Appendix F
Moisture Testing

☐ Pleasanton (925) 485-5000
☐ Consulting (510) 436-7626
☐ Oakland (510) 436-7626
☐ Geotechnical (925) 485-5000

CONSOLIDATED ENGINEERING
LABORATORIES
"Partners in Quality"

☐ Hawaii (808) 845-5116
☐ Sacramento (916) 568-6700
☐ Salt Lake City (801) 972-8200
☐ Windsor (707) 838-1113

B007 Rev. 1

Date: Jan 15 10 **Project Number:** 6003008

Day: Fri #_____of_____

Permit / Application #: _____

Inspector's Name: (Print) Charles Anger

Job Name:(Required) B.O.E. Bldg 21st fl

Shop Name: _____

Job/Shop Address:(Required) 450 N st Sacto

Equipment Pick-up: ☑ YES ○ NO **Lab Site:** Sacto

Type of Equipment: Sacto Pick-up Time: ____:____ AM/PM

Travel Time to Lab to pick-up equip.: _____ Mileage to Lab to pick-up equip.: _____

Travel Time to Job-site: _____ **Mileage to Job-site:** _____

○ From Home ○ From Lab ○ Other ○ From Home ○ From Lab ○ Other

Time Start: 10:00 AM/PM Lunch Start: 12:01 Lunch Stop: 12:30 Time Stop: ____:____ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Task	Code	Accounting Use only	Description	Actual Hours Worked	Accounting Use only	Accounting Use only
			Moisture Kit Placement	4		

Equipment Drop-off: ○ YES ☑ NO Drop-off Time: ____:____ AM/PM **Lab Site:** _____

If Yes: Travel time to Lab drop-off equip.: _____ Mileage to Lab to drop-off equip.: _____

Reimbursable Expenses: (Attach Receipts)Parking: $ _____ Tolls: $ _____ **Subsistence:** YES/NO

Is this the last job of the day? ☑ YES ○ NO **Notified Dispatch?** ☑ YES ○ NO

Travel Time to Home: _____ **Mileage to Home:** _____

Remarks: _____

Inspector's Signature: Charles A

Verification Signature: M

Print Name/Company: _____

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ACCOUNTING USE ONLY

Round-trip Mileage		Travel to Job-site:		Mileage from Home:	
In-Between Mileage		Travel to Home:		Mileage to Home:	
Total Mileage		Sub-Total of Travel Time:		Sub-total Round-trip Mileage:	
		Deductible Travel Time:		Deductible Mileage:	
		Payable Travel Time:		Reimbursable Mileage:	

Rev. 11/04

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CONSOLIDATED ENGINEERING
LABORATORIES

CEL FR037, Rev. 0

MOISTURE EMISSION TESTING

Project: BOE Bldg - 21st fl
CEL Job # 6003008
Project Address: 450 N St, Sacramento
Date: Jan 15 10 / Jan
Inspector: Charles Anger
Actual Hours:

Reported to: Mark Fragoso (916) 759-0677 at Lecroix-Davis LLC

Test Location	Start Weight, Grams	Test Time, Hours	End Weight, Grams	Moisture Gain, Grams	Moisture Emission, Lbs. per 1000 sq. ft., 24 hours
cubical #1	32.2	70	33.6	1.4	2.17
cube # 5	32.2	70	33.4	1.1	1.71
cube # 9	32.3	69.75	33.7	1.4	2.18
cube # 16	32.3	69.75	33.6	1.3	2.03
cube # 15	32.2	69.5	33.0	0.8	1.25
cube # 33	32.6	69.25	33.9	1.3	2.04
cube # 35	32.3	68.5	33.6	1.3	2.06
cube # 59	32.3	68.25	33.7	1.4	2.23
cube # 61	32.3	68	33.8	1.5	2.40
cube # 67	32.3	68	34.2	1.9	3.04
cube # 82	32.4	68	34.2	1.8	2.88
cube # 79	32.2	68	34.3	2.1	3.36
cube # 103	32.3	68	33.9	1.6	2.56
cube # 99.01	32.3	68	34.0	1.7	2.72

Control Group

Comments: 77°F @ 10^45 AM on Jan 15 2010, 74°F @ 8^30 AM on Jan 18 2010

CONSOLIDATED ENGINEERING
LABORATORIES

CEL FR037, Rev. 0

MOISTURE EMISSION TESTING

Project: BOE Bldg - 21st fl
Project Address: 450 N st, Sacramento
Inspector: Charles Anger

CEL Job # 6003008
Date: Jan 15 10 / Jan
Actual Hours:

Reported to: Mark Fragoso (916) 759-0677 at

Test Location	Start Weight, Grams	Test Time, Hours	End Weight, Grams	Moisture Gain, Grams	Moisture Emission, Lbs. per 1000 sq. ft., 24 hours
cube # 116	32.3	68	34.2	1.9	3.04
cube # 123	32.5	67.75	34.3	1.8	2.89
cube # 96	32.2	67.75	33.9	1.7	2.73
cube # 91	32.3	67.75	34.1	1.8	2.89
cube # 88.5	32.3	67.75	34.2	1.9	3.05
cube # 84.04	32.3	67.75	34.3	2.0	3.21
col. L.5/22	32.6	67.5	34.2	1.6	2.58
Mens Rest Room	32.5	67.5	33.6	1.1	1.77
Electrical Room	32.5	67.5	33.6	1.1	1.77
Room 2117	32.4	67.5	34.2	1.8	2.90

Comments: temperature on 21st fl @ start of 1-15-2010 77°f.

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B007 Rev. 1

Date: Jan 18 2010 **Project Number:** 6003008

Day: Mon **#**____ **of**____

Permit / Application #: ____

Inspector's Name: (Print) Charles Anger

Job Name:(Required) B.O.E. Building 21st FL

Shop Name: ____

Job/Shop Address:(Required) 450 N st, Sacramento

Equipment Pick-up: ○ YES ● NO **Lab Site:** ____

Type of Equipment: ____ Pick-up Time: ____:____ AM/PM

Travel Time to Lab to pick-up equip.: ____ Mileage to Lab to pick-up equip.: ____

Travel Time to Job-site: ____ **Mileage to Job-site:** ____

● From Home ○ From Lab ○ Other ○ From Home ○ From Lab ○ Other

Time Start: 8 : 30 AM/PM Lunch Start:____:____ Lunch Stop:____:____ Time Stop:____:____ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Task	Code	Accounting Use only	Description	Actual Hours Worked	Accounting Use only	Accounting Use only
07054			Mositure Emission Kits	1.5		

Equipment Drop-off: ○ YES ○ NO Drop-off Time: ____:____ AM/PM **Lab Site:** ____

If Yes: Travel time to Lab drop-off equip.: ____ Mileage to Lab to drop-off equip.:____

Reimbursable Expenses: (Attach Receipts)Parking: $ ____ Tolls: $ ____ **Subsistence:** YES/NO

Is this the last job of the day? ○ YES ○ NO **Notified Dispatch?** ○ YES ○ NO

Travel Time to Home: ____ **Mileage to Home:** ____

Remarks: ____

Inspector's Signature: Chas Ang

Verification Signature: MC

Print Name/Company: ____

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ACCOUNTING USE ONLY

Round-trip Mileage		Travel to Job-site:		Mileage from Home:	
In-Between Mileage		Travel to Home:		Mileage to Home:	
Total Mileage		Sub-Total of Travel Time:		Sub-total Round-trip Mileage:	
		Deductible Travel Time:		Deductible Mileage:	
		Payable Travel Time:		Reimbursable Mileage:	

Rev. 11/04

CLIENT

KEYED SHEET NOTES

1

kkg;gkf;fkg;fk

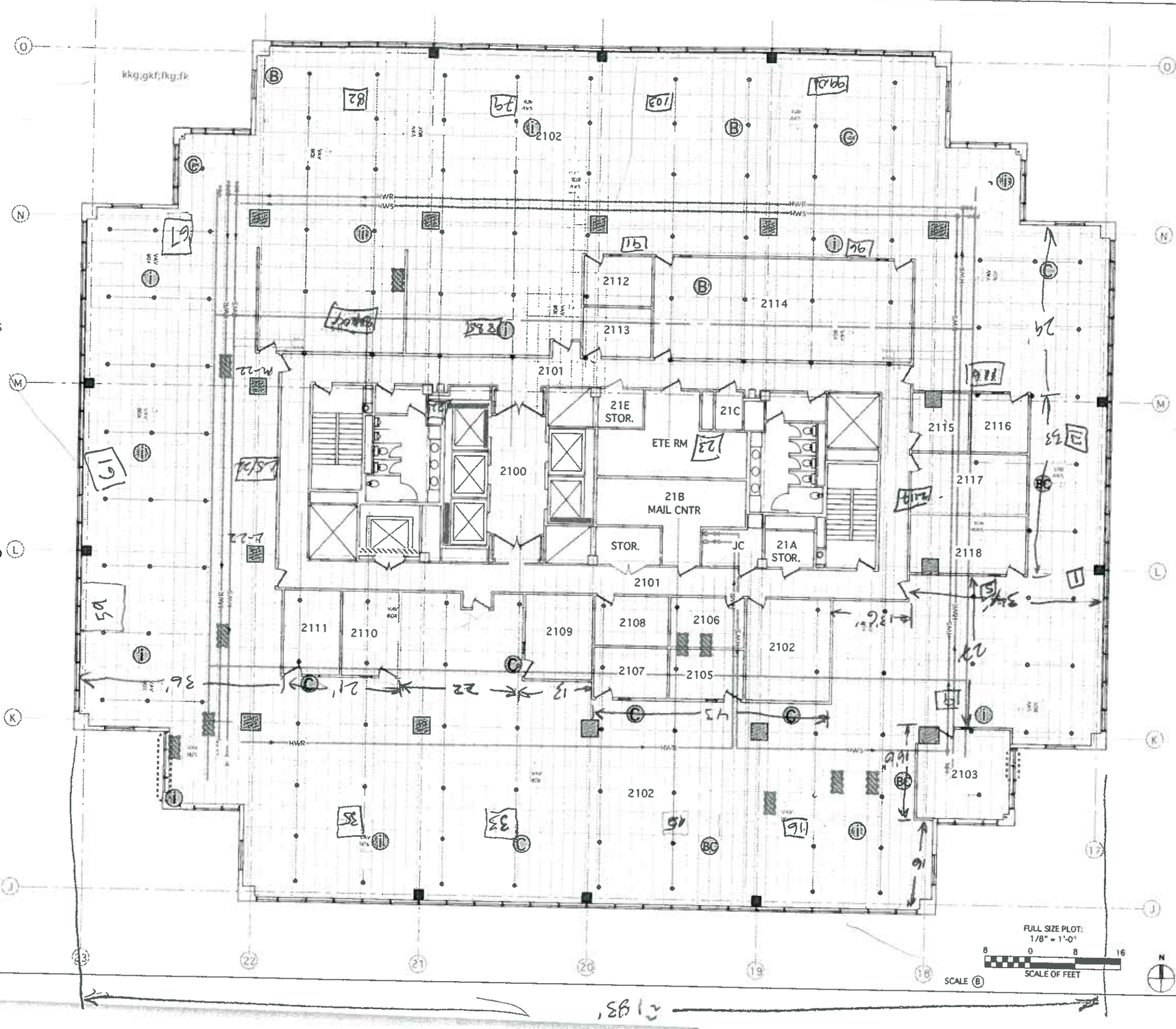
Locations of moisture test

GENERAL NOTES

1. LCD INSPECTION LOCATIONS ARE APPROXIMATE.
2. THE LOCATIONS OF VAVS (TERMINAL UNITS) IS APPROXIMATE.

LEGEND

- ACTIVE WATER LEAK
- CURRENT WATER STAINED SURFACE
- HISTORIC WATER LEAK/ STAINED SURFACE
- CURRENT MOLD GROWTH
- HISTORIC MOLD GROWTH
- CURRENT WATER ON FLOOR
- HISTORIC WATER ON FLOOR
- DESTRUCTIVE TESTING LOCATION (HISTORIC)
- 325 ROOM NUMBER
- LCD INSP. LOCATION NO FINDINGS
- (A) LCD INSP. LOCATION ACTIVE LEAK
- (B) LCD INSP. LOCATION WATER STAIN
- (C) LCD INSP. LOCATION OTHER NOTATION SEE WDA SUMM.
- (BC) LCD INSP. LOCATION WITH MULTIPLE FINDINGS "A", "B", OR "C" AS INDICATED



PRIME CONSULTANT

LaCroix Davis

REVISIONS

NO.	DATE	NOTES
	11/20/08	DRAFT
	12/14/08	FIELD EDITS
	12/17/08	FIELD EDITS
	2/3/09	FIELD EDITS
	2/11/09	FIELD EDITS
	2/21/09	FINAL EDITS

CLIENT
STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES
(DGS NO. 125828)
(AGMT. NO. 3126150)

PROJECT LOCATION
BOARD OF EQUALIZATION BUILDING
450 N STREET
SACRAMENTO, CA. 95814

PROJECT
STATE OF CALIFORNIA, DGS
BOE ASSESSMENT
(LCD NO. 2372-572)

DESCRIPTION
WATER DAMAGE SURVEY

LOCATION
21ST FLOOR

SHT NO. 21

SHT NAME A21

LaCroix Davis LLC
Building & Environmental Forensics

Project #: BOE

Consultant: MJF

Date: 1/15/10

Address: 450 N. Street 21st Floor

ASTM 1869 moisture Test

Start at

- Control test 3 kits per 1000 sq. ft.

1	158-159	Cubical #1	sample 1
2	160-161	" #5	sample 2
3	162-163	" #9	" 3

- Test Locations

		Cubical #	Sample
4	164-165	16	sample 4
5	169-170	15	5
6	171-172	33	6
7	173	35	7
8	174	59	8
9	175	61	9
10	177	67	10
11	178	82	11
12	179	74	12
13	180	103	13
14	181	99.01	14
15	182	116	15
16	183	123	16
17	184	outside 96	17
18	185	outside 91	18
19	186	outside 88.5	19
20	187	84.04	20
21	188-189	L.S/22	21
22	190-191	Mens Restroom	22
23	192-193	Elec & Tel Equip Room	23
24	194-195	Conf Room 2117	24

Note; Mastic was removed day of test. No chemicals used.

Note: 166-168 Conf Room 2117

Page _____ of _____