

FELTENGROUP

ARCHITECTURE | ENGINEERING | FORENSICS

November 8, 2021

Lokal Homes
8310 S. Valley Highway, Suite 115
Englewood, CO 80120

Attn: David Wolf

Re: Sorrel Ranch Fil 3- Block 2 Building 50
23648 (A-E) E. Ida Drive

As requested, the following observations were performed at the referenced lot at the dates indicated below. As per our observation, it is our opinion that the observed portions of the foundation system were found to be in general conformance with the foundation plan and requirements of the soil report for the subject site. Observations were conducted on a periodic, on-call basis.

Date:	Observation:
August 31, 2021	Footing (bottom of wall steps, reinforcement, forms and void)
September 9, 2021	Foundation Wall Reinforcement and UFER
September 13, 2021	Stripped Wall Inspection

An electrode is located within and near the bottom of the foundation or footing that is in direct contact with the earth consisting of at least (20ft) of one or more bare or zinc galvanized or other electrically conductive steel reinforcing bars or rods of not less than (1/2") in diameter. Reinforcing bars are bonded together by steel tie wires or other effective means and stubbed out for conductor bonding. UFER installed and located in unit 2, 17' NW of the SE corner.

Sincerely,

Felten Group, Inc.



Foundation Wall Drain/ Void/Dampproofing Inspection



CLIENT: Lokal Homes
PO # 520-008304
 FIELD REPRESENTATIVE: A. Hansher
 DATE OF OBSERVATION: 9/16/2021 TIME: 7:00
 WEATHER CONDITIONS: Clear 60's

PROJECT NO: DW 49711.900F-305
 SUBDIVISION Sorrel Ranch FILING: 3
 ADDRESS: 23648 E. Ida Pl
 LOT: Unit B BLOCK: Rldg 50

Recommended Foundation System

SOILS REPORT BY: CTL Thompson
 PROJECT NO: DW 49,711-120-R1
 DATED: Dec. 4, 2019

- SPREAD FOOTINGS
- FOOTINGS WITH MINIMUM DEADLOAD
- DRILLED PIERS
- OTHER _____

Foundation Void

- REQUIRED THICKNESS 4 INCHES
- MEASURED THICKNESS 4 INCHES

Installed Drain System

- EXTERIOR INTERIOR
- SLAB ON GRADE STRUCTURAL FLOOR
- FIG. 5 WALL HEIGHT 48 INCHES
- TOP OF WALL TO BOTTOM OF TRENCH 60-79 INCHES
- PIPE INSTALLED, DIAMETER (INCHES) 4 (socket)
- GRAVEL INSTALLED, GRAVEL SIZE _____
- FOOTING BLOCKOUTS SIZE/SPACING (VOID) _____
- WINDOW WELL DRAIN INSTALLED (▲ INDICATES LOCATION)
- WINDOW WELLS CONNECTED TO DRAIN
- UNDERSLAB GRAVEL LAYER

Type of Outlet

- GRAVITY, BELOW SEWER SUMP PIT DAYLIGHT
- UNDERDRAIN SERVICE CONNECTION VISIBLE (AT STREET STUB)
- UNDERDRAIN SERVICE LINE CONNECTED TO FOUNDATION DRAIN

Foundation Void:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

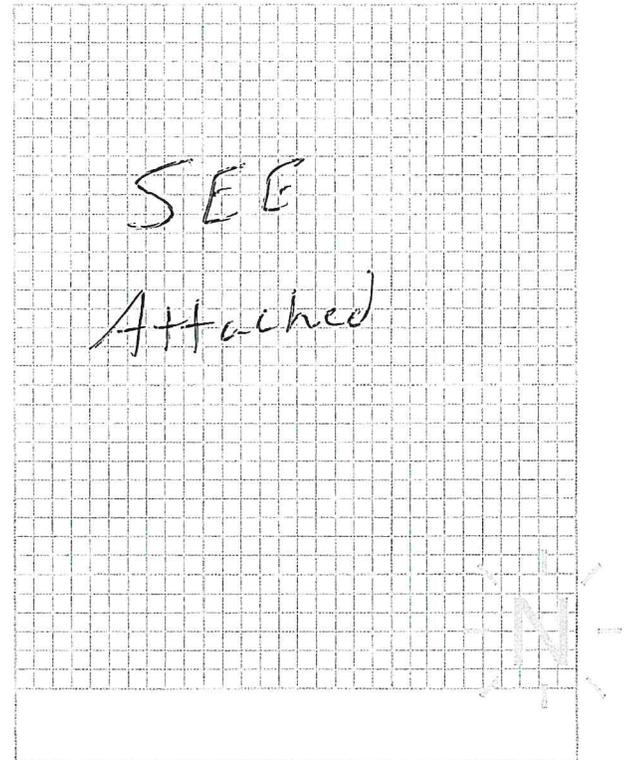
Foundation Wall Drain:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Dampproofing:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

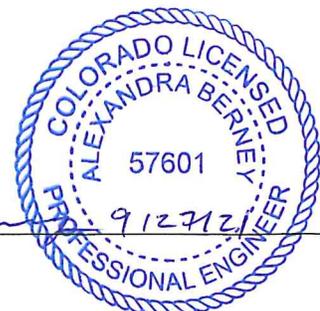
Foundation Wall Layout



* INDICATES SURFACE PROBLEMS (HONEYCOMBING, EXPOSED STEEL, ETC.)

Remarks: _____

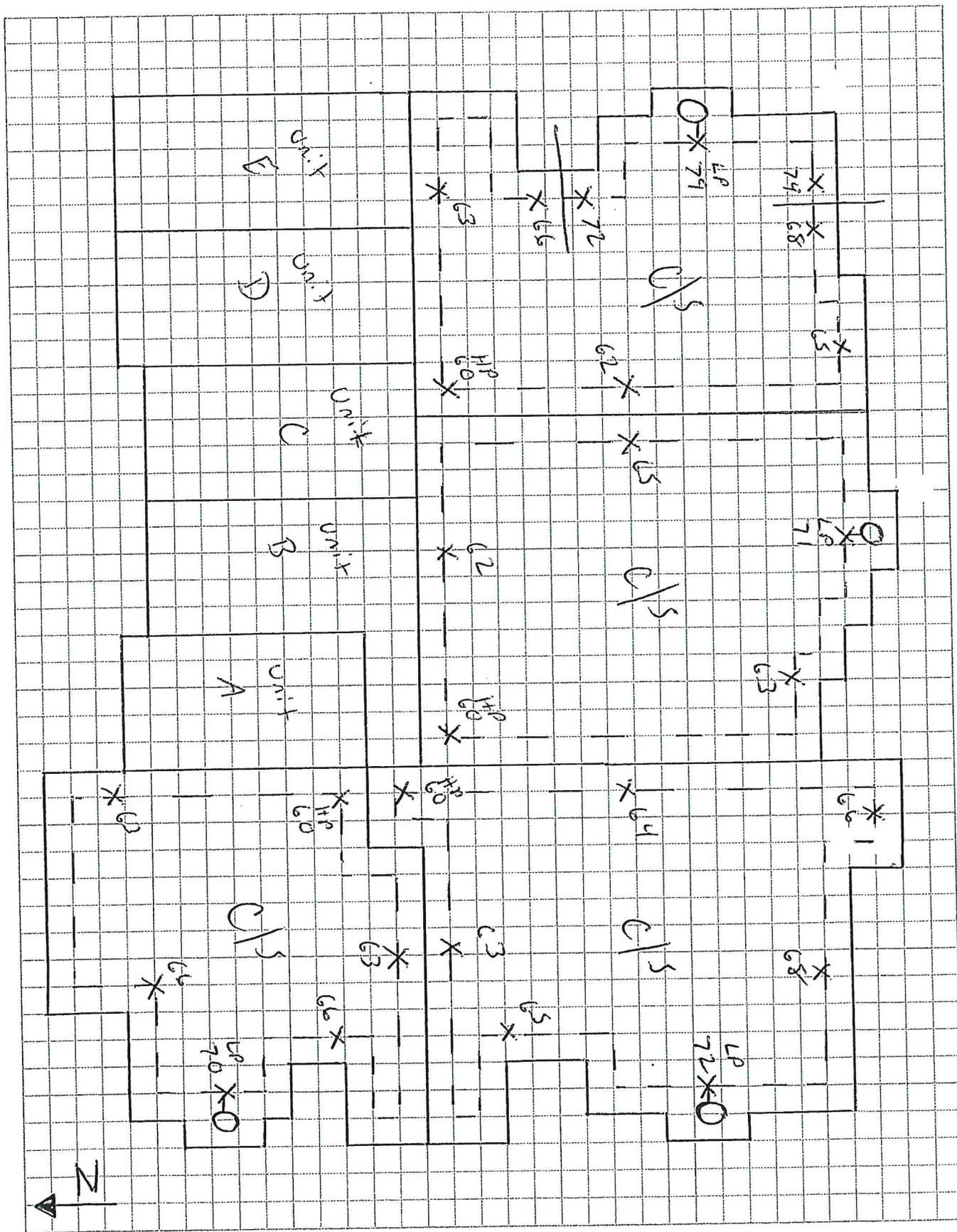
Alexandra Berney
 REVIEWED BY



SUBJECT: _____

PROJECT NO.: DJ49711.900F DATE: 9/16/2021

BY: A. Hansher PAGE 2 OF 2



Excavation/Footing Observation

CLIENT: Local
PO# 520 - 008302
 FIELD REPRESENTATIVE: K Powell
 DATE OF OBSERVATION: 7/19/21 TIME: 2:00
 WEATHER CONDITIONS: Sunny

PROJECT NO: DN49711 000F - 305
 SUBDIVISION: Sorrell Ranch FILING: 3
 ADDRESS: 23048 E Ida Drive Unit B
 Lot: Bldg 50 BLOCK: Lot 2

Recommended Foundation System

SOILS REPORT BY: CTL
 PROJECT NO: DN49711 - 120 - R1
 DATED: 12/4/2019 & 1/2/2020

- SPREAD FOOTINGS
 MAXIMUM SOIL PRESSURE OF _____ PSF.
 MINIMUM WIDTH _____ INCHES
- FOOTINGS WITH MINIMUM DEADLOAD
 MAXIMUM SOIL PRESSURE OF 3,000 PSF.
 MINIMUM DEADLOAD PRESSURE OF 1,000 PSF.
 PROVIDE A 4 INCH VOID BENEATH GRADE BEAMS
 MINIMUM WIDTH 14 18 x 18 pads INCHES

Foundation Plan

BY: _____
 PLAN NO: _____ DATED: _____

WALL FOOTING WIDTH PER PLAN YES NO
 COLUMN PAD PER PLAN YES NO

REINFORCEMENT AS PER PLAN:
 YES NO NONE REQUIRED
 AT SITE INSTALLED

Soil Conditions At Footing Level

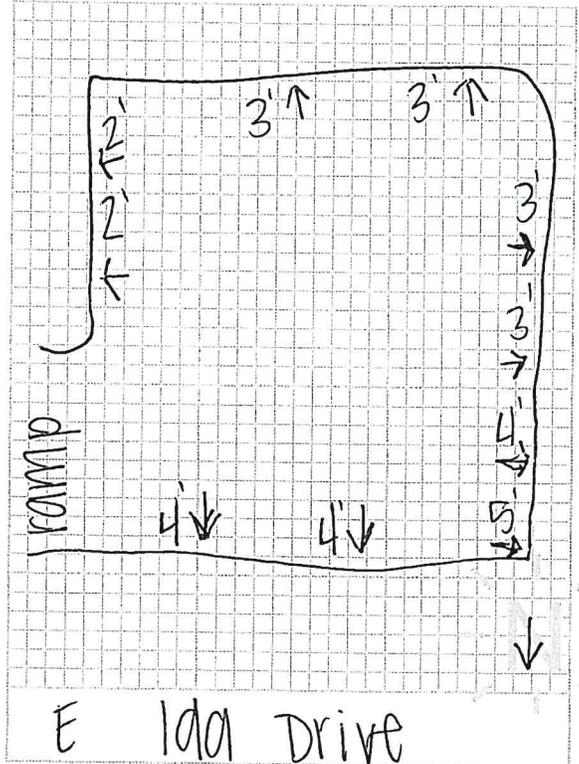
UPPER LEVEL _____
 LOWER LEVEL Fill, clay, sandy, brown

Ground Water Conditions

NONE IN EXCAVATION
 NONE ENCOUNTERED IN BORING NO. _____ TO _____ FEET
 ENCOUNTERED AT 15 FEET IN BORING NO. TH-50

Remarks _____

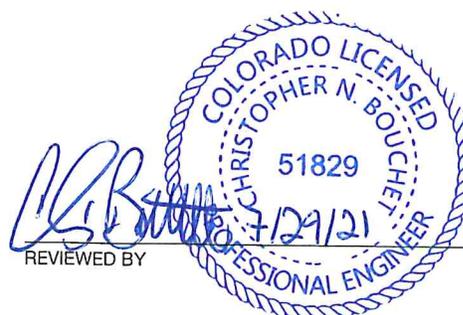
Foundation Layout



▲ INDICATES APPROXIMATE DEPTH/WIDTH MEASUREMENT LOCATION

Summary Of Observations

- FOOTING IN GENERAL CONFORMANCE WITH PLAN
 FOOTING REJECTED; ADDITIONAL OBSERVATION REQUIRED
 CONDITIONS IN EXCAVATION AS ANTICIPATED
 CONDITIONS IN EXCAVATION NOT AS ANTICIPATED, CONTACT GEOTECHNICAL ENGINEER; ADDITIONAL OBSERVATION REQUIRED



REVIEWED BY

Foundation Wall Drain/ Void/Dampproofing Inspection



CLIENT: Lokal Homes
PO # 520-008402
 FIELD REPRESENTATIVE: A. Hansher
 DATE OF OBSERVATION: 9/16/2021 TIME: 7:00
 WEATHER CONDITIONS: Clev - 60's

PROJECT NO: DN 49711.900F-305
 SUBDIVISION: Sorrel Ranch FILING: 3
 ADDRESS: 23648 E. Ida Pl
 LOT: Unit C BLOCK: Blkg 50

Recommended Foundation System

SOILS REPORT BY: CTL Thompson
 PROJECT NO: DN 49,711-120-121
 DATED: Dec. 4, 2019

- SPREAD FOOTINGS
- FOOTINGS WITH MINIMUM DEADLOAD
- DRILLED PIERS
- OTHER _____

Foundation Void

REQUIRED THICKNESS 4 INCHES
 MEASURED THICKNESS 4 INCHES

Installed Drain System

- EXTERIOR INTERIOR
- SLAB ON GRADE STRUCTURAL FLOOR
- FIG 5 WALL HEIGHT 48 INCHES
- TOP OF WALL TO BOTTOM OF TRENCH 60-79 INCHES
- PIPE INSTALLED, DIAMETER (INCHES) 4 (socket)
- GRAVEL INSTALLED, GRAVEL SIZE _____
- FOOTING BLOCKOUTS SIZE/SPACING (VOID)
- WINDOW WELL DRAIN INSTALLED (▲ INDICATES LOCATION)
- WINDOW WELLS CONNECTED TO DRAIN
- UNDERSLAB GRAVEL LAYER

Type of Outlet

- GRAVITY, BELOW SEWER SUMP PIT DAYLIGHT
- UNDERDRAIN SERVICE CONNECTION VISIBLE (AT STREET STUB)
- UNDERDRAIN SERVICE LINE CONNECTED TO FOUNDATION DRAIN

Foundation Void:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Drain:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Dampproofing:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Layout



* INDICATES SURFACE PROBLEMS (HONEYCOMBING, EXPOSED STEEL, ETC.)

Remarks: _____

Alexandra Berner
 REVIEWED BY



Excavation/Footing Observation

CLIENT: Lokal
PO# 526-608400 (44)
 FIELD REPRESENTATIVE: K Powell
 DATE OF OBSERVATION: 7/19/21 TIME: 2:00
 WEATHER CONDITIONS: SUNNY

PROJECT NO: DN49711.000F-305
 SUBDIVISION: SORRELL RANCH FILING: 3
 ADDRESS: 23048 E Ida Drive UNIT C
 LOT: Bldg 50 BLOCK: Lot 3

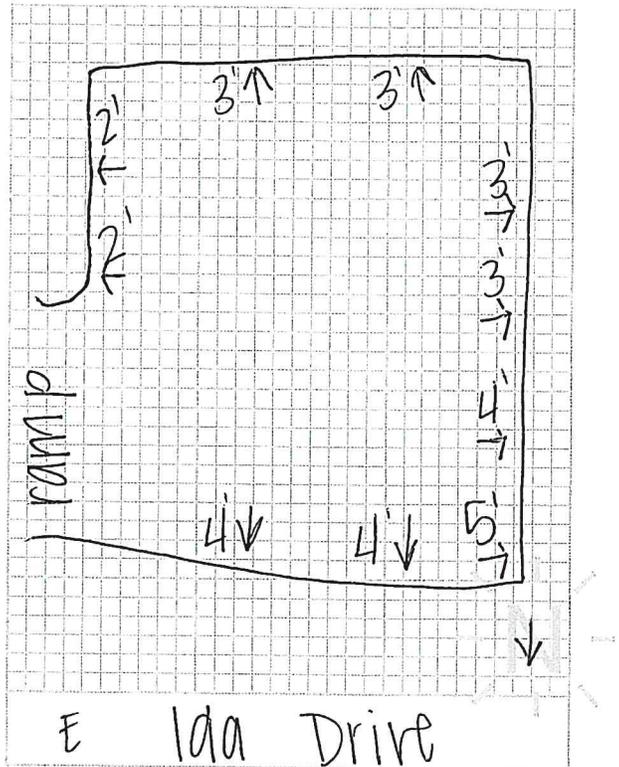
Recommended Foundation System

SOILS REPORT BY: CTL
 PROJECT NO: DN49711-120-121
 DATED: 12/4/2019 + 1/2/2020

SPREAD FOOTINGS
 MAXIMUM SOIL PRESSURE OF _____ PSF.
 MINIMUM WIDTH _____ INCHES

FOOTINGS WITH MINIMUM DEADLOAD
 MAXIMUM SOIL PRESSURE OF 3,000 PSF.
 MINIMUM DEADLOAD PRESSURE OF 1,000 PSF.
 PROVIDE A 4 INCH VOID BENEATH GRADE BEAMS
 MINIMUM WIDTH 16 18 x 18 pads INCHES

Foundation Layout



Foundation Plan

BY: _____
 PLAN NO: _____ DATED: _____

WALL FOOTING WIDTH PER PLAN YES NO
 COLUMN PAD PER PLAN YES NO

REINFORCEMENT AS PER PLAN:
 YES NO NONE REQUIRED
 AT SITE INSTALLED

Soil Conditions At Footing Level

UPPER LEVEL: _____
 LOWER LEVEL: Fill, clay, sandy, brown

▲ INDICATES APPROXIMATE DEPTH/WIDTH MEASUREMENT LOCATION

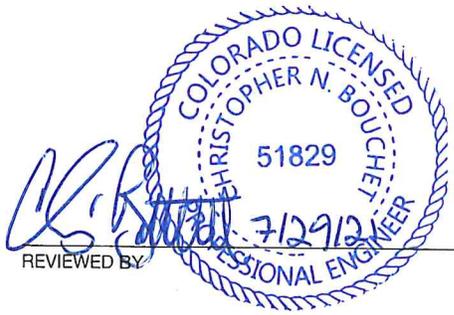
Summary Of Observations

- FOOTING IN GENERAL CONFORMANCE WITH PLAN
- FOOTING REJECTED; ADDITIONAL OBSERVATION REQUIRED
- CONDITIONS IN EXCAVATION AS ANTICIPATED
- CONDITIONS IN EXCAVATION NOT AS ANTICIPATED, CONTACT GEOTECHNICAL ENGINEER; ADDITIONAL OBSERVATION REQUIRED

Ground Water Conditions

NONE IN EXCAVATION
 NONE ENCOUNTERED IN BORING NO. _____ TO _____ FEET
 ENCOUNTERED AT 15 FEET IN BORING NO. TH-50

Remarks



REVIEWED BY: _____

Foundation Wall Drain/ Void/Dampproofing Inspection



CLIENT: Lokal Homes
PC # 520-008510
 FIELD REPRESENTATIVE: A. Harsher
 DATE OF OBSERVATION: 9/16/2019 TIME: 7:00
 WEATHER CONDITIONS: Clear 60's

PROJECT NO: DN 49711-900F-305
 SUBDIVISION: Sorel Ranch FILING: 3
 ADDRESS: 23648 E Ida Pl
 LOT: Unit D BLOCK: Bldg 50

Recommended Foundation System

SOILS REPORT BY: CTL Thompson
 PROJECT NO: DN 49711-120-F1
 DATED: Dec. 4, 2019

- SPREAD FOOTINGS
- FOOTINGS WITH MINIMUM DEADLOAD
- DRILLED PIERS
- OTHER _____

Foundation Void

REQUIRED THICKNESS 4 INCHES
 MEASURED THICKNESS 4 INCHES

Installed Drain System

- EXTERIOR INTERIOR
- SLAB ON GRADE STRUCTURAL FLOOR
- FIG 5 WALL HEIGHT 48 INCHES
- TOP OF WALL TO BOTTOM OF TRENCH 60-79 INCHES
- PIPE INSTALLED, DIAMETER (INCHES) 4 (soaked)
- GRAVEL INSTALLED, GRAVEL SIZE _____
- FOOTING BLOCKOUTS SIZE/SPACING (VOID)
- WINDOW WELL DRAIN INSTALLED (▲ INDICATES LOCATION)
- WINDOW WELLS CONNECTED TO DRAIN
- UNDERSLAB GRAVEL LAYER

Type of Outlet

- GRAVITY, BELOW SEWER SUMP PIT DAYLIGHT
- UNDERDRAIN SERVICE CONNECTION VISIBLE (AT STREET STUB)
- UNDERDRAIN SERVICE LINE CONNECTED TO FOUNDATION DRAIN

Foundation Void:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

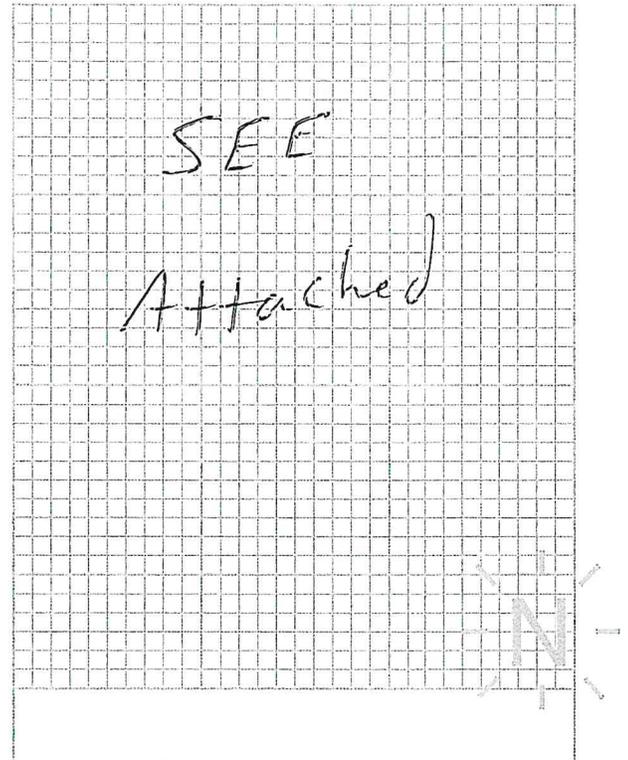
Foundation Wall Drain:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Dampproofing:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Layout

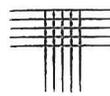


* INDICATES SURFACE PROBLEMS (HONEYCOMBING, EXPOSED STEEL, ETC.)

Remarks: _____

REVIEWED BY Alexandra Berney

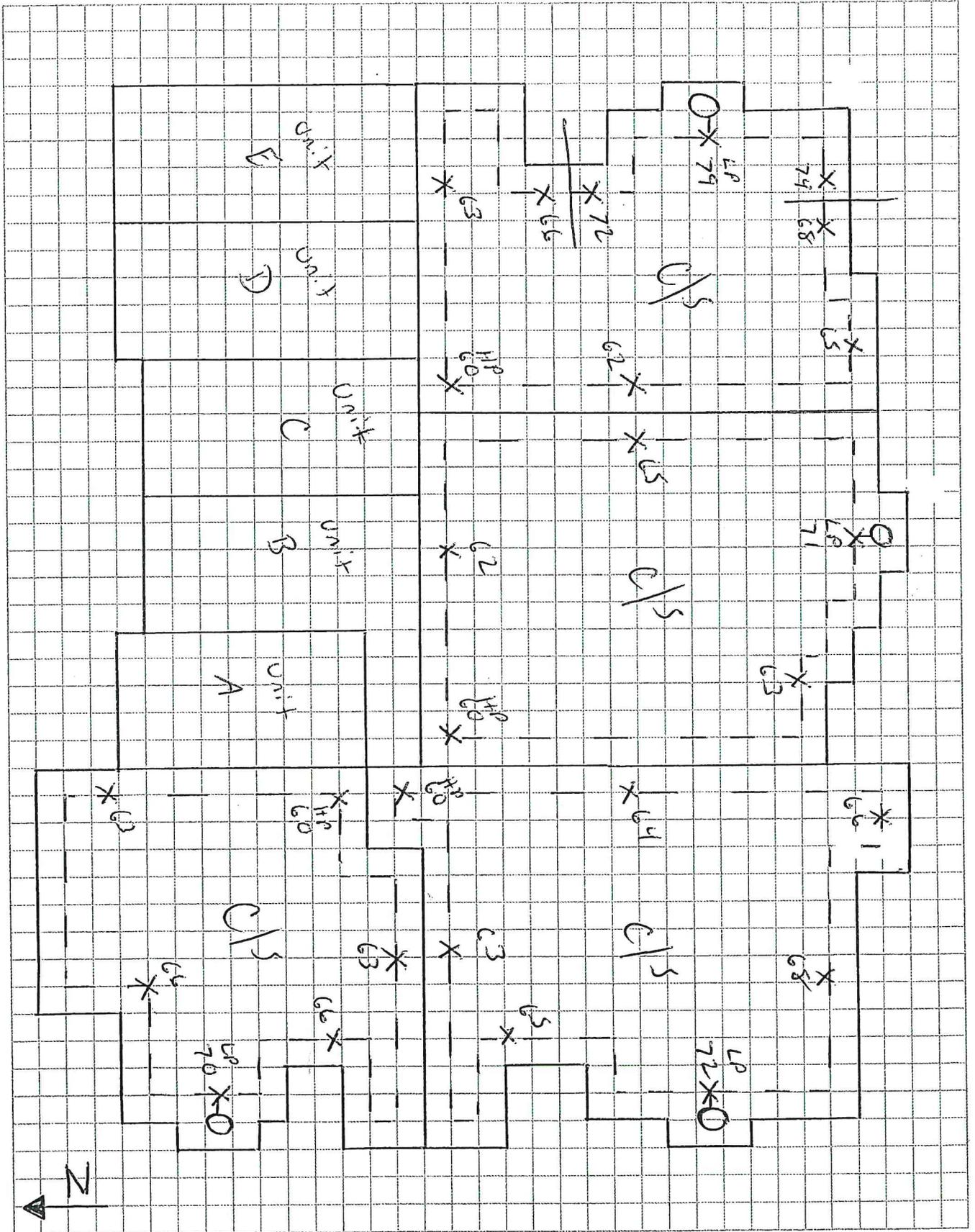
SUBJECT: _____



CTL | THOMPSON

PROJECT NO.: DW497711.900F DATE: 9/16/2021

BY: A. Hansler PAGE 2 OF 2



Excavation/Footing Observation

CLIENT: Lokal
 PO# 520 008508
 FIELD REPRESENTATIVE: E POWELL
 DATE OF OBSERVATION: 7/19/21 TIME: 2:00
 WEATHER CONDITIONS: SUNNY

PROJECT NO: DN49711 000F - 305
 SUBDIVISION: SORRELL RANCH FILING:
 ADDRESS: 23048 E Ida Dr Unit D
 LOT: Bldg 50 BLOCK: Lot 4

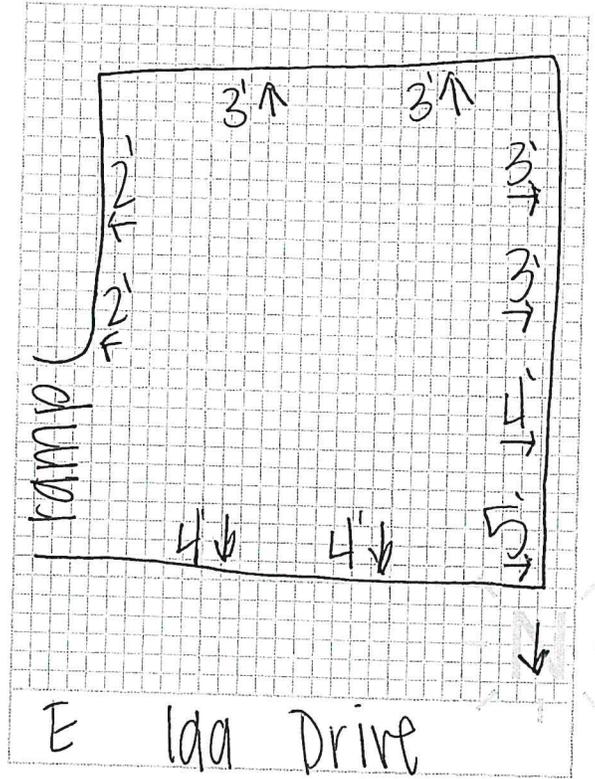
Recommended Foundation System

SOILS REPORT BY: CTL
 PROJECT NO: DN49711-120-R1
 DATED: 12/1/19 & 1/2/20

SPREAD FOOTINGS
 MAXIMUM SOIL PRESSURE OF _____ PSF.
 MINIMUM WIDTH _____ INCHES

FOOTINGS WITH MINIMUM DEADLOAD
 MAXIMUM SOIL PRESSURE OF 3,000 PSF.
 MINIMUM DEADLOAD PRESSURE OF 1,000 PSF.
 PROVIDE A 4 INCH VOID BENEATH GRADE BEAMS
 MINIMUM WIDTH 110 18x18 pads INCHES

Foundation Layout



Foundation Plan

BY: _____ DATED: _____
 PLAN NO: _____

WALL FOOTING WIDTH PER PLAN YES NO
 COLUMN PAD PER PLAN YES NO
 REINFORCEMENT AS PER PLAN:
 YES NO NONE REQUIRED
 AT SITE INSTALLED

Soil Conditions At Footing Level

UPPER LEVEL: _____
 LOWER LEVEL: Fill, clay, sandy, brown

Ground Water Conditions

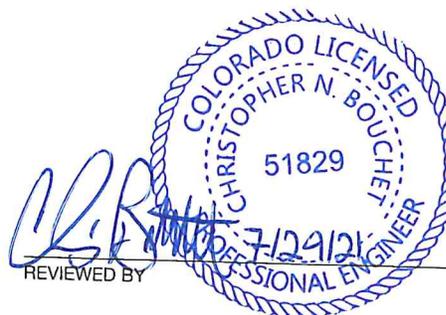
NONE IN EXCAVATION
 NONE ENCOUNTERED IN BORING NO. _____ TO _____ FEET
 ENCOUNTERED AT 15 FEET IN BORING NO. TH-50

Remarks

▲ INDICATES APPROXIMATE DEPTH/WIDTH MEASUREMENT LOCATION

Summary Of Observations

- FOOTING IN GENERAL CONFORMANCE WITH PLAN
- FOOTING REJECTED; ADDITIONAL OBSERVATION REQUIRED
- CONDITIONS IN EXCAVATION AS ANTICIPATED
- CONDITIONS IN EXCAVATION NOT AS ANTICIPATED, CONTACT GEOTECHNICAL ENGINEER; ADDITIONAL OBSERVATION REQUIRED



Foundation Wall Drain/ Void/Dampproofing Inspection



CLIENT: Lokal Homes
PO# 520008617
 FIELD REPRESENTATIVE: A. Hanske
 DATE OF OBSERVATION: 9/16/2021 TIME: 7:00
 WEATHER CONDITIONS: Clear 60's

PROJECT NO: DW 49711.900F-305
 SUBDIVISION: Sorel Ranch FILING: 3
 ADDRESS: 23645 E. Ida Pl
 LOT: Unit E BLOCK: Bldg 50

Recommended Foundation System

SOILS REPORT BY: CTL Thompson
 PROJECT NO: DW 49,711-120-R1
 DATED: Dec. 4, 2019

- SPREAD FOOTINGS
- FOOTINGS WITH MINIMUM DEADLOAD
- DRILLED PIERS
- OTHER _____

Foundation Void

- REQUIRED THICKNESS 4 INCHES
- MEASURED THICKNESS 4 INCHES

Installed Drain System

- EXTERIOR INTERIOR
- SLAB ON GRADE STRUCTURAL FLOOR
- FIG 5 WALL HEIGHT 48 INCHES
- TOP OF WALL TO BOTTOM OF TRENCH 60-79 INCHES
- PIPE INSTALLED, DIAMETER (INCHES) 4 (socked)
- GRAVEL INSTALLED, GRAVEL SIZE _____
- FOOTING BLOCKOUTS SIZE/SPACING (VOID)
- WINDOW WELL DRAIN INSTALLED (▲ INDICATES LOCATION)
- WINDOW WELLS CONNECTED TO DRAIN
- UNDERSLAB GRAVEL LAYER

Type of Outlet

- GRAVITY, BELOW SEWER SUMP PIT DAYLIGHT
- UNDERDRAIN SERVICE CONNECTION VISIBLE (AT STREET STUB)
- UNDERDRAIN SERVICE LINE CONNECTED TO FOUNDATION DRAIN

Foundation Void:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

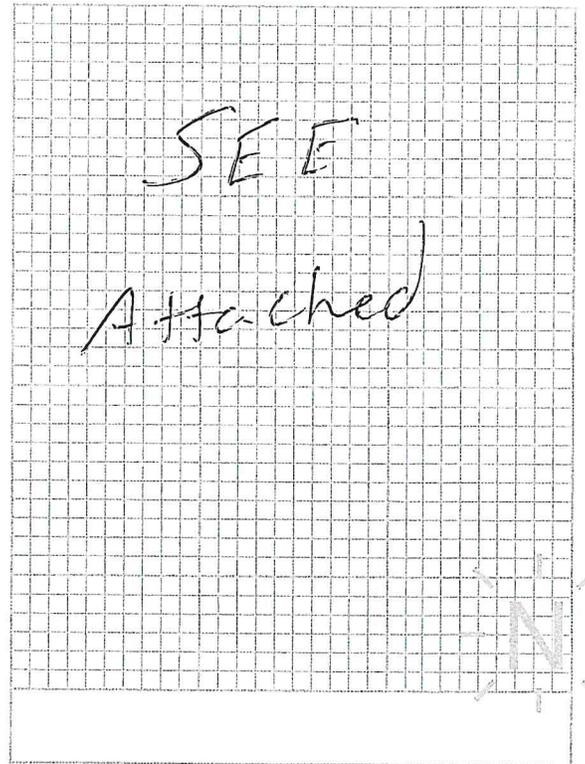
Foundation Wall Drain:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Dampproofing:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Layout



* INDICATES SURFACE PROBLEMS (HONEYCOMBING, EXPOSED STEEL, ETC.)

Remarks: _____

Alexandra Berner
 REVIEWED BY



Excavation/Footing Observation

CLIENT: Lokal
 PO# 520 008 615
 FIELD REPRESENTATIVE: E Powell
 DATE OF OBSERVATION: 7/19/21 TIME: 2:00
 WEATHER CONDITIONS: SUNNY

PROJECT NO: DN49711.900F-305
 SUBDIVISION: SORRELL RANCH FILING:
 ADDRESS: 23048 E Ida Dr Unit E
 Lot: Bldg 50 BLOCK: Lot 5

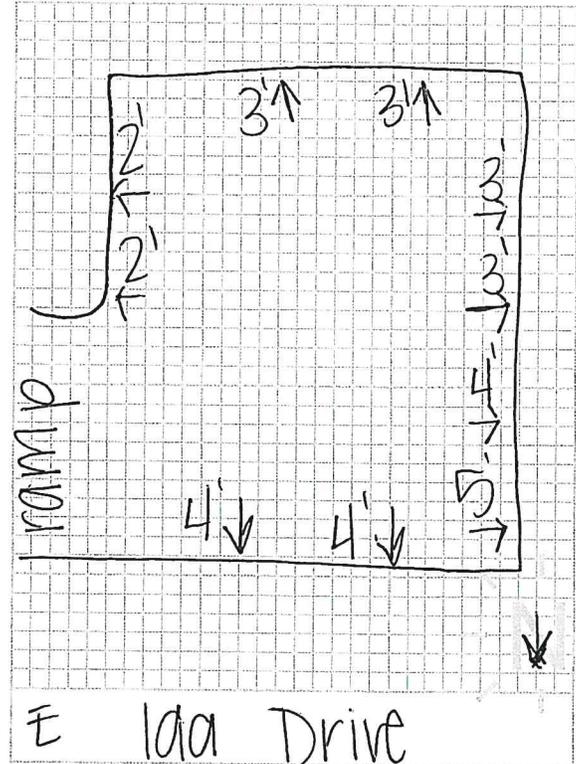
Recommended Foundation System

SOILS REPORT BY: CTL
 PROJECT NO: DN49711-120-R1
 DATED: 12/4/2019 & 1/2/2020

SPREAD FOOTINGS
 MAXIMUM SOIL PRESSURE OF _____ PSF.
 MINIMUM WIDTH _____ INCHES

FOOTINGS WITH MINIMUM DEADLOAD
 MAXIMUM SOIL PRESSURE OF 3,000 PSF.
 MINIMUM DEADLOAD PRESSURE OF 1,000 PSF.
 PROVIDE A 4 INCH VOID BENEATH GRADE BEAMS
 MINIMUM WIDTH 16 18 x 18 pads INCHES

Foundation Layout



Foundation Plan

BY: _____
 PLAN NO: _____ DATED: _____

WALL FOOTING WIDTH PER PLAN YES NO
 COLUMN PAD PER PLAN YES NO

REINFORCEMENT AS PER PLAN:
 YES NO NONE REQUIRED
 AT SITE INSTALLED

Soil Conditions At Footing Level -

UPPER LEVEL _____
 LOWER LEVEL Fill, clay, sandy, brown

Ground Water Conditions

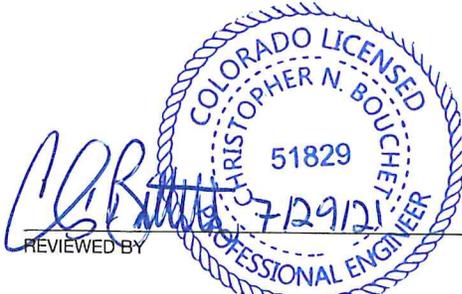
NONE IN EXCAVATION
 NONE ENCOUNTERED IN BORING NO. _____ TO _____ FEET
 ENCOUNTERED AT 10 FEET IN BORING NO. TH-50

Remarks _____

▲ INDICATES APPROXIMATE DEPTH/WIDTH MEASUREMENT LOCATION

Summary Of Observations

- FOOTING IN GENERAL CONFORMANCE WITH PLAN
- FOOTING REJECTED; ADDITIONAL OBSERVATION REQUIRED
- CONDITIONS IN EXCAVATION AS ANTICIPATED
- CONDITIONS IN EXCAVATION NOT AS ANTICIPATED, CONTACT GEOTECHNICAL ENGINEER; ADDITIONAL OBSERVATION REQUIRED



Foundation Wall Drain/ Void/Dampproofing Inspection



CLIENT: Lokal Homes
PO # 520008210
 FIELD REPRESENTATIVE: A. Hansher
 DATE OF OBSERVATION: 9/16/2021 TIME: 7:00
 WEATHER CONDITIONS: Clear 60's

PROJECT NO: DW 49711.900F 305
 SUBDIVISION: Serret Ranch FILING: 3
 ADDRESS: 23648 E Ida Pl
 LOT: Unit A BLOCK: Blkg 50

Recommended Foundation System

SOILS REPORT BY: CTL Thompson
 PROJECT NO: DW 49711-120-PI
 DATED: Dec. 4, 2019

- SPREAD FOOTINGS
- FOOTINGS WITH MINIMUM DEADLOAD
- DRILLED PIERS
- OTHER _____

Foundation Void

- REQUIRED THICKNESS 4 INCHES
- MEASURED THICKNESS 4 INCHES

Installed Drain System

- EXTERIOR INTERIOR
- SLAB ON GRADE STRUCTURAL FLOOR
- FIG 5 WALL HEIGHT 48 INCHES
- TOP OF WALL TO BOTTOM OF TRENCH 60-79 INCHES
- PIPE INSTALLED, DIAMETER (INCHES) 4 (sacked)
- GRAVEL INSTALLED, GRAVEL SIZE _____
- FOOTING BLOCKOUTS SIZE/SPACING (VOID)
- WINDOW WELL DRAIN INSTALLED (▲ INDICATES LOCATION)
- WINDOW WELLS CONNECTED TO DRAIN
- UNDERSLAB GRAVEL LAYER

Type of Outlet

- GRAVITY, BELOW SEWER SUMP PIT DAYLIGHT
- UNDERDRAIN SERVICE CONNECTION VISIBLE (AT STREET STUB)
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Foundation Void:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

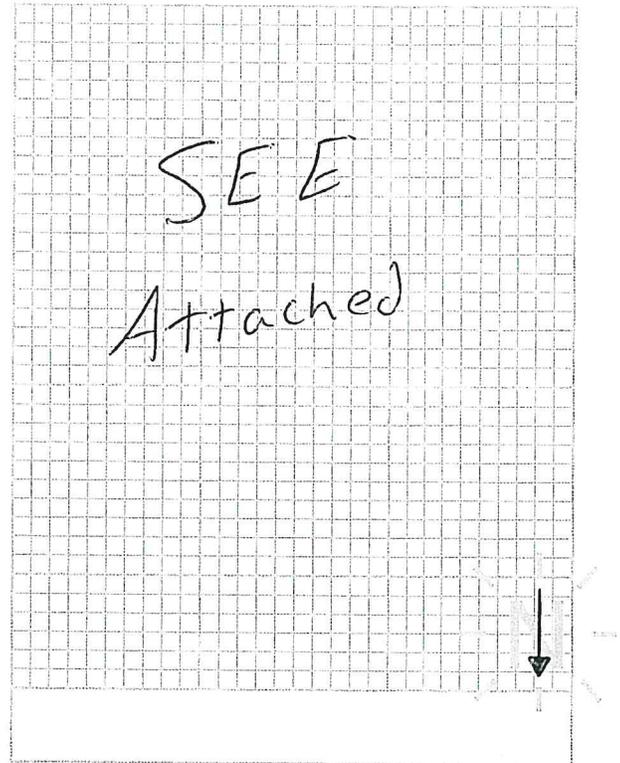
Foundation Wall Drain:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Dampproofing:

- IN GENERAL CONFORMANCE WITH RECOMMENDATIONS
- REJECTED; ADDITIONAL OBSERVATION REQUIRED
- NOT REQUESTED

Foundation Wall Layout



* INDICATES SURFACE PROBLEMS (HONEYCOMBING, EXPOSED STEEL, ETC.)

Remarks: _____

Alexandra Berney
 REVIEWED BY



Excavation/Footing Observation

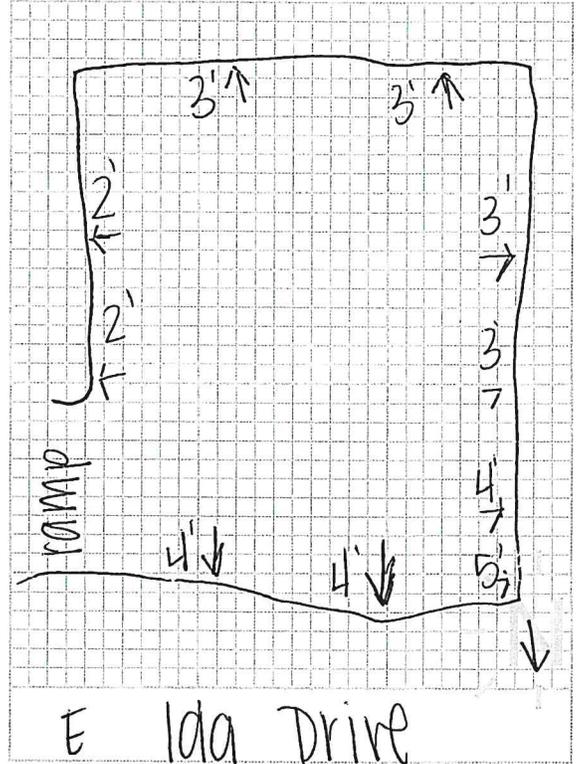
CLIENT: Local
PO# 520 008208
 FIELD REPRESENTATIVE: K Powell
 DATE OF OBSERVATION: 7/19/21 TIME: 2:00
 WEATHER CONDITIONS: Sunny

PROJECT NO: DN40711.900F-305
 SUBDIVISION: Sorrell Ranch FILING: 3
 ADDRESS: 23048 E Ida Dr Unit #
 Lot: Bldg 50 Block: Lot 1

Recommended Foundation System

SOILS REPORT BY: CTL
 PROJECT NO: DN40711-120-21
 DATED: 12/4/2019 & 1/2/2020
 SPREAD FOOTINGS
 MAXIMUM SOIL PRESSURE OF _____ PSF.
 MINIMUM WIDTH _____ INCHES
 FOOTINGS WITH MINIMUM DEADLOAD
 MAXIMUM SOIL PRESSURE OF 3,000 PSF.
 MINIMUM DEADLOAD PRESSURE OF 1,000 PSF.
 PROVIDE A 4 INCH VOID BENEATH GRADE BEAMS
 MINIMUM WIDTH 10 18x18 pads INCHES

Foundation Layout



Foundation Plan

BY: _____
 PLAN NO: _____ DATED: _____
 WALL FOOTING WIDTH PER PLAN YES NO
 COLUMN PAD PER PLAN YES NO
 REINFORCEMENT AS PER PLAN:
 YES NO NONE REQUIRED
 AT SITE INSTALLED

Soil Conditions At Footing Level

UPPER LEVEL: _____
 LOWER LEVEL: Fill, clay, sandy, brown

Ground Water Conditions

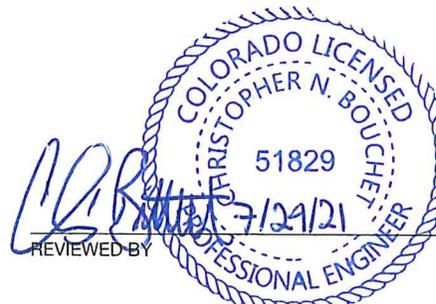
NONE IN EXCAVATION
 NONE ENCOUNTERED IN BORING NO. _____ TO _____ FEET
 ENCOUNTERED AT 5 FEET IN BORING NO. TH-50

Remarks _____

▲ INDICATES APPROXIMATE DEPTH/WIDTH MEASUREMENT LOCATION

Summary Of Observations

- FOOTING IN GENERAL CONFORMANCE WITH PLAN
- FOOTING REJECTED; ADDITIONAL OBSERVATION REQUIRED
- CONDITIONS IN EXCAVATION AS ANTICIPATED
- CONDITIONS IN EXCAVATION NOT AS ANTICIPATED, CONTACT GEOTECHNICAL ENGINEER; ADDITIONAL OBSERVATION REQUIRED



Biays Backflow Testing & Repair

720.732.5280

Assembly Serial # 27428
 Test Date/Time 2-24-22
 Gauge Serial # 390724
 → District Required Info
 Tester Certification # 10420
 Date Certification Expires 1-31-24

Assembly Test Results Pass Fail

Backflow Assembly Test and Maintenance Report

(Please Print)

Test # _____

Account

Water District/Authority: Aurora Water Account: _____ Contact Person: Mike Flint
 Facility Name: Lokal Homes - Aurora Spiral Ranch Contact Phone #: 720-989-8648
 Service Address: 23648 E. JDA Dr Brandon Rivera affiliated Lokal Homes, Com
 Mailing Address: _____ 303-905-7206 Brivonne Lokal Homes.com

OMC

Owner Manager Contractor Other _____ Contact Person _____
 Company Name/Title _____ Contact Phone # _____
 Mailing Address _____

Assembly

Make: Ames Model: 2000 B Size: 1/4
 Type: RPZ DC PVB SVB Air Gap AVB Other
 Date Installed: 2-24-22 Location on Property: Fire Suppression Room S. End of Bldg
 (Only if Applicable - Include Previous Serial#)
 Replacement Assembly
 New Installation
 Stolen
 Previous Assembly Serial # NA

Orientation: Inlet Vertical Up Vertical Down Horizontal Outlet Vertical Up Vertical Down Horizontal

Service: Domestic Fire Irrigation Other
 Protection: Containment Isolation Containment by Isolation

Testing & Maintenance

Line	PSI	Initial Test Results		Repaired			Cleaned			Re-Test Results	
		Tightness	Differential	CK#1	CK#2	RV	CK#1	CK#2	RV	Tightness	Differential
Check Valve #1	<u>110</u>	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>1.4</u>	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other						<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
CK#1: RPZ,DC,PVB,SVB											
Check Valve #2		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>1.5</u>	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other						<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
CK#2: RPZ,DC											
Relief Valve				<input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other							
RV: RPZ											
Buffer				<input type="checkbox"/> Air Inlet			<input type="checkbox"/> Air Inlet				
RPZ											
Air Inlet				<input type="checkbox"/> Poppet <input type="checkbox"/> Bonnet <input type="checkbox"/> Other							
PVB,SVB											
Shutoff Valve #1		<input type="checkbox"/> Leak <input type="checkbox"/> Tight		SOV #1 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure					Back Pressure Exists <input type="checkbox"/> Yes <input type="checkbox"/> No		
Shutoff Valve #2		<input type="checkbox"/> Leak <input type="checkbox"/> Tight		SOV #2 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure					Cause		
Assembly Concerns:		Test Procedure:		Comments							
(only if applicable)		ABPA <input type="checkbox"/> ASSE <input checked="" type="checkbox"/>									
Incorrect Installation?											
Incorrect Use?											
Turn Off Date:		Turn On Date:									
Turn Off Time:		Turn On Time:									

Notice

Alarm Company/Fire Department Notified: _____ Contacted By: _____
 Person Notified: _____ Turn On Date/Time: _____
 Turn Off Date/Time: _____

Kit

Test Gauge Make: Sm Test Gauge Model: 35 Last Calibration Date: 6-4-21

Tester

I hereby certify that the Isolation/Shutoff Valves (SOV #1 and SOV #2) have been returned to the position in which they were found and that the test was done according to the procedure shown above required by the Water District/Authority shown above; and the test readings are true and accurate to the best of my ability.

(Please Print) Testing Company: Biays Backflow Phone # 720-732-5280 (Please Print) Customer Name: _____ Phone # _____
 (Please Print) Tester Name: Steve Biays (Customer) Signature: N/A
 (Tester) Signature: Steve Biays

(Submit a Clearly Printed Copy to the Water Purveyor)

Biays Backflow Testing & Repair

720.732.5280

Assembly Serial # 099981
 Test Date/Time 2-24-22
 Gauge Serial # 390724
 → District Required Info
 Tester Certification # 10420
 Date Certification Expires 1-31-24

Assembly Test Results Pass Fail

Backflow Assembly Test and Maintenance Report

(Please Print)

Test # _____

Account

Water District/Authority: Aurora Water Account: _____ Contact Person: Mike Flint
 Facility Name: Lokal Homes - Aurora Spruce Ranch Contact Phone #: 720-989-8649
 Service Address: 23648 E. JOA Dr. Brandon Rivera affiliated Lokal Homes, Co
 Mailing Address: _____ 303-905-7206 Biverna Lokal Homes.com

OMC

Owner Manager Contractor Other _____ Contact Person _____
 Company Name/Title _____ Contact Phone # _____
 Mailing Address _____

Assembly

Make: Watts Model: LF 009 11205 Size: 1/2
 Type: RPZ DC PVB SVB Air Gap AVB Other _____
 Date Installed: 2-24-22 Location on Property: Fire Suppression Room S. End of Bldg
 (Only if Applicable - Include Previous Serial#)
 Replacement Assembly
 New Installation
 Stolen
 Previous Assembly Serial # N/A

Inlet Orientation: Vertical Up Vertical Down Horizontal
 Outlet: Vertical Up Vertical Down Horizontal

Service: Domestic Fire Irrigation Other _____
 Protection: Containment Isolation Containment by Isolation

Testing & Maintenance

Line	PSI	Initial Test Results		Repaired			Cleaned			Re-Test Results	
		Tightness	Differential	CK#1	CK#2	RV	CK#1	CK#2	RV	Tightness	Differential
Check Valve #1	<u>110</u>	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>6.8</u>	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
CK#1: RPZ,DC,PVB,SVB				<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other							
Check Valve #2		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>1.5</u>	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
CK#2: RPZ,DC				<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other							
Relief Valve			<u>2.4</u>	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV		
RV: RPZ				<input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other							
Buffer				<input type="checkbox"/> Air Inlet			<input type="checkbox"/> Air Inlet				
RPZ											
Air Inlet				<input type="checkbox"/> Poppet <input type="checkbox"/> Bonnet <input type="checkbox"/> Other							
PVB,SVB											
Shutoff Valve #1		<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<input type="checkbox"/> SOV #1 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			<input type="checkbox"/> SOV #1 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			Back Pressure Exists <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shutoff Valve #2		<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<input type="checkbox"/> SOV #2 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			<input type="checkbox"/> SOV #2 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			Cause	
Assembly Concerns:				Comments							
(only if applicable)											
Incorrect Installation?		<input type="checkbox"/> ABPA <input type="checkbox"/> ASSE <input checked="" type="checkbox"/>									
Incorrect Use?											
Turn Off Date:											
Turn On Date:											
Turn Off Time:											
Turn On Time:											

Notice

Alarm Company/Fire Department Notified: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Kit

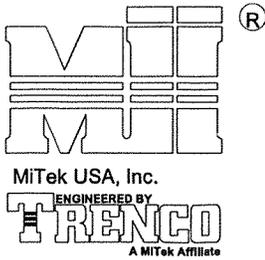
Test Gauge Make: Sm Test Gauge Model: 35 Last Calibration Date: 6-4-21

Tester

I hereby certify that the Isolation/Shutoff Valves (SOV #1 and SOV #2) have been returned to the position in which they were found and that the test was done according to the procedure shown above required by the Water District/Authority shown above; and the test readings are true and accurate to the best of my ability.
 (Please Print) Testing Company: Biays Backflow Phone # 720.732-5280 (Please Print) Customer Name: _____ Phone # _____
 Tester Name: Steve Biays (Please Print) (Customer) Signature: N/A
 (Tester) Signature: Steve Biays

(Submit a Clearly Printed Copy to the Water Purveyor)

Unit A above master bath broken bottom chord



TOTAL NUMBER OF NAILS EACH SIDE OF BREAK *		X INCHES	MAXIMUM FORCE (lbs) 15% LOAD DURATION							
			SP		DF		SPF		HF	
2x4	2x6		2x4	2x6	2x4	2x6	2x4	2x6	2x4	2x6
20	30	24"	1706	2559	1561	2342	1320	1980	1352	2028
26	39	30"	2194	3291	2007	3011	1697	2546	1738	2608
32	48	36"	2681	4022	2454	3681	2074	3111	2125	3187
38	57	42"	3169	4754	2900	4350	2451	3677	2511	3767
44	66	48"	3657	5485	3346	5019	2829	4243	2898	4347

Also cover 2 trusses in unit B that don't touch wall

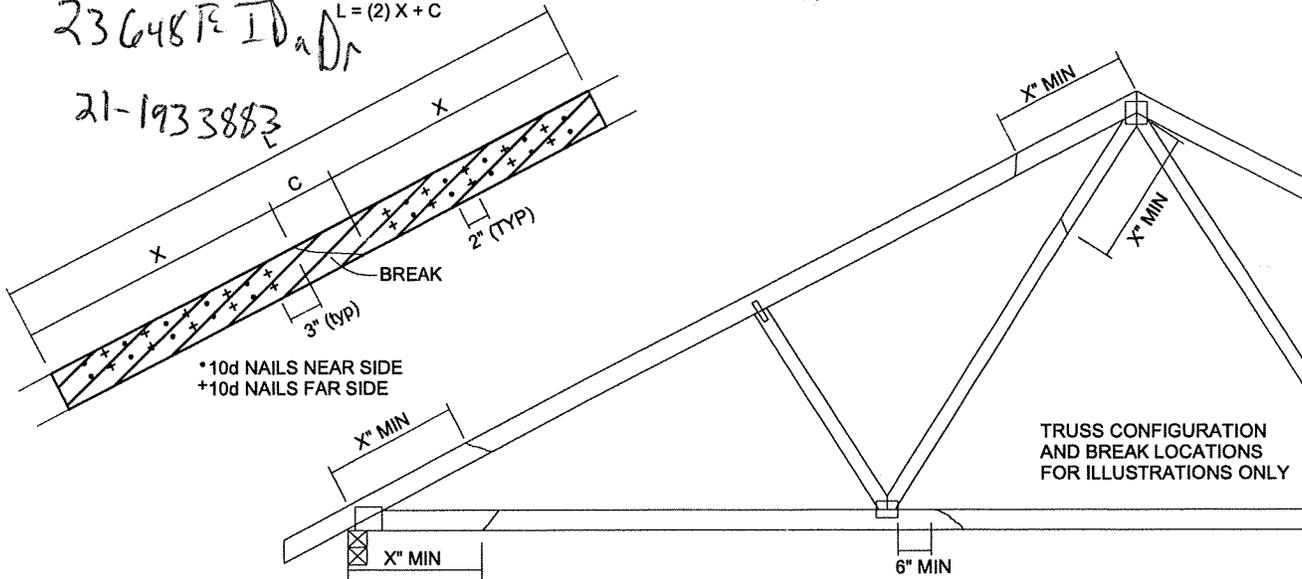
19B 236487E ID₂Dr
19A 21-1933883

* DIVIDE EQUALLY FRONT AND BACK

ATTACH 2x SCAB OF THE SAME SIZE AND GRADE AS THE BROKEN MEMBER TO EACH FACE OF THE TRUSS (CENTER ON BREAK OR SPLICE) WITH 10d (0.131" X 3") NAILS (TWO ROWS FOR 2x4, THREE ROWS FOR 2x6) SPACED 4" O.C. AS SHOWN. STAGGER NAIL SPACING FROM FRONT FACE AND BACK FACE FOR A NET 0-2-0 O.C. SPACING IN THE MAIN MEMBER. USE A MIN. 0-3-0 MEMBER END DISTANCE.

THE LENGTH OF THE BREAK (C) SHALL NOT EXCEED 12". (C=PLATE LENGTH FOR SPLICE REPAIRS) THE MINIMUM OVERALL SCAB LENGTH REQUIRED (L) IS CALCULATED AS FOLLOWS:

$$L = (2) X + C$$



THE LOCATION OF THE BREAK MUST BE GREATER THAN OR EQUAL TO THE REQUIRED X DIMENSION FROM ANY PERIMETER BREAK OR HEEL JOINT AND A MINIMUM OF 6" FROM ANY INTERIOR JOINT (SEE SKETCH ABOVE)

DO NOT USE REPAIR FOR JOINT SPLICES

NOTES:

1. THIS REPAIR DETAIL IS TO BE USED ONLY FOR THE APPLICATION SHOWN. THIS REPAIR DOES NOT IMPLY THAT THE REMAINING PORTION OF THE TRUSS IS UNDAMAGED. THE ENTIRE TRUSS SHALL BE INSPECTED TO VERIFY THAT NO FURTHER REPAIRS ARE REQUIRED. WHEN THE REQUIRED REPAIRS ARE PROPERLY APPLIED, THE TRUSS WILL BE CAPABLE OF SUPPORTING THE LOADS INDICATED.
2. ALL MEMBERS MUST BE RETURNED TO THEIR ORIGINAL POSITIONS BEFORE APPLYING REPAIR AND HELD IN PLACE DURING APPLICATION OF REPAIR.
3. THE END DISTANCE, EDGE DISTANCE AND SPACING OF NAILS SHALL BE SUCH AS TO AVOID UNUSUAL SPLITTING OF THE WOOD.
4. WHEN NAILING THE SCABS, THE USE OF A BACKUP WEIGHT IS RECOMMENDED TO AVOID LOOSENING OF THE CONNECTOR PLATES AT THE JOINTS OR SPLICES.
5. THIS REPAIR IS TO BE USED FOR SINGLE PLY TRUSSES IN THE 2x ORIENTATION ONLY.
6. THIS REPAIR IS LIMITED TO TRUSSES WITH NO MORE THAN THREE BROKEN MEMBERS.



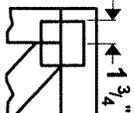
April 6, 2020

WARNING - Verify design parameters and READ NOTES ON THIS AND INCLUDED MITEK REFERENCE PAGE MII-7473 rev. 10/03/2015 BEFORE USE.
Design valid for use only with MITek® connectors. This design is based only upon parameters shown, and is for an individual building component, not a truss system. Before use, the building designer must verify the applicability of design parameters and properly incorporate this design into the overall building design. Bracing indicated is to prevent buckling of individual truss web and/or chord members only. Additional temporary and permanent bracing is always required for stability and to prevent collapse with possible personal injury and property damage. For general guidance regarding the fabrication, storage, delivery, erection and bracing of trusses and truss systems, see ANSITP1 Quality Criteria, DSB-89 and BCSI Building Component Safety Information available from Truss Plate Institute, 218 N. Lee Street, Suite 312, Alexandria, VA 22314.

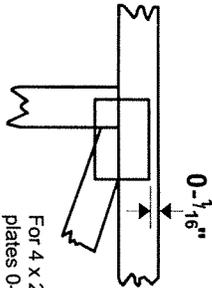


Symbols

PLATE LOCATION AND ORIENTATION



Center plate on joint unless X, Y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and fully embed teeth.



For 4 x 2 orientation, locate plates 0- 1/8" from outside edge of truss.



This symbol indicates the required direction of slots in connector plates.

* Plate location details available in MITek 20/20 software or upon request.

PLATE SIZE

4 X 4

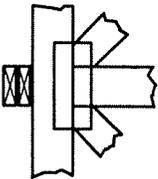
The first dimension is the plate width measured perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING LOCATION



Indicated by symbol shown and/or by text in the bracing section of the output. Use T or I bracing if indicated.

BEARING

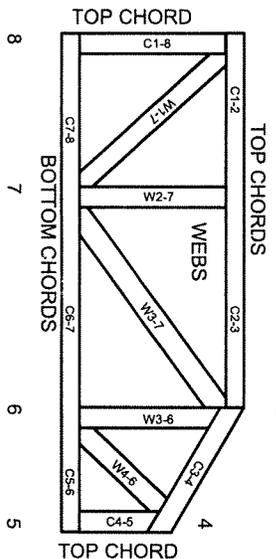


Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur. Min size shown is for crushing only.

Industry Standards:

ANSI/TP1: National Design Specification for Metal Plate Connected Wood Truss Construction.
DSB-89: Design Standard for Bracing.
BCSI: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

PRODUCT CODE APPROVALS

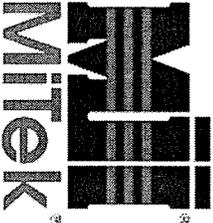
ICC-ES Reports:

ESR-1311, ESR-1352, ESR1988
ESR-3907, ESR-2362, ESR-1397, ESR-3282

Trusses are designed for wind loads in the plane of the truss unless otherwise shown.

Lumber design values are in accordance with ANSI/TP1 section 6.3 These truss designs rely on lumber values established by others.

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MITek Engineering Reference Sheet: Mill-7473 rev. 10/03/2015

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCSI.
2. Truss bracing must be designed by an engineer. For wide truss spacing, individual lateral braces themselves may require bracing, or alternative T or I bracing should be considered.
3. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
4. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
5. Cut members to bear tightly against each other.
6. Place plates on each face of truss at each joint and embed fully. Knots and ware at joint locations are regulated by ANSI/TP1 1.
7. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TP1 1.
8. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
9. Unless expressly noted, this design is not applicable for use with fire retardant, preservative treated, or green lumber.
10. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
11. Plate type, size, orientation and location dimensions indicated are minimum plating requirements.
12. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
13. Top chords must be sheathed or purlins provided at spacing indicated on design.
14. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
15. Connections not shown are the responsibility of others.
16. Do not cut or alter truss member or plate without prior approval of an engineer.
17. Install and load vertically unless indicated otherwise.
18. Use of green or treated lumber may pose unacceptable environmental, health or performance risks. Consult with project engineer before use.
19. Review all portions of this design (front, back, words and pictures) before use. Reviewing pictures alone is not sufficient.
20. Design assumes manufacture in accordance with ANSI/TP1 1 Quality Criteria.

