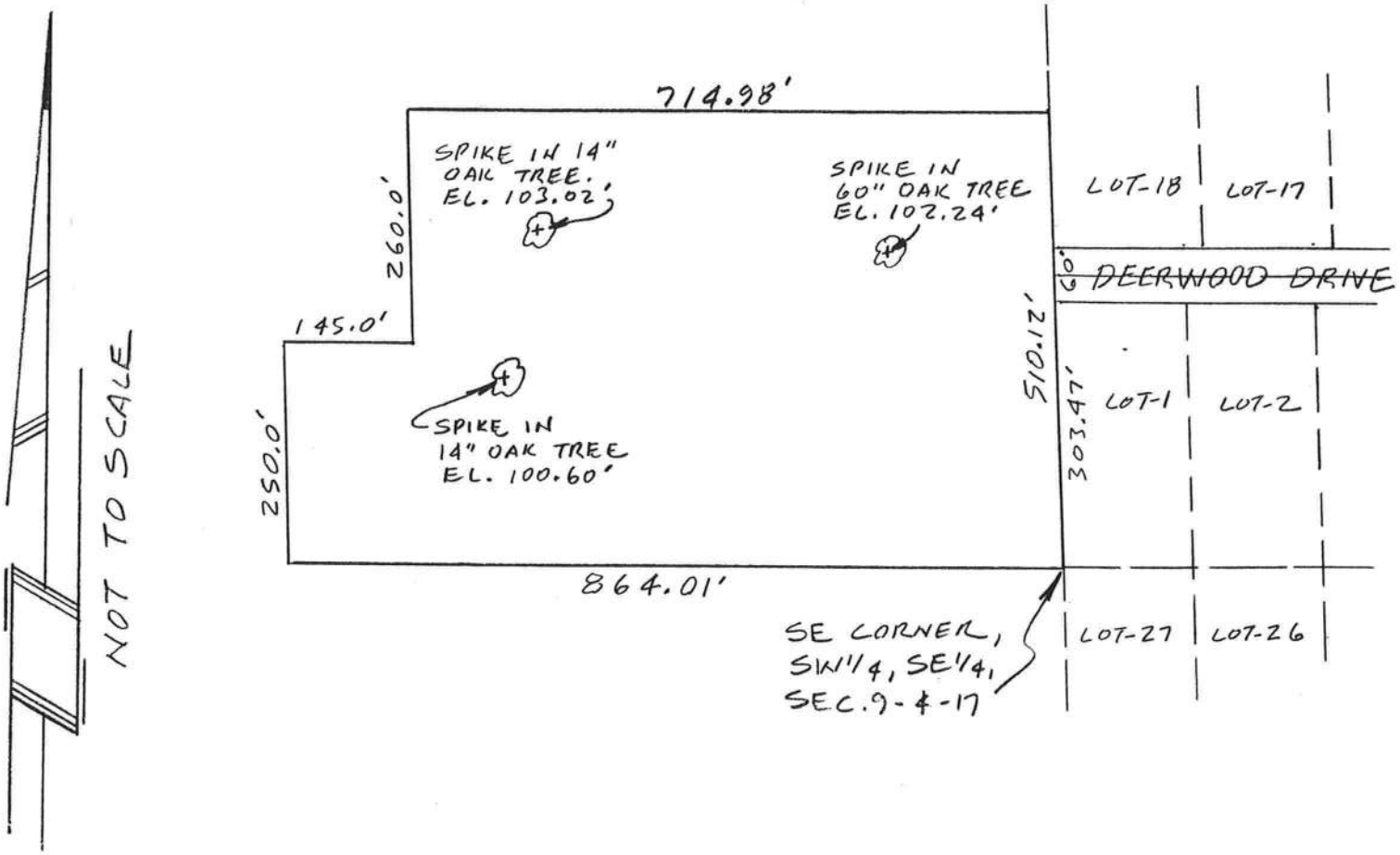
WO #: L-5111

F.B.: 131 PG: 5 & 6

FOR: JOHN G. MOSER

LAUREN E. BRITT, P.L.S.
FLA. CERTIFICATION #1079

THIS OFFICE ACCEPTS NO RESPONSIBILITY FOR ANY LOCATION SKETCH UNLESS IT IS SIGNED AND A SEAL EMBOSSED HEREON.



LOCATION SKETCH ONLY
THIS IS NOT A SURVEY

L-5111

ONE FOOT RISE CERTIFICATION

PROPERTY DESCRIPTION: LOT 13 BLOCK B

OWNER: Mosier, John

BASE FLOOD ELEVATION: 104.0

COMMUNITY-PANEL NUMBER: 120070 0200 B

PROJECT: Min. Finished Floor 105.0
mobile home located on piers and pad in accordance with
current building code.

I hereby certify that construction of the proposed will cause less than one foot increase in flood elevations of the Suwannee River floodplain.

Dale C. Johns, P.E.
Date: 6/27/2003
PE# 45623
Rt 15 Box 3834
Lake City FL
386.961.8903.

BASE FLOOD ELEVATION = 104.0

BASIN AREA AT 104' BASE FLOOD = 1900 ACRES

PROPOSED BUILDING TYPE = HOME

PROPOSED BUILDING ENCROACHMENT = EARTH PAD TO ELEVATION 104 WITH PIERS ABOVE THIS ELEVATION. ***IF PIERS ARE PLACED BELOW ELEV 104 THE VOLUME WILL BE LESS THAN SHOWN AND THE RISE WILL DECREASE.

1600 sq foot building

GROUND ELEVATION AT BUILDING = 103 AVE.

The project only requires volume calculations in this area since in is not in a flowing or riverine area.

$$\text{PERCENT FLOODPLAIN AREA REMOVED} = \frac{1600/43560}{1900} = 0.00002\%$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{1600 \times 2.0}{1900 \times 43560} = 0.000039 \text{ FT.}$$

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

* 20931

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME John Moser	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number

CITY	STATE	ZIP CODE
Lake City	Fl	

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
P/O SW 1/4 of the SE 1/4

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
120070	Columbia	FL

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0200	B	6 Jan 1988		AE	104 ft

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	105. 49 ft.(m)
☐ b) Top of next higher floor	____. __ ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	____. __ ft.(m)
☐ d) Attached garage (top of slab)	____. __ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	____. __ ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	100. 95 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	105. 05 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME L. Scott Britt LICENSE NUMBER P.S.M. # 5757

TITLE Professional Surveyor and Mapper COMPANY NAME Britt Surveying

ADDRESS	CITY	STATE	ZIP CODE
830 W. Duval Street	Lake City	FL	32055

SIGNATURE DATE 9/03/03 TELEPHONE (386) 752-7163

L-14127

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number
CITY STATE ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS
The finished floor elevation was established on the foundation underconstruction at this time.

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _(Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: ____.__ ft.(m) Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is: ____.__ ft.(m) Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments

BUILDING DIAGRAMS

The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item C2 and the elevations in Items C3a-C3g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

DIAGRAM 1

All slab-on-grade single- and multiple-floor buildings (other than split-level) and high-rise buildings, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor is at or above ground level (grade) on at least one side.*

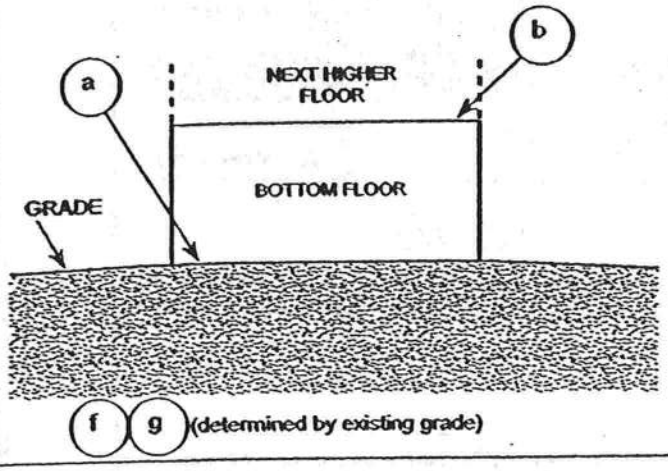


DIAGRAM 2

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*

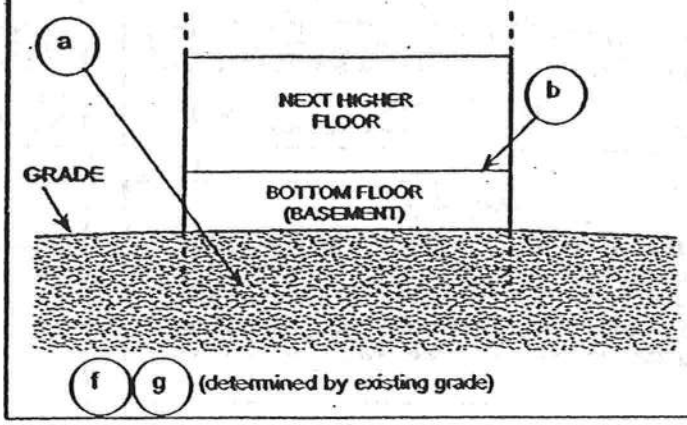


DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side.*

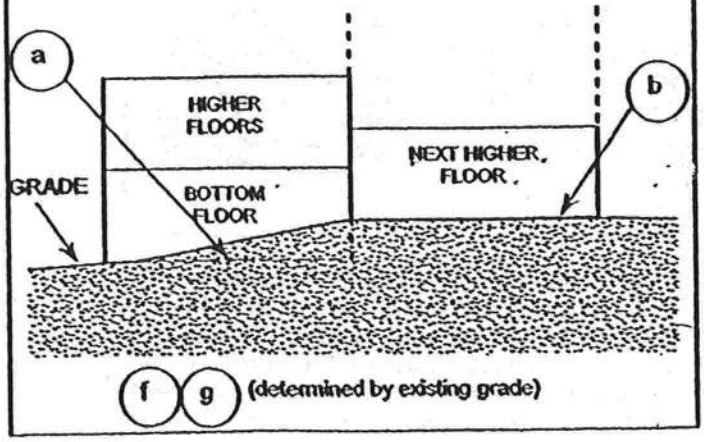
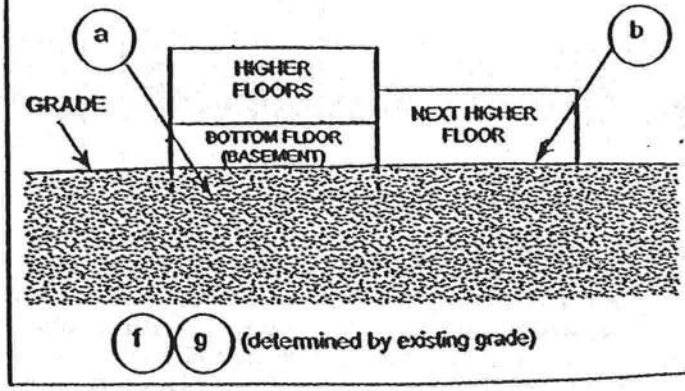


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

FORM 600A-2001

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

Project Name:	**Moser Residence**	Builder:	OWNER-BUILDER
Address:	**Lot: , Sub: , Plat: Sec 9, 4 S, 17 E**	Permitting Office:	COLUMBIA
City, State:	**Lake City, FL**	Permit Number:	20931
Owner:	**John Moser**	Jurisdiction Number:	221000
Climate Zone:	**North**		

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 30.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 12.00
4. Number of Bedrooms	3	b. N/A	
5. Is this a worst case?	Yes	c. N/A	
6. Conditioned floor area (ft²)	1600 ft²		
7. Glass area & type		13. Heating systems	
a. Clear - single pane	0.0 ft²	a. Electric Heat Pump	Cap: 30.0 kBtu/hr
b. Clear - double pane	171.0 ft²		HSPF: 7.40
c. Tint/other SHGC - single pane	0.0 ft²	b. N/A	
d. Tint/other SHGC - double pane	0.0 ft²	c. N/A	
8. Floor types			
a. Slab-On-Grade Edge Insulation	R=0.0, 160.0(p) ft	14. Hot water systems	
b. N/A		a. Electric Resistance	Cap: 50.0 gallons
c. N/A			EF: 0.95
9. Wall types		b. N/A	
a. Frame, Wood, Exterior	R=13.0, 1280.0 ft²	c. Conservation credits	
b. N/A		(HR-Heat recovery, Solar	
c. N/A		DHP-Dedicated heat pump)	
d. N/A		15. HVAC credits	
e. N/A		(CF-Ceiling fan, CV-Cross ventilation,	CF,
10. Ceiling types		HF-Whole house fan,	
a. Under Attic	R=30.0, 1625.0 ft²	PT-Programmable Thermostat,	
b. N/A		MZ-C-Multizone cooling,	
c. N/A		MZ-H-Multizone heating)	
11. Ducts			
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 45.0 ft		
b. N/A			

Glass/Floor Area: 0.11

Total as-built points: 20022

Total base points: 25298

PASS

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

PREPARED BY: William H Fuson

DATE: 6/3/03

I hereby certify that this building, as designed, is in compliance with the Florida Energy 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 with Section 553.908 Florida Statutes.

GREAT SEAL OF THE STATE OF FLORIDA * IN GOD WE TRUST *

BUILDING OFFICIAL: _____

DATE: _____

FORM 600A-2001

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Lot: , Sub: , Plat: Sec 9, 4 S, 17 E, Lake City, FL,** PERMIT #:

BASE				AS-BUILT							
GLASS TYPES .18 X Conditioned Floor Area	X BSPM	= Points		Type/SC	Overhang Ornt	Len	Hgt	Area X	SPM X	SOF	= Points
.18	1600.0	20.04	5771.5	Double, Clear	S	14.0	4.0	9.0	34.50	0.43	134.1
				Double, Clear	S	1.5	6.0	15.0	34.50	0.86	443.1
				Double, Clear	W	1.5	6.0	30.0	36.99	0.91	1013.5
				Double, Clear	W	1.5	4.0	18.0	36.99	0.82	544.3
				Double, Clear	N	1.5	6.0	30.0	19.22	0.94	541.2
				Double, Clear	N	14.0	6.0	15.0	19.22	0.61	175.7
				Double, Clear	E	1.5	6.0	45.0	40.22	0.91	1652.1
				Double, Clear	E	1.5	4.0	9.0	40.22	0.82	295.3
				As-Built Total:				**171.0**			**4799.2**
WALL TYPES	Area X	BSPM =	Points	Type			R-Value	Area X	SPM =		Points
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior			13.0	1280.0	1.50		1920.0
Exterior	1280.0	1.70	2176.0								
Base Total:	**1280.0**		**2176.0**	**As-Built Total:**				**1280.0**			**1920.0**
DOOR TYPES	Area X	BSPM =	Points	Type				Area X	SPM =		Points
Adjacent	0.0	0.00	0.0	Exterior Insulated				40.0	4.10		164.0
Exterior	40.0	6.10	244.0								
Base Total:	**40.0**		**244.0**	**As-Built Total:**				**40.0**			**164.0**
CEILING TYPES	Area X	BSPM =	Points	Type			R-Value	Area X	SPM X SCM =		Points
Under Attic	1600.0	1.73	2768.0	Under Attic			30.0	1625.0	1.73 X 1.00		2811.3
Base Total:	**1600.0**		**2768.0**	**As-Built Total:**				**1625.0**			**2811.3**
FLOOR TYPES	Area X	BSPM =	Points	Type			R-Value	Area X	SPM =		Points
Slab	160.0(p)	-37.0	-5920.0	Slab-On-Grade Edge Insulation			0.0	160.0(p	-41.20		-6592.0
Raised	0.0	0.00	0.0								
Base Total:			**-5920.0**	**As-Built Total:**				**160.0**			**-6592.0**
INFILTRATION	Area X	BSPM =	Points					Area X	SPM =		Points
	1600.0	10.21	16336.0					1600.0	10.21		16336.0

FORM 600A-2001

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Lot: , Sub: , Plat: Sec 9, 4 S, 17 E, Lake City, FL,** PERMIT #:

BASE			AS-BUILT						
Summer Base Points:		**21375.5**	**Summer As-Built Points:**						**19438.4**
Total Summer Points	X System Multiplier	= Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Cooling Points
21375.5	**0.4266**	**9118.8**	19438.4 **19438.4**	1.000 **1.00**	(1.090 x 1.147 x 0.91) **1.138**	0.284 **0.284**	0.950 **0.950**	5975.5 **5975.5**

FORM 600A-2001

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Lot: , Sub: , Plat: Sec 9, 4 S, 17 E, Lake City, FL,** PERMIT #:

BASE				AS-BUILT							
GLASS TYPES .18 X Conditioned Floor Area	X BWPM	= Points		Type/SC	Overhang Ornt	Len	Hgt	Area X	WPM X	WOF	= Points
.18	1600.0	12.74	3669.1	Double, Clear	S	14.0	4.0	9.0	4.03	3.66	132.8
				Double, Clear	S	1.5	6.0	15.0	4.03	1.12	67.6
				Double, Clear	W	1.5	6.0	30.0	10.77	1.02	330.5
				Double, Clear	W	1.5	4.0	18.0	10.77	1.05	204.0
				Double, Clear	N	1.5	6.0	30.0	14.30	1.00	430.1
				Double, Clear	N	14.0	6.0	15.0	14.30	1.03	220.1
				Double, Clear	E	1.5	6.0	45.0	9.09	1.04	423.6
				Double, Clear	E	1.5	4.0	9.0	9.09	1.07	87.9
				As-Built Total:				**171.0**			**1896.7**
WALL TYPES	Area X	BWPM =	Points	Type			R-Value	Area X	WPM	=	Points
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior			13.0	1280.0	3.40		4352.0
Exterior	1280.0	3.70	4736.0								
Base Total:	**1280.0**		**4736.0**	**As-Built Total:**				**1280.0**			**4352.0**
DOOR TYPES	Area X	BWPM =	Points	Type				Area X	WPM	=	Points
Adjacent	0.0	0.00	0.0	Exterior Insulated				40.0	8.40		336.0
Exterior	40.0	12.30	492.0								
Base Total:	**40.0**		**492.0**	**As-Built Total:**				**40.0**			**336.0**
CEILING TYPES	Area X	BWPM =	Points	Type			R-Value	Area X	WPM X	WCM =	Points
Under Attic	1600.0	2.05	3280.0	Under Attic			30.0	1625.0	2.05 X 1.00		3331.3
Base Total:	**1600.0**		**3280.0**	**As-Built Total:**				**1625.0**			**3331.3**
FLOOR TYPES	Area X	BWPM =	Points	Type			R-Value	Area X	WPM	=	Points
Slab	160.0(p)	8.9	1424.0	Slab-On-Grade Edge Insulation			0.0	160.0(p	18.80		3008.0
Raised	0.0	0.00	0.0								
Base Total:			**1424.0**	**As-Built Total:**				**160.0**			**3008.0**
INFILTRATION	Area X	BWPM =	Points					Area X	WPM	=	Points
	1600.0	-0.59	-944.0					1600.0	-0.59		-944.0

FORM 600A-2001

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Lot: , Sub: , Plat: Sec 9, 4 S, 17 E, Lake City, FL,** PERMIT #:

BASE			AS-BUILT						
Winter Base Points:		**12657.1**	**Winter As-Built Points:**						**11980.0**
Total Winter Points	X System Multiplier	= Heating Points	Total Component	X Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Heating Points	
12657.1	**0.6274**	**7941.1**	11980.0 **11980.0**	1.000 **1.00**	(1.069 x 1.169 x 0.93) **1.162**	0.461 **0.461**	1.000 **1.000**	6415.8 **6415.8**	

FORM 600A-2001

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: **Lot: , Sub: , Plat: Sec 9, 4 S, 17 E, Lake City, FL,** PERMIT #:

BASE			AS-BUILT						
WATER HEATING									
Number of Bedrooms	X Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X Tank Ratio	X Multiplier	X Credit Multiplier	= Total
3	2746.00	8238.0	50.0	0.95	3	1.00	2543.66	1.00	7631.0
			As-Built Total:						**7631.0**

CODE COMPLIANCE STATUS

BASE				AS-BUILT			
Cooling Points	+ Heating Points	+ Hot Water Points	= Total Points	Cooling Points	+ Heating Points	+ Hot Water Points	= Total Points
9119	**7941**	**8238**	**25298**	**5975**	**6416**	**7631**	**20022**

PASS

FORM 600A-2001

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: **Lot: , Sub: , Plat: Sec 9, 4 S, 17 E, Lake City, FL,** PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum:.3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 86.8

The higher the score, the more efficient the home.

John Moser, Lot: , Sub: , Plat: Sec 9, 4 S, 17 E, Lake City, FL,

1.	New construction or existing	New	12.	Cooling systems	
2.	Single family or multi-family	Single family	a.	Central Unit	Cap: 30.0 kBtu/hr
3.	Number of units, if multi-family	1			SEER: 12.00
4.	Number of Bedrooms	3	b.	N/A	
5.	Is this a worst case?	Yes			
6.	Conditioned floor area (ft²)	1600 ft²	c.	N/A	
7.	Glass area & type				
a.	Clear - single pane	0.0 ft²	13.	Heating systems	
b.	Clear - double pane	171.0 ft²	a.	Electric Heat Pump	Cap: 30.0 kBtu/hr
c.	Tint/other SHGC - single pane	0.0 ft²			HSPF: 7.40
d.	Tint/other SHGC - double pane	0.0 ft²	b.	N/A	
8.	Floor types				
a.	Slab-On-Grade Edge Insulation	R=0.0, 160.0(p) ft	c.	N/A	
b.	N/A				
c.	N/A		14.	Hot water systems	
9.	Wall types		a.	Electric Resistance	Cap: 50.0 gallons
a.	Frame, Wood, Exterior	R=13.0, 1280.0 ft²			EF: 0.95
b.	N/A		b.	N/A	
c.	N/A				
d.	N/A		c.	Conservation credits	
e.	N/A			(HR-Heat recovery, Solar	
10.	Ceiling types			DHP-Dedicated heat pump)	
a.	Under Attic	R=30.0, 1625.0 ft²	15.	HVAC credits	CF,
b.	N/A			(CF-Ceiling fan, CV-Cross ventilation,	
c.	N/A			HF-Whole house fan,	
11.	Ducts			PT-Programmable Thermostat,	
a.	Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 45.0 ft		RB-Attic radiant barrier,	
b.	N/A			MZ-C-Multizone cooling,	
				MZ-H-Multizone heating)	

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____

NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is <u>not</u> a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.

EnergyGauge® (Version: FLRCPB v3.21)

Residential System Sizing Calculation

Summary

John Moser

Lake City, FL

Project Title:
Moser Residence

Code Only
Professional Version
Climate: North

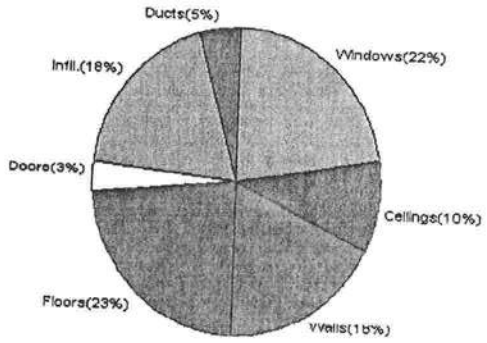
6/3/2003

Location for weather data: Gainesville - User customized: Latitude(29) Temp Range(M)					
Humidity data: Interior RH (50%) Outdoor wet bulb (78F) Humidity difference(51gr.)					
Winter design temperature	31	F	Summer design temperature	98	F
Winter setpoint	70	F	Summer setpoint	75	F
Winter temperature difference	39	F	Summer temperature difference	23	F
Total heating load calculation	**21685**	**Btuh**	**Total cooling load calculation**	**25103**	**Btuh**
Submitted heating capacity	30000	Btuh	Submitted cooling capacity	30000	Btuh
Submitted as % of calculated	138.3	%	Submitted as % of calculated	119.5	%

WINTER CALCULATIONS

Winter Heating Load (for 1600 sqft)

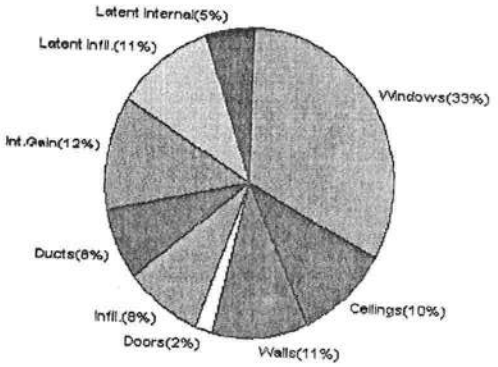
Load component			Load	
Window total	171	sqft	4839	Btuh
Wall total	1280	sqft	3968	Btuh
Door total	40	sqft	733	Btuh
Ceiling total	1625	sqft	2113	Btuh
Floor total	160	ft	5056	Btuh
Infiltration	92	cfm	3943	Btuh
Subtotal			**20652**	**Btuh**
Duct loss			1033	Btuh
TOTAL HEAT LOSS			**21685**	**Btuh**



SUMMER CALCULATIONS

Summer Cooling Load (for 1600 sqft)

Load component			Load	
Window total	171	sqft	8222	Btuh
Wall total	1280	sqft	2739	Btuh
Door total	40	sqft	499	Btuh
Ceiling total	1625	sqft	2535	Btuh
Floor total			0	Btuh
Infiltration	80	cfm	2035	Btuh
Internal gain			3000	Btuh
Subtotal(sensible)			**19031**	**Btuh**
Duct gain			1903	Btuh
Total sensible gain			**20934**	**Btuh**
Latent gain(infiltration)			2789	Btuh
Latent gain(internal)			1380	Btuh
Total latent gain			**4169**	**Btuh**
TOTAL HEAT GAIN			**25103**	**Btuh**



EnergyGauge® System Sizing based on ACCA Manual J.

PREPARED BY: William H Free

DATE: 6/3/03

FLORIDA PEST CONTROL & CHEMICAL CO.
Since 1949

FOUNDED 1949

CORPORATE HEADQUARTERS:

P.O. BOX 5369
116 N.W. 16TH AVENUE
GAINESVILLE, FL 32627-5369

(352) 376-2661
FAX (352) 376-2791

SCIENTIFIC PEST CONTROL DIRECTED BY GRADUATE ENTOMOLOGISTS

Complete Pest Control Service
Member Florida & National Pest Control Associations

Reply to: 536 SE Baya Dr
Lake City, FL 32025
Phone (386) 752-1703 Fax (386) 752-0171

10444
JOHN MOSER
RT 12 BOX 677 A
LAKE CITY, FLORIDA

20931

PARTIAL SOIL TREATMENT CERTIFICATION

Owner: JOHN MOSER	Permit Number: 20931
Lot:	Block:
Subdivision: DEERWOOD	Street Address: 477 A SE DEERWOOD GLEN
City: Lake City	County: Columbia
General Contractor: JOHN MOSER	Date: 08/15/03

The above noted structure has received the initial required soil treatment for the prevention of subterranean termites. The perimeter of the above structure must be treated after the final grade has been established in accordance with the pesticide label and Florida Statute.

This form should not be accepted as proof of complete treatment for Certificate of Occupancy or Closing.
This form is for inspection, construction, and financial draw purposes only.

Notice to Builder

It is the responsibility of the builder to notify Florida Pest Control &Chemical Co. prior to the pouring of any slab that abuts the above structure so that treatment can be completed and the required paperwork for closing be submitted. Such slabs might be, but are not limited to: patios, porches, entryways, A/C pads, stoops, additions, bay windows, driveway aprons, etc.

Other areas that would require treatment would be:

1. Areas within the foundation fill that were disturbed after the initial treatment.
2. The foundation perimeter after final grade has been established.

THIS IS NOT PROOF OF WARRANTY

Warranty and treatment certification will be issued upon completion of final treatment only.

Authorized Signature:	Date:
Kathi Schmidt	8/26/03

Paid CK # 309 117.00 Also $1000.00 CK # 283

CAL-TECH TESTING, INC.

P.O. Box 1625
Lake City, FL 32056
386-755-3633

CAL-TECH INVOICE

DATE	INVOICE NO:
8/15/2003	23219

BILL TO CLIENT

John Mosier
Rt. 12 Box 477A
Lake City, FL 32025

20931

TERMS	DUE DATE	JOB NO
Upon Receipt	8/25/2003	03-363

ITEM	TYPE TEST	LAB NO.	QTY	REPORT NO.	UNIT COST	EXTENSION
	Moser Residence, Lake City, FL 8/14/03					
Dens. Test	Density Tests #1-6		6		19.50	117.00

All Invoices are due Upon Receipt and subject to 18% finance Charge after 30 Days.

TOTAL DUE $117.00

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

JOB NO.: 03-363
DATE TESTED: 08/14/03

REPORT OF IN-PLACE DENSITY TEST

PROJECT:	John Moser Residence, Lake City, FL
CLIENT:	John Moser Rt. 12 Box 477A Lake City, FL 32025
GENERAL CONTRACTOR:	John Moser
EARTHWORK CONTRACTOR:	John Moser
INSPECTOR:	Craig Martin

ASTM METHOD	**SOIL USE**
(D-2922) Nuclear	BUILDING FILL

SPECIFICATION REQUIREMENTS: 95%

TEST NO.	TEST LOCATION	TEST DEPTH	WET DENSITY (lb/ft^3)	MOISTURE PERCENT	DRY DENSITY (lb/ft^3)	PROCTOR TEST NO.	PROCTOR VALUE	% MAXIMUM DENSITY
1	N.W. Corner of Pad	0 - 12"	129.6	10.9	116.9	1	114.4	102.1%
2	Center of Pad	0 - 12"	126.5	8.7	116.4	1	114.4	101.7%
3	S.E. Corner of Pad	0 - 12"	121.3	7.7	112.6	1	114.4	98.5%
4	N. Side Wall, Footer	0 - 12"	127.5	9.3	116.7	1	114.4	102.0%
5	W. Side Wall, Footer	0 - 12"	128.0	10.1	116.3	1	114.4	101.6%
6	E. Side Wall, Footer	0 - 12"	123.5	8.7	113.6	1	114.4	99.3%

REMARKS: The Above Tests Meet Specification Requirements.

PROCTORS

TEST NO.	SOIL DESCRIPTION	MAXIMUM DRY UNIT WEIGHT (lb/ft^3)	OPT. MOIST.	TYPE
1	Light Gray to Tan fine Sand w/Silt	114.4	11.0	MODIFIED (ASTM D-1557)

Respectfully Submitted,
CAL-TECH TESTING, INC.

Linda Creamer

Linda M. Creamer
President - CEO

Reviewed By:

Date: 8/18/03
Florida Registration No.: 52612

1cc: Client
1cc: File

The test results presented in this report are specific only to the samples tested at the time of testing. The tests were performed in accordance with generally accepted methods and standards. Since material conditions can vary between test locations and change with time, sound judgement should be exercised with regard to the use and interpretation of the data.

CAL-TECH TESTING, INC.
ENGINEERING & TESTING LABORATORY
P.O. Box 1625, Lake City, FL 32056-1625
6919 Distribution Avenue S., Unit #5, Jacksonville, FL 32257

Lake City • (904) 755-3633
Fax • (904) 752-5456
Jacksonville • (904) 262-4046
Fax • (904) 262-4047

JOB NO.:
DATE TESTED: 8-14-03

REPORT OF IN-PLACE DENSITY TEST

ASTM METHOD: ✓ (D-2922) Nuclear ___ (D-2937) Drive Cylinder ___ Sandcone

PROJECT: MOSER RES
CLIENT: MOSER

GENERAL CONTRACTOR: SAC
EARTHWORK CONTRACTOR: SAC

SOIL USE (SEE NOTE): 1
SPECIFICATION REQUIREMENTS: 98%

TECHNICIAN: C. MARTIN

MODIFIED (ASTM D-1557): ___
STANDARD (ASTM D-698): ✓

TEST NO.	TEST LOCATION	TEST: ✓DEPTH ___ELEV. ___LIFT	PROCTOR NO.	WET DENS. LBS.CU.FT	DRY DENS. LBS.CU.FT	MOIST. PERCENT	% MAX. DENS.
1	NORTH WEST CORNER	0-12	1	129.6	117.4	10.3	102.7
2	CENTER (PAD)	"	"	126.5	116.3	8.7	101.7
3	SOUTH EAST CORNER (PAD)	"	"	121.3	112.6	7.7	98.4
		↓	↓				
4	NORTH SIDE WALL	"	"	127.5	116.6	9.3	101.9
5	WEST SIDE WALL (FOOTER)	"	"	128.0	117.3	9.1	102.5
6	EAST SIDE WALL (FOOTER)	"	"	123.5	113.6	8.7	99.3
		↓	↓				

REMARKS: ___

PROCTOR NO.	SOIL DESCRIPTION	PROCTOR VALUE	OPT. MOIST.
1	LT GRAY TO TAN F.-M.G. SAND W/SILT	117.4	11.0

NOTE: 1. Building Fill 2. Trench Backfill 3. Base Course 4. Subbase/Stabilized Subgrade 5. Embankment 6. Subgrade/Natural Soil 7. Other

Paid CK # 309 117.00 Also $100.00 CK # 283

CAL-TECH TESTING, INC.

P.O. Box 1625
Lake City, FL 32056
386-755-3633

CAL-TECH INVOICE

DATE	INVOICE NO:
8/15/2003	23219

BILL TO CLIENT
John Mosier Rt. 12 Box 477A Lake City, FL 32025

20931

TERMS	DUE DATE	JOB NO
Upon Receipt	8/25/2003	03-363

ITEM	TYPE TEST	LAB NO.	QTY	REPORT NO.	UNIT COST	EXTENSION
	Moser Residence, Lake City, FL 8/14/03					
Dens. Test	Density Tests #1-6		6		19.50	117.00

All Invoices are due Upon Receipt and subject to 18% finance Charge after 30 Days.

TOTAL DUE $117.00

CAL-TECH TESTING, INC.
ENGINEERING & TESTING
LABORATORY
P.O. Box 1625 • Lake City, FL 32056 • (386) 755-3633 • Fax (386) 752-5456

1655 Acme Street • Orlando, FL 32805
PH (407) 872-7690 • FAX (407) 872-7659

6919 Distribution Avenue S., Unit #5
Jacksonville, FL 32257
(904) 262-4046 • FAX (904) 262-4047

REPORT OF DAILY CONSTRUCTION TESTING AND MONITORING

Client MOSER
Project MOSER RES.
Contractor SAC

Date 8-14-03
Job. No 03-363
Technician C. MARTIN

WORK ORDER:

☑ DENSITY
Spec's: 98%
Test No.: 1-6
Inches: 0-12"

☐ CONCRETE
☐ Cylinders
☐ Beams
☐ Prisms
☐ Pick-Up
Set No.

☐ Pick-Up Proctor

☐ Pick-Up LBR

DESCRIPTION OF DAYS ACTIVITIES:

Proformed 6 FTD's on Bldg PAD & FOOTER
all passed @ 98%

3 on Foster.
3 on Bldg Pad.

Time Out: 2:30
Time In: 3:45

FDT's Performed 6
Cyls Cast/Cal-Tech
Cyls Cast/Client
Beams Cast/Cal-Tech:

Weather: OVCR CAST
Hours Worked: .75
Other Tests:

Hours Travel: .50
Miles Travel:
Hours Standby:
Hours O.T.:

C. MARTIN
FIELD REPRESENTATIVE

CLIENT REPRESENTATIVE

Notice of Treatment

10444

Applicator Name FLA Pest Co
Address 536 SE Baya Ave
City L.C. **Phone** 752 1703

Site Location

Lot # ____ **Block #** ____ **Subdivision** ____ **Permit #** 2031
Address Rt 12 Box 477-A

AREAS TREATED

Date	Time	Gal.	Init.	Area Treated	Retreat Date	Time	Init.
				Main Body			
				Patio/s #			
				Stoop/s #			
8/27/03	1415	34	JAP	Porch/s # 1			
				Brick Veneer			
				Extension Walls			
				A/C Pad			
				Walk/s #			
				Exterior of Foundation			
				Driveway Curtain			
				Out Building			
				(Other)			
				(Other)			

Name of Chemical Applied Dursban TC **% used** .05 %
Remarks Exterior Grade not Complete

Applicator - White Permit File - Canary Permit Holder -Pink

Notice of Trea

Applicator Florida Pest Control & Ch
Address FLA Pest
City 536 SE Baya

Site Location **Subdivision** ____
Lot# ____ **Block#** ____ **Permit#** ____
Address Rt 12 Box 477-A

AREAS TREATED

Area Treated	Date	Tim
Main Body		
Patio/s #		
Stoop/s #		
Porch/s # 1	8/25/03	109
Brick Veneer		
Extension Walls		
A/C Pad		
Walk/s #		
Exterior of Foundation		
Driveway Apron		
Out Building		
Tub Trap/s		
(Other)		

Name of Product Applied Durs
Remarks Exterior Gra

Applicator - White • Permit File - C

Notice of Treatment

10444

Applicator Name FLA Pest Co
Address 536 SE Baya Ave
City L.C. **Phone** 752 1703

Site Location

Lot # ____ **Block #** ____ **Subdivision** ____ **Permit #** 2031
Address 477A SE Deerwood Glen

AREAS TREATED

Date	Time	Gal.	Init.	Area Treated	Retreat Date	Time	Init.
8/15/03	945	160	JAP	Main Body			
				Patio/s #			
				Stoop/s #			
				Porch/s #			
				Brick Veneer			
				Extension Walls			
				A/C Pad			
				Walk/s #			
				Exterior of Foundation			
				Driveway Curtain			
				Out Building			
				(Other)			
				(Other)			

Name of Chemical Applied Dursban TC **% used** .05 %
Remarks Exterior Grade not Complete

Applicator - White Permit File - Canary Permit Holder -Pink

TERMINIX®

Notice of Inspection / Treatment

Date	Wood Destroying Organism	Chemical Used	Inspector
8.8.05	Subt Termites Protract	Bifenthrin + Termidor	

Type of Inspection: ☒ Original ☐ Limited ☐ Supplemental ☐ Reinspection ☐ Control Service #18289

DO NOT REMOVE

Branch Address 1850 Midtown N. Lake City

For Information Call 755-2000

PURSUANT TO:

- ☐ Chapter 482 Florida Statutes
- ☐ Texas Structural Pest Control Board Regulation 599.7
- ☐ California Structural Pest Control Board Regulation 1996.1

Key # 31241 R/P 04/02

CAL-TECH TESTING, INC.

P.O. Box 1625
Lake City, FL 32056
386-755-3633

CAL-TECH INVOICE

DATE	INVOICE NO:
6/23/2003	22932

BILL TO CLIENT
John Mosier Rt. 12 Box 477A Lake City, FL 32025

TERMS	DUE DATE	JOB NO
Upon Receipt	7/3/2003	03-285

ITEM	TYPE TEST	LAB NO.	QTY	REPORT NO.	UNIT COST	EXTENSION
	John Mosier Residence, Deerwood Drive, Lake City, FL 6/16/03					
Proct. Test	Proctor Test	05663	1		85.00	85.00
Pickup	Pickup Charge		1		15.00	15.00

Paid
Ck# 0283
June-25-03

All Invoices are due Upon Receipt and subject to 18% finance Charge after 30 Days.

TOTAL DUE $100.00

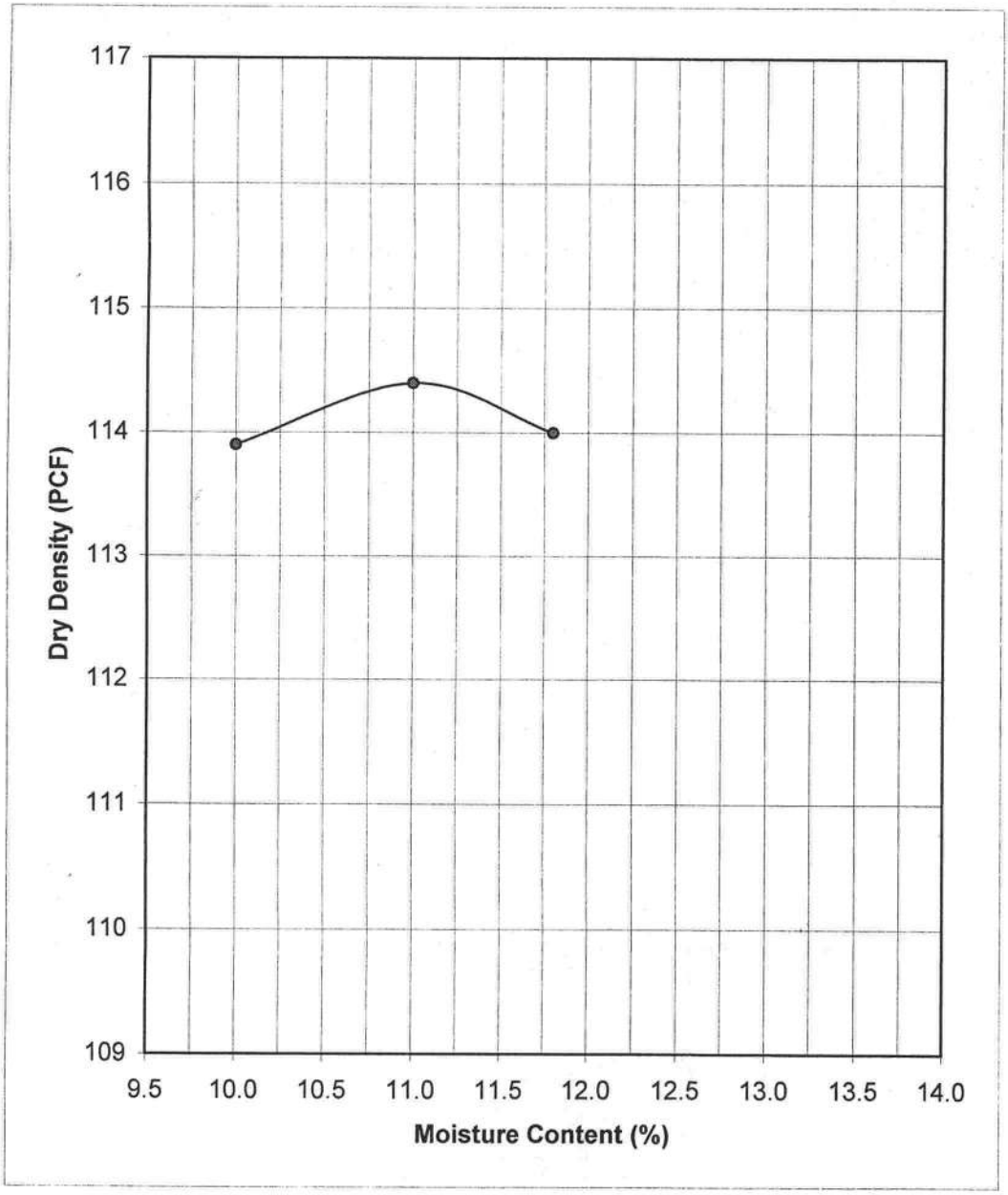
• Engineering
• Geotechnical
• Environmental
Laboratories

P.O. Box 1625 • Lake City, FL 32056-1625 • Tel(904)755-3633 • Fax(904)752-5456
6919 Distribution Ave. S., Unit #5, Jacksonville, FL 32257 • Tel(904)262-4046 • Fax(904)4047

REPORT OF LABORATORY COMPACTION TEST

Client: John Moser Rt. 12 Box 477A Lake City, FL 32025
Project Name: John Moser Residence
Project Location: Deerwood Drive, Lake City, FL
Contractor: John Moser

File No: 03-285
Date: 06/23/03
Lab No: 05663



PROCTOR DATA

Proctor No.: 1

Modified Proctor (ASTM D-1557) ☑

Standard Proctor (ASTM D-698) ☐

Maximum Dry Dens. Pcf: 114.4

Optimum Moisture Percent: 11.0

The test results presented in this report are specific only to the samples tested at the time of testing. The test was performed in accordance with generally accepted methods and standards. Since material conditions can vary between test locations and change with time, sound judgement should be exercised with regard to the use and interpretation of the data.

Sample Description: Light Gray to Tan Fine Sand w/Tr of Silt
Sample Location: Existing Material
Proposed Use: Building Fill
Sampled By: Craig Martin **Date:** 6/16/2003
Tested By: Craig Martin **Date:** 6/17/2003
Remarks: 1cc: Client
1cc: File

Linda Creamer
Linda M. Creamer
President - CEO
Reviewed By:
Date: 6/23/03
FL Registration No: 52612

CAL-TECH TESTING, INC.
ENGINEERING & TESTING
LABORATORY
P.O. Box 1625 • Lake City, FL 32056 • (386) 755-3633 • Fax (386) 752-5456

1655 Acme Street • Orlando, FL 32805
PH (407) 872-7690 • FAX (407) 872-7659

6919 Distribution Avenue S., Unit #5
Jacksonville, FL 32257
(904) 262-4046 • FAX (904) 262-4047

REPORT OF DAILY CONSTRUCTION TESTING AND MONITORING

Client John Mosier
Project Mosier Res.
Contractor SAC

Date 6-16-05
Job. No 03-285
Technician C. MARTIN

WORK ORDER:

☐ DENSITY
Spec's:
Test No.:
Inches:

☐ CONCRETE
☐ Cylinders
☐ Beams
☐ Prisms
☐ Pick-Up
Set No.

☑ Pick-Up Proctor 05663

☐ Pick-Up LBR

DESCRIPTION OF DAYS ACTIVITIES:

P/up proctor delivered to lab for test

Time Out: 3:45
Time In: 4:15

FDT's Performed
Cyls Cast/Cal-Tech
Cyls Cast/Client
Beams Cast/Cal-Tech:

Weather: Cloudy
Hours Worked: 1.50
Other Tests:

Hours Travel: .25
Miles Travel:
Hours Standby:
Hours O.T.:

C. MARTIN
FIELD REPRESENTATIVE

CLIENT REPRESENTATIVE

TECH TESTING, INC.
NGINEERING & TESTING
LABORATORY
x 1625, Lake City, FL 32056-1625

JACKSONVILLE FL
PM
23 JUN
2003

Paid June-25-03 Ck# 0283

JOHN MOSIER
RT. 12 BOX 477A
LAKE CITY, FL 32025

32025+8114