



State of California • Arnold Schwarzenegger, Governor
State and Consumer Services Agency

DEPARTMENT OF GENERAL SERVICES
Division of the State Architect – Sacramento Office

12/30/2008

CERTIFICATION & CLOSE OF FILE

MS. TERRY EDWARDS
MOBILE MODULAR MANAGEMENT CORP.
5700 LAS POSITAS ROAD
LIVERMORE CA 94551

Project: ENVIROPLEX (STOCKPILE)
Scope: CONSTRUCTION OF (9) - RELOCATABLE CLSRM BLDGS (36'X40')
Application #: 02-107401
File Id #: 39-0

Dear MS. EDWARDS,

The Department of General Services' records indicate that the construction of the referenced project has been completed in accordance with design documents approved by the Department, and that all the Verified Reports covering the construction have been received.

Therefore, the Department of General Services certifies as follows:

This project is in compliance with California State regulations as to the safety of design and construction of public schools, and for the accommodation of persons with disabilities.

For relocatable buildings which have been granted a waiver of durability for foundations, the owner should periodically inspect for, and correct, deterioration in order to maintain safe conditions. This certification is not valid if the buildings are moved to a site location other than shown on the approved plans.

As stated in our letter approving the plans and specifications for this project, the Department does not review design documents or construction for compliance with the electrical, mechanical, or plumbing regulations. It is the responsibility of the professional consultants named on the application to verify compliance with appropriate parts of the California Building Code, and to submit Verified Reports documenting compliance.

Sincerely,

for David F. Thorman, AIA
State Architect

DFT:tl

cc:
Co. Supt. of Schools
School Board
Architect/Engineer – (John Lawder)
File



STATE OF CALIFORNIA • DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT

FORM
DSA-1
Rev 5-04

APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

Please print or type all information – File in triplicate

For the: Mobile Modular Management Corporation Stockpile
(Project Name)

State Agency or School District or Owner's Agent and Mailing Address: 5700 Las Positas Road

Livermore, CA 94551

Name of Superintendent: Terry Edwards Email Address: tedwards@mobilemodularrents.co

Name of Director of Facilities: _____ Email Address: _____

Name of Applicant: Terry Edwards

(Acting for the Owner in the legal capacity of Agent Making Application for Approval of Plans and Specifications) (Please Print)

Mailing Address of Applicant: 5700 Las Positas Road, Livermore, CA 94551

Signature of Applicant: _____ Date: _____

Construction of: Stockpile for (9) 36x40 DSA approved classroom buildings
(Names of Buildings)

Reconstruction/Rehabilitation of: _____
(Names of Buildings)

Relocation of: _____
(Names of Buildings)

Alterations to: _____
(Names of Buildings)

Additions to: _____
(Names of Buildings)

Project is in the City of: Stockton County of: San Joaquin

Location: Enviroplex, Inc. 4777 E. Carpenter Road, Stockton, CA 95215
(Street address and zip code)

1. Project funded by the Office of Public School Construction (OPSC)? YES ☐ NO ☐

OPSC Appl. Number: _____ Project Tracking Number (PTN): _____

1a. Will additional funding be requested from OPSC for exceeding the minimum Title 24 energy requirements?
YES ☐ NO ☐

2. Approximate total floor area (sq. ft.): _____ 3. Design snow load: _____

DSA USE ONLY	FEE SCHEDULE	CORRECT FEE	FEE PAID	UP/OP	REFUND
AC					
SS					
DSA FILE NO.	DSA APP. NO.	DATE ASSIGNED	ESTIMATED COST		

APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS -(FORM DSA-1)

4. Plans, specifications, and related work were prepared by:

J.H. Lawder 52310 209-521-1143

Architect or Engineer in General Responsible Charge Reg. No. Telephone No.

Architect/Engineer's Email Address: john@jhlawderse.com

Firm Name and Address: J.H. Lawder, Inc.

5. If preparation of portions of the Plans and Specifications were delegated, show Name of the Architect or Registered Engineer, Firm Name, and Address:

5A. Architect Reg. No. Telephone No.

5B. Structural Engineer Reg. No. Telephone No.

5C. Mechanical Engineer Reg. No. Telephone No.

5D. Electrical Engineer Reg. No. Telephone No.

6. Observations of Construction, Reconstruction, Rehabilitation, Alteration, or Addition will be Under The General Responsible Charge of (firm name is not acceptable):

J.H. Lawder 52310 209-521-1143

Name of Architect or Registered Engineer Reg. No. Telephone No.

7. If observation of portions of the work is to be delegated, show Name of Architect or Registered Engineer so employed, with Address (firm name is not acceptable):

7A. Architect Reg. No. Telephone No.

7B. Structural Engineer Reg. No. Telephone No.

7C. Mechanical Engineer Reg. No. Telephone No.

7D. Electrical Engineer Reg. No. Telephone No.

8. Estimated Cost: \$416,509.00 9. AC Fee: \$833.02 10. SS Fee: \$2,915.56

Geo-Hazards Statement (For Existing School Sites Only)

I have reviewed the seismic safety element of the local general plan. The project is not within an Alquite-Priolo special studies zone or any area designated as geologically hazardous in the seismic safety element of the local general plan.

Signature: _____ Date: _____
(Architect or Engineer in General Responsible Charge)

Request for Waiver of Durability (For Relocatable Buildings Only)

The school district requests waiver of durability requirements for substandard foundations per IR 16-1 and acknowledges that a conditional approval is acceptable.

Signature: _____ Date: _____

☐ DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

☐ DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814

☐ DSA Los Angeles Basin Region
311 South Spring Street, #1301
Los Angeles, CA 90013

☐ DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127

Disclaimer: I certify that this form is an exact duplicate (verbatim) of the form provided by the Division of the State Architect (DSA). In the event a conflict should exist, the language in the DSA form will prevail.

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



Project Inspector
Qualification Record **DSA-5**

Rev. 3-27-03

To be completed by the Inspector. Form must be signed by Inspector, Owner, Design Professional in General Responsible Charge, and Structural Engineer. To be submitted to DSA by the Design Professional in General Responsible Charge at least 10 days prior to start of work.

1. Inspector Information

Name Gary Miller

Address 680 SHERRI WAY

City TURLOCK

State CA

Zip 95382

Phone #s (209) 669-8504

(209) 669-0727

Date of Birth 07 - 17 - 45

DSA File No.

39

DSA

Application No. 02-107401

Will the Inspector be in the
employ of the school district? ☒ Yes ☐ No
If no, indicate inspector's employer:

Type of DSA approval requested: ☐ Project Inspector ☐ Relocatable Building In-plant (RBIP) ☒ Other welding Inspector

Project Inspector Class _____ DSA Certificate # aws 0110251 Expiration Date 11/06

2. Project Information

School District/Owner

MOBILE MODULAR MANAGEMENT
RELOCS-(9)36X40 SAN MATEO

Project Name (School)

STOCKPILE

Scope of Work

Estimated Cost \$

3. Experience Record - List the three previous projects that best qualify you to perform inspection services for the project entered in item 2. For previous school projects, provide the DSA application number in the "Project Name" field.

Project Name MARY ROGERS STEWART EDUCATIONAL
CENTER STANISLAUS STATE COLLEGE, TURLOCK, CA.

Construction Cost \$

Check one: ☒ New Construction ☐ Alteration ☐ Relocatable Bldgs

Structural systems of new construction or structural alterations:

☐ Wood Shear Wall ☒ Concrete/Masonry Shear Wall ☒ Steel Frame

Job Title: ☒ Project Inspector ☐ Field Superintendent

☐ Construction Trade

☐ Other

Dates employed: FROM _____ TO _____

Employer COSOLIDATED CONSTRUCTION MGMT

Employer's Phone () _____

Project Name san jose unified school district
san jose, ca. dsa file#43-48 dsa appl.#01-106196

Construction Cost \$

Check one: ☒ New Construction ☐ Alteration ☐ Relocatable Bldgs

Structural systems of new construction or structural alterations:

☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☒ Steel Frame

Job Title: ☐ Project Inspector ☐ Field Superintendent

☐ Construction Trade

☒ Other aws welding inspector

Dates employed: FROM 2003 TO 2004

Employer Joseph renda construction services

Employer's Phone (209) 823-173

Project Name elk grove, unified school district
elk grove, ca. dsa file#34-17 dsa appl.#02-104500

Construction Cost \$

Check one: ☒ New Construction ☐ Alteration ☐ Relocatable Bldgs

Structural systems of new construction or structural alterations:

☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☒ Steel Frame

Job Title: ☐ Project Inspector ☐ Field Superintendent

☐ Construction Trade

☒ Other aws welding inspector

Dates employed: FROM 2003 TO 2004

Employer Joseph r renda construction services

Employer's Phone (209) 823-1773

IN PLANT INSPECTION

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



Project Inspector
Qualification Record **DSA-5**

8-21-02

To be completed by the Project Inspector. Form must be signed by Inspector, Owner, Design Professional in General Responsible Charge, and Structural Engineer. To be submitted by the Design Professional in General Responsible Charge at least 10 days prior to start of work.

1. Project Inspector

Name JOSEPH R. RENDA, INC.

Address P.O. BOX 1085

City MANTECA State CA Zip 95336

Phone #s (209) 470-4394

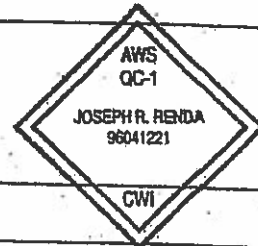
Date of Birth 01-06-42

Type of DSA approval requested: ☐ Project Inspector ☒ Relocatable Building In-plant (RBIP)

Class RBIP DSA Certificate # 2833 Expiration Date 12-31-07

DSA File No.	<u>39-0</u>
DSA Application No.	<u>02-107401</u>

Will the Inspector be in the employ of the school district? ☒ Yes ☐ No
If no, indicate Inspector's employer:



2. Project Information

School District/Owner <u>MOBILE MODULAR MANAGEMENT</u>	Project Name (School) <u>STOCK PILE</u>
Scope of Work <u>RELOCS (9) 36X40 SAN MATED</u>	Estimated Cost \$

3. Experience Record - List the three previous projects that best qualify you to perform inspection services for the project entered in item 2. For previous school projects, provide the DSA application number in the "Project Name" field.

Project Name ELK GROVE SCH. DIST.
ELLEN FEICKERT ELEM.
Appl. # 02-105686
Construction Cost \$

Job Title: ☐ Project Inspector ☐ Field Superintendent
☐ Construction Trade N/A
☐ Other

Check one: ☐ New Construction ☐ Alteration ☒ Relocatable Bldgs
Structural systems of new construction or structural alterations:
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame

Dates employed: FROM TO
Employer
Employer's Phone ()

Project Name ELK GROVE SCH. DIST.
ARNOLD ADREANI ELEM. SCH.
Appl. # 02-104500
Construction Cost \$

Job Title: ☐ Project Inspector ☐ Field Superintendent
☐ Construction Trade N/A
☐ Other

Check one: ☐ New Construction ☐ Alteration ☒ Relocatable Bldgs
Structural systems of new construction or structural alterations:
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame

Dates employed: FROM TO
Employer
Employer's Phone ()

Project Name SAN JOSE UNIF. SCH. DIST.
COMMUNITY DAY SCH.
Appl. # 01-106196
Construction Cost \$

Job Title: ☐ Project Inspector ☐ Field Superintendent
☐ Construction Trade N/A
☐ Other

Check one: ☐ New Construction ☐ Alteration ☒ Relocatable Bldgs
Structural systems of new construction or structural alterations:
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame

Dates employed: FROM TO
Employer
Employer's Phone ()

4. Inspector's Time Commitment/Workload

Specify your time commitment to this project: ☒ Full Time (40 hours per week) ☐ Part Time (less than 40 hours per week)

Will you be working concurrently on other school projects? ☐ Yes ☒ No. If yes, list each project below. Attach additional sheets if necessary.

Project Name & Location	Scope of Construction Work	DSA Application#	Completion status - %

Will you be working concurrently on non-school projects or other employment? ☐ Yes ☒ No. If yes, for each project, provide name, location, scope of construction work, your duties, and the completion status of the project in the space below. Attach additional sheets if necessary.

5. Inspector's Affidavit

I hereby certify under penalty of perjury that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this form will be sufficient cause for my immediate dismissal. If I undertake additional work, other than stated herein, I will secure prior written approval from the school district/owner, the architect and/or engineer, and Division of the State Architect.

If appointed, I will accept the responsibilities of Inspector and will perform the duties conferred upon me by Sections 17280/81130 through 17316/81147 of the Education Code, or Sections 18000 through 18023 of the Health and Safety Code. I will not accept payment or other consideration for my services from anyone other than the school district/owner.

An original signature is required

Signature

Date

6-28-05

The following affidavits must be signed by an authorized representative of the school district/owner, as well as the Design Professional in General Responsible Charge, and the Delegated Structural Engineer before this application is submitted to the Division of the State Architect for approval. The information provided on this document will be maintained in a public record file. Original signatures are required.

6. School District/Owner's Affidavit

_____ is being employed by the school/owner, conditioned upon the acceptance by the architect or registered engineer in general responsible charge, and the approval by the Division of the State Architect (DSA), to provide competent, adequate and continuous inspection during construction of this project. I understand that the inspector will act under the direction of the architect or registered engineer in general responsible charge, and DSA. The inspector shall also be responsible to the Owner.

Title of school district/owner's representative completing this affidavit _____

Signature _____

Print Name _____

Date _____

7. Affidavit of Design Professional in General Responsible Charge

I find _____ to be suitably qualified and satisfactory to perform inspection on this project.

My assessment is based on (check one): ☐ Interview (date _____) OR ☒ Prior professional relationship

Signature _____

Print Name _____

Date _____

8. Affidavit of Structural Engineer

I find _____ to be suitably qualified and satisfactory to perform inspection on this project.

My assessment is based on (check one): ☐ Interview (date _____) OR ☐ Prior professional relationship

Signature _____

Print Name _____

Date _____

The design professional in general responsible charge must submit this completed form to the DSA office where the project was filed.

Approval by Division of the State Architect	Signature of Field Engineer _____
	Print Name _____ Date _____



STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT

FORM

DSA-102

Rev. 9-02

CONTRACT INFORMATION

File prior to start of construction
Submit information for each contract on a separate form.

File # 39-0

App.# 02-107401

Project Name Mobile Modular Mgmt. Corp.

District / Owner Mobile Modular Mgmt. Corp.

Contract Amount \$ 416509.00

Start of Construction (Date) 5-24-05

Contractor & Address Enviroplex, Inc. 4777 E. Carpenter Rd. Stockton, CA 95215

Subcontractors: (Attach list with names and addresses.)

Testing Laboratory & Address

LEA #:

Exp. Date:

I have verified that the lab is employed directly by the
School District per Section 4-335 (b) of Title 24, Part 1: ☐

Inspector & Address JH Lawder, Inc. P.O. ABox 3206 Modesto, CA 95353

Scope of Contract: (List buildings. In addition, complete items 1 through 4 below)

(9) 36 x 40

1. Alternates included in this contract are: (Complete bid form showing cost is acceptable in lieu of detailed description hereon.)

2. Buildings and other portions of the work SHOWN on the approved plans and specifications but NOT INCLUDED in this contract are:

3. Buildings and other portions of the work NOT SHOWN on the approved plans and specifications but INCLUDED in this contract are:
(Describe. If necessary, please use the reverse of this form.)

4. Buildings and other portions of the work SHOWN ON OTHER applications and INCLUDED in this contract:
(Describe. If necessary, please use the reverse of this form.)

Signature (Architect or Engineer in General Responsible Charge of Observation of Work)

John H. Lawder

Forward to (Choose one):

☐ DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

☐ DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814

☐ DSA Los Angeles Basin Region
311 South Spring Street, #1301
Los Angeles, CA 90013

☐ DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127

NOTE: Approval of an inspector shall be secured at least 10 days prior to start of construction.

Disclaimer: I certify that this form is an exact duplicate (verbatim) of the form provided by the Division of the State Architect (DSA). In the event a conflict should exist, the language in the DSA form will prevail.

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



VERIFIED
REPORT **DSA-6**

Rev. 1-02

Both the Contractor and the Inspector must submit a separate copy of this form directly to DSA. File this report at completion of project, when services in connection with the project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes:	<input checked="" type="checkbox"/> Final - Work 100% complete <input type="checkbox"/> Work not completed (indicate at "*" below) <input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Terminating <input type="checkbox"/> Work Stopped	DSA File No. 39-0 DSA Application No. 02-107401
This report includes all construction work through the date of: <u>6</u> month <u>30</u> day <u>2005</u> year			
School District/Owner Mobile Modular Management Corp		Project Name (School) Stockpile	
Scope of Work (8) 36x40 Classroom Buildings		Contract Amount \$ 362,837.00	
INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work		Fire Alarm System	
Foundation		Fire Sprinklers & Suppression Systems	
Structural Frame		Access, Gates & Fire Flow	
Electrical (including grounding systems)		Accessible Parking	
Plumbing		Ramps/Elevators/Lifts	
Mechanical		Accessible Restrooms	
Finishes		Accessibility Signage	
Total Project Completion (estimate total percentage of completion for projects where work is not complete):			100
*List work to be completed (attach additional pages as necessary):			
Serial No. 7844 - 7867			
Total Number of Change Orders at Close of Project:			0
This section to be completed by Project Inspector or Contractor: I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.			
Signature <u><i>Joe Sublett</i></u>		Print Name Joe Sublett	
Title President		Date 7-22-05	
<small>(Inspector, Assistant Inspector, Contractor, School District/Owner)</small>			
Business Address 4777 E. Carpenter Road			
City Stockton		State CA	Zip 95215
Contractor or representative of district performing own work must also complete the following: I am an authorized official of _____ <small>(Contracting Firm, Corporation, or School District performing work)</small> working in the capacity of _____ <small>(Owner, Partner, President, Vice-president, Superintendent)</small> with personal knowledge of the work of construction. I have been authorized by said firm or corporation to sign this report.			
Submit completed form to the DSA Regional Office where this project was filed: <input type="checkbox"/> DSA San Francisco Bay Area Region 1515 Clay Street, Suite 1201 Oakland, CA 94612			
<input type="checkbox"/> DSA Sacramento Region 1102 Q Street, Suite 5200 Sacramento, CA 95814		<input type="checkbox"/> DSA Los Angeles Basin Region 311 S. Spring Street, Suite 1301 Los Angeles, CA 90013	
<input type="checkbox"/> DSA San Diego Region 16680 West Bernardo Drive San Diego, CA 92127			



Both the Contractor and the Inspector must submit a separate copy of this form directly to DSA. File this report at completion of project, when services in connection with the project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes:	<input checked="" type="checkbox"/> Final - Work 100% complete <input type="checkbox"/> Work not completed (indicate at "*" below) <input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Terminating <input type="checkbox"/> Work Stopped	DSA File No. 39-0 DSA Application No. 02-107401
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This report includes all construction work through the date of: 08 month 16 day 2005 year

School District/Owner Mobile Modular Management Corp	Project Name (School) Point Arena Charter
---	--

Scope of Work (1) 36x40 Classroom Buildings	Contract Amount \$ 53,672.00
--	-------------------------------------

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work		Fire Alarm System	
Foundation		Fire Sprinklers & Suppression Systems	
Structural Frame		Access, Gates & Fire Flow	
Electrical (including grounding systems)		Accessible Parking	
Plumbing		Ramps/Elevators/Lifts	
Mechanical		Accessible Restrooms	
Finishes		Accessibility Signage	

Total Project Completion (estimate total percentage of completion for projects where work is not complete): 100

*List work to be completed (attach additional pages as necessary):

Serial No. 7925 - 7927

Total Number of Change Orders at Close of Project: 0

This section to be completed by Project Inspector or Contractor:

I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature *Joe Sublett* Print Name Joe Sublett Date 8-17-05
 Title President (Inspector, Assistant Inspector, Contractor, School District/Owner)

Business Address 4777 E. Carpenter Road
 City Stockton State CA Zip 95215

Contractor or representative of district performing own work must also complete the following:

I am an authorized official of _____ (Contracting Firm, Corporation, or School District performing work)

working in the capacity of _____ (Owner, Partner, President, Vice-president, Superintendent)

with personal knowledge of the work of construction. I have been authorized by said firm or corporation to sign this report.

Submit completed form to the DSA Regional Office where this project was filed:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612 | <input type="checkbox"/> DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814 | <input type="checkbox"/> DSA Los Angeles Basin Region
311 S. Spring Street, Suite 1301
Los Angeles, CA 90013 | <input type="checkbox"/> DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127 |
|---|---|--|---|

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



VERIFIED DSA-6
REPORT

Both the Contractor and the Inspector must submit a separate copy of this form directly to DSA. File this report at completion of project, when services in connection with the project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes:
☒ Final - Work 100% complete
☐ Work not completed (Indicate at "*" below)
☐ Building(s) _____ occupied
☐ Terminating
☐ Work Stopped

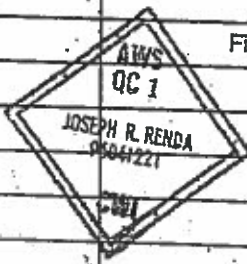
DSA File No. 39-0
 DSA Application No. 02-107401

This report includes all construction work through the date of: JUNE month 28th day 2005 year

School District/Owner MOBILE MOBILE MANAGEMENT
 Scope of Work RELOC - (9) 36'x40' Bldg

Project Name (School) STOCKPILE
 Contract Amount \$ _____

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work		Fire Alarm System	
Foundation		Fire Sprinklers & Suppression Systems	
Structural Frame		Access, Gates & Fire Flow	
Electrical (including grounding systems)		Accessible Parking	
Plumbing		Ramps/Elevators/Lifts	
Mechanical		Accessible Restrooms	
Finishes		Accessibility Signage	



Total Project Completion (estimate total percentage of completion for projects where work is not complete): **100%**

* List work to be completed (attach additional pages as necessary): Shop welding and fabrication are 100% complete per approved job plans, shop drawings, shop report and all applicable codes. I have used all means that I deemed necessary to determine the quality of the welds. Shop welding is visually acceptable.

I.D. No(s): 7844 HW 7867 & 7925 HW 7927

Total Number of Change Orders at Close of Project: **None**

This section to be completed by Project Inspector or Contractor:

I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature [Signature] Print Name Joseph R. Renda Date 6-28-05

Title In-Plant Inspector (Inspector, Assistant Inspector, Contractor, School District/Owner)

Business Address 1110 Chianti Lane / P.O. Box 1085 95336-1141

City Manteca State CA Zip 95337

Contractor or representative of district performing own work must also complete the following:

I am an authorized official of _____ (Contracting Firm, Corporation, or School District performing work)

working in the capacity of _____ (Owner, Partner, President, Vice-president, Superintendent)

with personal knowledge of the work of construction. I have been authorized by said firm or corporation to sign this report.

Submit completed form to the DSA Regional Office where this project was filed:

- ☐ DSA San Francisco Bay Area Region
 1515 Clay Street, Suite 1201
 Oakland, CA 94612
- ☐ DSA Sacramento Region
 1225 R Street
 Sacramento, CA 95814
- ☐ DSA Los Angeles Basin Region
 311 S. Spring Street, Suite 1301
 Los Angeles, CA 90013
- ☐ DSA San Diego Region
 16680 West Bernardo Drive
 San Diego, CA 92127



Both the Contractor and the Inspector must submit a separate copy of this form directly to DSA. File this report at completion of project, when services in connection with the project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes:	<input checked="" type="checkbox"/> Final - Work 100% complete <input type="checkbox"/> Work not completed (Indicate at "*" below) <input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Terminating <input type="checkbox"/> Work Stopped	DSA File No. <u>39</u> DSA Application No. <u>02-107401</u>
This report includes all construction work through the date of: <u>MAY</u> month <u>25TH</u> day <u>2005</u> year			
School District/Owner <u>Mobile modular</u>		Project Name (School) <u>Stockpile</u>	
Scope of Work <u>Reloc. (9) 36X40 San Mateo</u>		Contract Amount \$ _____	
INDICATE IN EACH APPLICABLE CATEGORY		INDICATE IN EACH APPLICABLE CATEGORY	
Site work	%	Fire Alarm System	%
Foundation	%	Fire Sprinklers & Suppression Systems	%
Structural Frame	%	Access, Gates & Fire Flow	%
Electrical (including grounding systems)	%	Accessible Parking	%
Plumbing	%	Ramps/Elevators/Lifts	%
Mechanical	%	Accessible Restrooms	%
Finishes	%	Accessibility Signage	%
Total Project Completion (estimate total percentage of completion for projects where work is not complete):			100

* List work to be completed (attach additional pages as necessary): Shop welding inspection performed during fabrication of structural steel frames at the Enviroplex facility. Upon completion, all welding found to meet requirements of the approved plans and specifications. Welding is visually acceptable.

7844 thru 7867 and 7925 thru 7926-27

Total Number of Change Orders at Close of Project: 0

This section to be completed by Project Inspector or Contractor:

I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature Gary Miller Print Name Gary Miller Date 6-27-05
 Title In-Plant Welding Inspector (Inspector, Assistant Inspector, Contractor, School District/Owner)
 Business Address 680 Sherri Way
 City Turlock State CA Zip 95382

Contractor or representative of district performing own work must also complete the following:

I am an authorized official of _____ (Contracting Firm, Corporation, or School District performing work)
 working in the capacity of _____ (Owner, Partner, President, Vice-president, Superintendent)
 with personal knowledge of the work of construction. I have been authorized by said firm or corporation to sign this report.

Submit completed form to the DSA Regional Office where this project was filed:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612 | <input type="checkbox"/> DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814 | <input type="checkbox"/> DSA Los Angeles Basin Region
311 S. Spring Street, Suite 1301
Los Angeles, CA 90013 | <input type="checkbox"/> DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127 |
|---|---|--|---|

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



VERIFIED
REPORT **DSA-6A/E**

Rev. 1-02

To be filed by the design professional in general responsible charge at completion of project, when services in connection with project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes:	<input checked="" type="checkbox"/> Final - Work 100% complete	<input type="checkbox"/> Terminating	DSA File No.
	<input type="checkbox"/> Work not completed (indicate at "*" below)		DSA Application No. 02-107401
	<input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Work Stopped	

This report includes all construction work through the date of: _____ month _____ day _____ year

School District/Owner Mobile Modular Management	Project Name (School) S/N: 7844 thru 7867
--	--

Scope of Work Relocatable Classroom Building	Contract Amount \$
---	--------------------

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work		Fire Alarm System	
Foundation		Fire Sprinklers & Suppression Systems	
Structural Frame	100	Access, Gates & Fire Flow	
Electrical (including grounding systems)	100	Accessible Parking	
Plumbing	100	Ramps/Elevators/Lifts	
Mechanical	100	Accessible Restrooms	
Finishes	100	Accessibility Signage	100

Total Project Completion (estimate total percentage of completion for projects where work is not complete):	100
---	-----

*List work to be completed (attach additional pages as necessary):

A 36x40 unit is comprised of three 12x40 modules. All are complete and ready for shipping.

Total Number of Change Orders at Close of Project:

AFFIDAVIT OF RESPONSIBLE PARTIES

Original signatures are required

I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Design Professional in general responsible charge for observation of the work

Signature John H. Lawder Print Name **John H. Lawder** Date 9-14-05
Address **PO Box 3206** City **Modesto** State **CA** Zip **95353**

Structural Engineer delegated responsibility for observation of the work

Signature _____ Print Name _____ Date _____
Address _____ City _____ State **CA** Zip _____

Mechanical Engineer delegated responsibility for observation of the work

Signature _____ Print Name _____ Date _____
Address _____ City _____ State **CA** Zip _____

Electrical Engineer delegated responsibility for observation of the work

Signature _____ Print Name _____ Date _____
Address _____ City _____ State **CA** Zip _____

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



VERIFIED
REPORT **DSA-6A/E**

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Check all applicable boxes:	<input checked="" type="checkbox"/> Final - Work 100% complete <input type="checkbox"/> Work not completed (indicate at "*" below) <input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Terminating <input type="checkbox"/> Work Stopped	DSA File No. _____ DSA Application No. 02-107401
This report includes all construction work through the date of: _____ month _____ day _____ year			
School District/Owner Mobile Modular Management		Project Name (School) S/N: 7925 thru 7927	
Scope of Work Relocatable Classroom Building		Contract Amount \$ _____	

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work		Fire Alarm System	
Foundation		Fire Sprinklers & Suppression Systems	
Structural Frame	100	Access, Gates & Fire Flow	
Electrical (including grounding systems)	100	Accessible Parking	
Plumbing	100	Ramps/Elevators/Lifts	100
Mechanical	100	Accessible Restrooms	
Finishes	100	Accessibility Signage	100
Total Project Completion (estimate total percentage of completion for projects where work is not complete):			100

*List work to be completed (attach additional pages as necessary):

A 36x40 unit is comprised of three 12x40 modules. All are complete and ready for shipping.

Total Number of Change Orders at Close of Project:

AFFIDAVIT OF RESPONSIBLE PARTIES *Original signatures are required*

I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Design Professional in general responsible charge for observation of the work			
Signature <u><i>John H. Lawder</i></u>	Print Name John H. Lawder	Date <u>9-14-05</u>	
Address PO Box 3206	City Modesto	State CA	Zip 95353

Structural Engineer delegated responsibility for observation of the work			
Signature _____	Print Name _____	Date _____	
Address _____	City _____	State CA	Zip _____

Mechanical Engineer delegated responsibility for observation of the work			
Signature _____	Print Name _____	Date _____	
Address _____	City _____	State CA	Zip _____

Electrical Engineer delegated responsibility for observation of the work			
Signature _____	Print Name _____	Date _____	
Address _____	City _____	State CA	Zip _____