RECEIPT

City of Perris PERRIS 135 N. D Street

Application: PMT18-02095
Application Type: Permits/Commercial/Fire/NA
Address: 4605 WADE AVE, PERRIS, CA 92571, ;

Receipt No.

12207

Payment Method

Ref Number

Amount Paid

Payment Date

Cashier ID

Received Comments

Cash

\$250.00

09/17/2018

KCALVILLO

Owner Info.:

MIKE LANE

4605 WADE AVE PERRIS, CA 92571

Work Description:

FIRE FLOW TEST



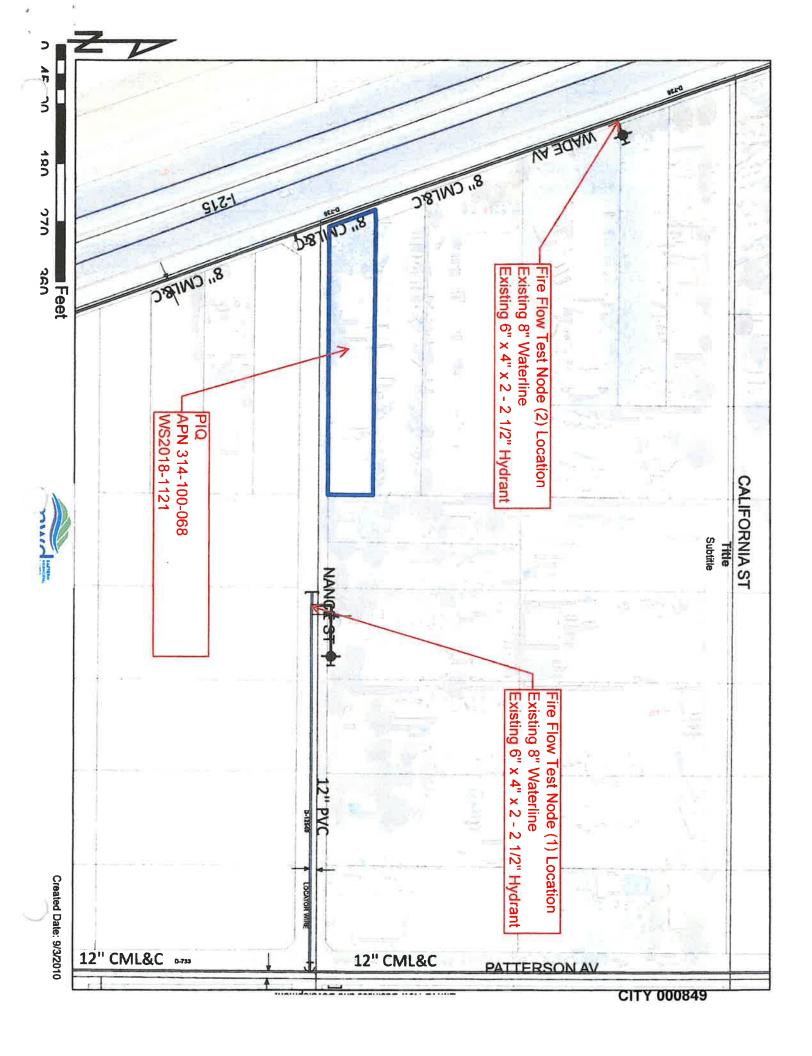
COMPUTER MODEL TEST

A THE ROLL OF THE LAND OF THE PARTY OF	et amount						
Grid Number:			49C		Date:		
Customer Name:			Alfonso Luera		Address:	4605 Wade Ave.	
City, State Zip:			Perris, CA 90570				
Contact Name:			Sal Hernandez				
Phone:			(951) 733-7226		Cell:		
Fax:					Email:	BLACKSTARCORP2@AOLCOM	
Project Record Number:			WS201800001121		wo/co:		
Project Name:			4605 Wade Ave		APN:	314-100-068	
(Approximate) Test & Hydrant Location:			(1) 240 feet East of the Southeast corner property line on Nance St. See attached map. (2) 394 feet Northwest of the Northwest corner property line on Nance St.				
MODEL			NBD_EMWD_POTABLE_20170321_POS FF Diurnal_v2				
			EMWD RESULTS Requested Flow Availability				
	POC Test Location:			Fire Flow (2)			for Fire
Elevation (Ft):			1,508	1,515			Department
Stead	y State	, Dynamic (psi):	80	77			
Residual Pressure (psi):			72	63			
	Tested FF(gpm):			1,500			
Combined Total (gpm):			Each Fire Flow was Tested Independently			1,500	
Number of Hydrants:			Used 2 Test Nodes			,	
Duration Tested @:			2 Hour			2	
Demand Conditions:			Max Day				
Pressure Zone/Tank Names(s)/Level(s):							
Pump Operating Status:			ON Computer Model Setting EPS				
Number of Points of	175	POC Circle One)	Reason (Circle what Applies)				
connections (POC):	One	Two or More	Plan of Service	Limited Capacity (Existing Systems)	Supply	Conditions of	Fire Sprinkler Connection(s)
Comments:	The w	vater system is ca	pable at Fire Flow	location (1) or (2) of providing 1	1,500 GPM for 2 hours	at a minimum of 20
	ents: The water system is capable at Fire Flow location (1) or (2) of providing 1,500 GPM for 2 hours at a minimum of 20 psi, as shown in the attached map. These Fire Flow test results may need to be complemented by a Plan of Service						
	and d	lo not include all f	acility conditionia	ng that may be re-	quired for this	project. Fire Agency C	onditions were
provided with 2-12-18 date on it.							
The above results are not a guarantee the District's system will supply water to the project at any specific flows or pressures. These results were determined from a computer simulation of the District's water system and/or from hydraulic calculations pertaining to distribution pipelines: The capacity of the service laterals, meters, backflow assemblies, on-site fire system, and other appurtenances were not considered in these results. The design and sizing of service laterals and downstream facilities shall be the responsibility of the Project Sponsor.							
EMWD's Fire Flow test results are valid for 12 months from the date of testing. RUDY ESPARZA Completed By:							
	-						
Should you have any guestions or need additional information, please contact me at (951) 928-3777, ext. 4478.							
Sincerely,							
Rudy Esparza					Date	=: 10-4-2018	
Sr. Engineering Tec	:hniciar	1				10.0	
New Business Deve							
	-				Date	e: <u>1014/18</u>	
Reviewed By: 6014/18							

City of Perris Building and Fire Marshal Water Availability/Fire Flow Form

SECTION A: To be completed by customer

Project Name: DYNAMIC MEDS / ALPONSO LUGRA Project Address/Parcel Number: 3/400068 4605 WADE AVE (APN 314-100-068)							
Applicant Phone #: (951) 415.0904 Fax #: () DMINC.PERRISEGMAIL.C							
Area of largest building 3200 SQFT. ft ² ; (measured without area separations wall unless they are 4-hrs)							
Construction type? (check one): IA IB IIA IIB IV VA VB							
Is this building sprinklered throughout? (check one)							
SECTION B: To be completed by Perris Building/Fire Marshal Division							
Fire Flow Requirement: 1500 GPM Z Hour Duration By:							
SECTION C: To be completed by local water department/district or attach the local water department/district form that contains the same information							
THE INSCRIPTION OF THE PROPERTY OF THE PROPERT							
Water Department/District:							
Test location (indicate address or cross-streets & provide reference map): THAT WATER WILL BE AVAILABLE AT ANY SPECIFIC FLOW OR PRESSURE FOR							
Hydrant number(s) (if applicable): FIRE PROTECTION OR ANY OTHER							
Date of Test: 10-4-2018 Time of test: PURPOSE UNDER NORMAL CHERAFING							
FLOW TEST RESULTS TEST INFORMATION IS VALID FOR 6 MONTHS FROM DATE TEST IS PERFORMED							
Static pressure: psi Residual pressure: psi							
Observed flow: gpm Flow calc'd at 20 psi: gpm							
Check the box if the test information above was obtained in a manner other than an actual flow test (i.e. by computer modeling).							
I have witnessed and/or reviewed this water flow information and by personal knowledge and/or on-site observation certify that the above information is correct.							
Name: Rudy Esparza							
Title: Sr Engineering Tech Signature:							
Company/Agency: EMWD Date 10 - 4 - 2018							





Dennis Grubb & Associates, LLC 12523 Limonite Ave Ste 440-102 Mira Loma, CA 91752 US

BILL TO

Sylvia Arvizu City of Perris 135 N. "D St Perris, CA 92570 INVOICE # 1874 DATE 11/01/2018

11/01/2018

Development Review PP8031 MM18-05038 Dynamic Meds 4605 Wade St Planner: Nathan Perez 350.00

BALANCE DUE

\$350.00