

Inspection of your:  Housepiping  Range/Oven  Water Heater  Heating Appliance  Dryer  Fireplace  Pool/Spa Heater  Other \_\_\_\_\_; disclosed the hazardous/Unsatisfactory condition(s) specified below. The service needed to correct the condition(s) is beyond the scope provided by SoCalGas/SDG&E or no one was available to approve estimated service charges. Please contact the provider(s) indicated for the needed service:  A - Qualified Professional  E - Owner/Landlord  G - SoCalGas/SDG&E (Call to Schedule Service)

**NOTICE OF HAZARDOUS CONDITIONS - DO NOT USE UNTIL CORRECTED**  
 This condition may result in property damage, personal injury or loss of life.

**NOTICE OF UNSATISFACTORY CONDITIONS - All responsibility for use of this equipment/piping system under the current conditions shall be assumed by the user.**

- 1 - Unvented Room Heater - Illegal in CA  2 - Not Venting Properly During Inspection
- 3 - Firebox Appears Cracked or Ruptured
- 4 - Gaps in Closet/Around Furnace Base May Allow Products of Combustion to Mix with Circulating Air
- 5 - Conditions Permit Products of Combustion to Mix with Circulating Air
- 6 - No Operable Safety Device to Close Main Burner Gas Supply if Pilot Outage Occurs
- 7 - A Gas Leak in Your Housepiping Was Detected During Inspection
- 8 - Damper Not Permanently Blocked Open With Gas Logs in Fireplace/Hearth
- 9 - Floor Furnace Inaccessible For Inspection of Vent and Connector
- 10 - Main Burner and Pilot of the Water Heater Must Be Elevated 18 Inches Above Floor Level

- 11 - Inaccessible Roof Mounted Forced Air Furnace
- 12 - Other: *Water heater left off*
- 13 - Connector Adapters Stacked  14 - Source of Ignition Located Too Close to Gas Facilities
- 15 - Stray Electricity Detected @  Gas Meter  Gas Appliance  Houeline Piping
- 16 - Uncoated Corrugated Brass Connector:  Two-Piece  One-Piece Construction
- 17 - Vent Pipe in Direct Contact with a Combustible Material
- 18 - Gas Connector Passes Through:  Appliance Housing  Framed Wall  Ceiling  Floor
- 19 - Vent Material Not Approved For Use With Gas Dryers  20 - Customer Declined Service

NAME: *J. Lopez*

Equipment Disconnected Equipment Left: ON  OFF  Meter Left: ON  OFF

SIGNATURE: \_\_\_\_\_

Signed By:  OWNER  TENANT  AUTHORIZED AGENT OFF-READ: \_\_\_\_\_

I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE RECEIPT OF THIS NOTICE

TIME: *1:30* AM / PM SERVICE DATE: *4/17/17* FIELD CODE: *V122*

The above condition(s) should be verified before repairs are made. Certain repairs may require a permit. Please call your local building inspection department for information. SCG Form 1813/ SDG&E 108-02132 Rev 7/1



**NOTICE / AVISO**

WE CAME BY ON / ESTUVIMOS AQUÍ EL:

DATE/FECHA: *4/17/17* TIME/HORA: *1:35 AM*

YOUR GAS WAS FOUND ON/TIENE SERVICIO DE GAS For no-cost appliance service, visit [socialgas.com](http://socialgas.com) (search "SCHEDULE APPOINTMENT")

Para que le den servicio gratuito a sus aparatos domésticos, visite [socialgas.com/espanol](http://socialgas.com/espanol) (busque la palabra clave "SERVICIO")

TURNED ON YOUR GAS/CONECTAMOS EL GAS

- No electricity, could not service/No hay electricidad, no se pudo dar servicio a su
- Furnace/Calentador  Range/Estufa
- Dryer/Secadora  Other/Otro

No water service. Water heater left off/No hay servicio de agua. Se dejó apagado el calentador de agua

Water heater left on pilot position; you may turn the burner valve to the "on" position when water service is turned on/Se dejó el calentador de agua en posición de piloto; puede girar la válvula del quemador a la posición de "on" (encendido) cuando se restablezca el servicio de agua

METER FOUND AND LEFT ON/SEISMIC VALVE TRIPPED CLOSE/ENCONTRAMOS EL MEDIDOR CONECTADO Y ASÍ LO DEJAMOS/LA VÁLVULA SÍSMICA SE ACTIVÓ Y LO DESCONECTÓ

Contact a licensed qualified professional to reset the seismic valve and service appliances. Or, Southern California Gas Company (SoCalGas®) will reset the seismic valve and service the gas appliances for a fee/Póngase en contacto con un profesional calificado con licencia para reactivar la válvula sísmica y darle servicio a los aparatos. O bien, SoCalGas le cobrará por reactivar la válvula sísmica y darle servicio al aparato de gas.

PLEASE SEE OUR NOTICE LOCATED/POR FAVOR VEA EL AVISO QUE DEJAMOS EN \_\_\_\_\_

*Water heater - producing larger than allowable limits of carbon monoxide entering bathroom through window*

Form 3994

*AI#14  
4.21.22*

*Fire Heater Code Violations*

*600-825  
4/17/17*



SoCalGas

A Sempra Energy utility

Form 3994

# NOTICE / AVISO

WE CAME BY ON / ESTUVIMOS AQUÍ EL:

DATE/FECHA 4/24/17 TIME/HORA 3:00 AM PM

YOUR GAS WAS FOUND ON/TIENE SERVICIO DE GAS

For no-cost appliance service, visit [socialgas.com](http://socialgas.com) (search "SCHEDULE APPOINTMENT")

Para que le den servicio gratuito a sus aparatos domésticos, visite [socialgas.com/espanol](http://socialgas.com/espanol) (busque la palabra clave "SERVICIO")

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- Furnace/Calentador  Range/Estufa
- Dryer/Secadora  Other/Otro

No water service. Water heater left off/No hay servicio de agua. Se dejó apagado el calentador de agua

Water heater left on pilot position; you may turn the burner valve to the "on" position when water service is turned on/Se dejó el calentador de agua en posición de piloto; puede girar la válvula del quemador a la posición de "on" (encendido) cuando se restablezca el servicio de agua

METER FOUND AND LEFT ON/SEISMIC VALVE TRIPPED CLOSE/ENCONTRAMOS EL MEDIDOR CONECTADO Y ASÍ LO DEJAMOS/LA VÁLVULA SÍSMICA SE ACTIVÓ Y LO DESCONECTÓ

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PLEASE SEE OUR NOTICE LOCATED/POR FAVOR VEA EL AVISO QUE DEJAMOS EN

*Water heater producing larger than allowed limits of Carbon Monoxide Contact licensed professional to service and repair*

Inspection of your:  Housepiping  Range/Oven  Water Heater  Heating Appliance  Dryer  Fireplace  Pool/Spa Heater  Other \_\_\_\_\_; disclosed Hazardous/Unsatisfactory condition(s) specified below. The service needed to correct the condition(s) is beyond the scope provided by SoCalGas/SDG&E or no one was available to approve estimated service charges. Please contact the provider(s) indicated for the needed service:  A - Qualified Professional  E - Owner/Landlord  G - SoCalGas/SDG&E (Call to Schedule Service)

NOTICE OF HAZARDOUS CONDITIONS - DO NOT USE UNTIL CORRECTED  
This condition may result in property damage, personal injury or loss of life.

- 1 - Unvented Room Heater - Illegal in CA
- 2 - Not Venting Properly During Inspection
- 3 - Firebox Appears Cracked or Ruptured
- 4 - Gaps in Closet/Around Furnace Base May Allow Products of Combustion to Mix with Circulating Air
- 5 - Conditions Permit Products of Combustion to Mix with Circulating Air
- 6 - No Operable Safety Device to Close Main Burner Gas Supply if Pilot Outage Occurs
- 7 - A Gas Leak in Your Housepiping Was Detected During Inspection
- 8 - Damper Not Permanently Blocked Open With Gas Logs in Fireplace/Hearth
- 9 - Floor Furnace Inaccessible For Inspection of Vent and Connector
- 10 - Main Burner and Pilot of the Water Heater Must Be Elevated 18 Inches Above Floor Level

NOTICE OF UNSATISFACTORY CONDITIONS - All responsibility for use of this equipment/piping system under the current conditions shall be assumed by the user.

- 11 - Inaccessible Roof Mounted Forced Air Furnace
- 12 - Other :
- 13 - Connector Adapters Stacked
- 14 - Source of Ignition Located Too Close to Gas Facility:
- 15 - Stray Electricity Detected @  Gas Meter  Gas Appliance  Houseline Piping
- 16 - Uncoated Corrugated Brass Connector :  Two-Piece  One-Piece Construction
- 17 - Vent Pipe in Direct Contact with a Combustible Material
- 18 - Gas Connector Passes Through :  Appliance Housing  Framed Wall  Ceiling  F
- 19 - Vent Material Not Approved For Use With Gas Dryers
- 20 - Customer Declined Service

NAME :  
SIGNATURE :  
X

Equipment Disconnected  Equipment Left : ON  OFF  Meter Left : ON  OFF  
Signed By :  OWNER  TENANT  AUTHORIZED AGENT OFF-READ :  
TIME : : AM / PM SERVICE DATE : / / FIELD CODE :

The above condition(s) should be verified before repairs are made. Certain repairs may require a permit. Please call your local building inspection department for information SCG Form 1813/ SDG&E 108-02132 Rev

Inspection of your:  Housepiping  Range/Oven  Water Heater  Heating Appliance  Dryer  Fireplace  Pool/Spa Heater  Other \_\_\_\_\_; disclosed to \_\_\_\_\_  
Hazardous/Unsatisfactory condition(s) specified below. The service needed to correct the condition(s) is beyond the scope provided by SoCalGas/SDG&E or no one was available to approve estimated service charges. Please contact the provider(s) indicated for the needed service:  A - Qualified Professional  E - Owner/Landlord  G - SoCalGas/SDG&E (Call to Schedule Service)

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- 11 - Inaccessible Roof Mounted Forced Air Furnace
- 12 - Other: *vent terminates within four feet of window, creating burn marks on wall*
- 13 - Connector Adapters Stacked
- 14 - Source of Ignition Located Too Close to Gas Facilities
- 15 - Stray Electricity Detected @  Gas Meter  Gas Appliance  Houseline Piping
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- 17 - Vent Pipe in Direct Contact with a Combustible Material
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- 19 - Vent Material Not Approved For Use With Gas Dryers
- 20 - Customer Declined Service

ME: *J. LOZA*  
SIGNATURE: *Josua D. Hernandez*  
I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE RECEIPT OF THIS NOTICE

Equipment Disconnected  Equipment Left: ON  OFF  Meter Left: ON  OFF   
Signed By:  OWNER  TENANT  AUTHORIZED AGENT OFF-READ: \_\_\_\_\_  
TIME: *1:31* AM/PM SERVICE DATE: *4/17/17* FIELD CODE: *V122*

The above condition(s) should be verified before repairs are made. Certain repairs may require a permit. Please call your local building inspection department for information. SCG Form 1813/SGD&E 108-02132 Rev 5/16

ADDRESS: *5714 S. VAN HORN AVE* APT. #: \_\_\_\_\_ CITY: *DEL MAR*

Inspection of your:  Housepiping  Range/Oven  Water Heater  Heating Appliance  Dryer  Fireplace  Pool/Spa Heater  Other \_\_\_\_\_; disclosed to \_\_\_\_\_  
Hazardous/Unsatisfactory condition(s) specified below. The service needed to correct the condition(s) is beyond the scope provided by SoCalGas/SDG&E or no one was available to approve estimated service charges. Please contact the provider(s) indicated for the needed service:  A - Qualified Professional  E - Owner/Landlord  G - SoCalGas/SDG&E (Call to Schedule Service)

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- 8 - Damper Not Permanently Blocked Open With Gas Logs in Fireplace/Hearth
- 9 - Floor Furnace Inaccessible For Inspection of Vent and Connector
- 10 - Main Burner and Pilot of the Water Heater Must Be Elevated 18 Inches Above Floor Level

- 11 - Inaccessible Roof Mounted Forced Air Furnace
- 12 - Other: *Water heater undersized, strong aldehyde odor from exhaust*
- 13 - Connector Adapters Stacked
- 14 - Source of Ignition Located Too Close to Gas Facilities
- 15 - Stray Electricity Detected @  Gas Meter  Gas Appliance  Houseline Piping
- 16 - Uncoated Corrugated Brass Connector:  Two-Piece  One-Piece Construction
- 17 - Vent Pipe in Direct Contact with a Combustible Material
- 18 - Gas Connector Passes Through:  Appliance Housing  Framed Wall  Ceiling  Floor
- 19 - Vent Material Not Approved For Use With Gas Dryers
- 20 - Customer Declined Service

NAME: *J. LOZA*  
SIGNATURE: *[Signature]*  
I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE RECEIPT OF THIS NOTICE

Equipment Disconnected  Equipment Left: ON  OFF  Meter Left: ON  OFF   
Signed By:  OWNER  TENANT  AUTHORIZED AGENT OFF-READ: \_\_\_\_\_  
TIME: *6:02* AM/PM SERVICE DATE: *4/25/17* FIELD CODE: *V133*

The above condition(s) should be verified before repairs are made. Certain repairs may require a permit. Please call your local building inspection department for information.

**Emergency Department Reports**

DOCUMENT NAME: ED Physician Notes  
RESULT DATE/TIME: 2/10/2016 16:47 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Isaak, NP, Sandra J (2/10/2016 16:51 PST)  
SIGN INFORMATION: Isaak, NP, Sandra J (2/14/2016 19:55 PST)

**Fever - URI - Pediatrics**

Patient: LOZADIAZ, JAIRO JONATHAN MRN: 89-257-08 FIN: 32700379880  
Age: 21 months Sex: Male DOB: 04/17/2014  
Associated Diagnoses: Cough; Upper respiratory infection; Otitis media  
Author: Isaak, NP, Sandra J

**Basic Information**

MSEI MD/NP/PA Time Patient Seen face to face:  
Date & time 02/10/2016 16:17:00  
, Immediately upon arrival.  
History source: Patient, mother.  
Arrival mode: Private vehicle, walking.  
History limitation: None.  
Additional information: Chief Complaint from Nursing Triage Note : Reason for visit history  
02/10/2016 16:15 PST Reason for visit history cough for 3 days .

**History of Present Illness**

The patient presents with cough and upper respiratory symptoms for three days. He is being seen along with two other siblings, all with similar symptoms. No wheezing, stridor, shortness of breath, or difficulty breathing. Child has no asthma or inhaler use history. Child is tolerating oral fluids. No sick contacts. No recent antibiotics or infections.

**Review of Systems**

Constitutional symptoms: Negative except as documented in HPI.  
Skin symptoms: Negative except as documented in HPI.  
Eye symptoms: Negative except as documented in HPI.  
ENMT symptoms: Negative except as documented in HPI.  
Respiratory symptoms: Cough.  
Cardiovascular symptoms: Negative except as documented in HPI.  
Gastrointestinal symptoms: Negative except as documented in HPI.  
Genitourinary symptoms: Negative except as documented in HPI.  
Musculoskeletal symptoms: Negative except as documented in HPI.  
Neurologic symptoms: Negative except as documented in HPI.  
Psychiatric symptoms: Negative except as documented in HPI.  
Endocrine symptoms: Negative except as documented in HPI.  
Hematologic/Lymphatic symptoms: Negative except as documented in HPI.  
Allergy/immunologic symptoms: Negative except as documented in HPI.  
Additional review of systems information: All other systems reviewed and otherwise negative.

**Health Status**

Allergies:  
Allergic Reactions (All)  
NKA  
No Known Medication Allergies.  
Medications: (Selected)  
Prescriptions  
Prescribed

*Yes/No*

You had the following procedures performed during you ED visit today:

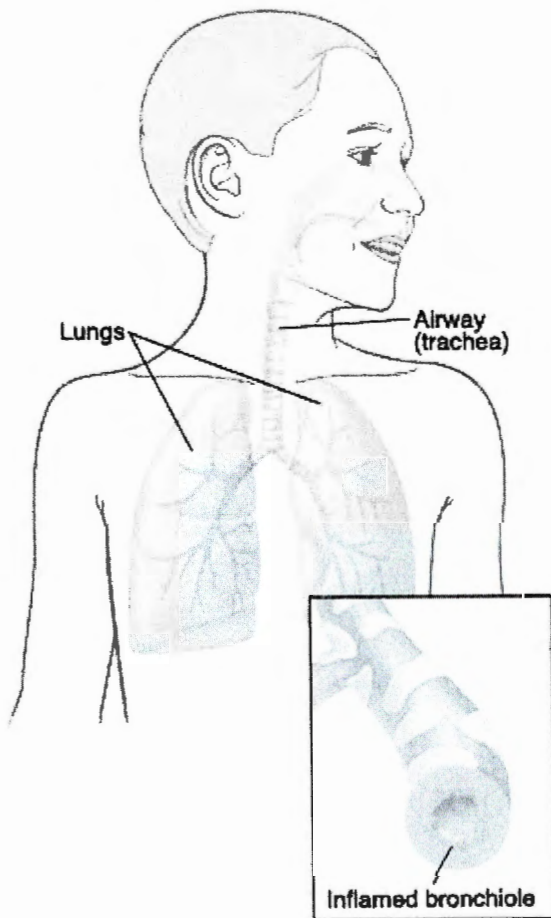
Patient Education Materials:

ASTHMA, Acute (Child)  
Pulmonary

**Acute Asthma (Child)**

Asthma is a condition where the medium and small air passages within the lung go into spasm and restrict the flow of air. Inflammation and swelling of the airways cause them to become narrower, make more mucus, and further slow the flow of air. When a child has asthma, these airways react to triggers like smoke, colds, or pollen. During an acute asthma attack, these factors cause difficulty breathing, wheezing, cough and chest tightness.

Jairo  
3-8-17  
Before  
Gas Lockout  
Punks Arrival



Symptoms of asthma include wheezing, cough, chest tightness, and trouble breathing. Your child may have a tight feeling in the chest and a cough. Nighttime cough is also common with poorly controlled asthma. Asthma attacks vary from mild to severe. During an attack, quick-acting medicines are used to open the airways. Your child may also take other medicine daily. This is to help reduce inflammation and prevent attacks.

Name LOZADIAZ, JAIRO JONATHAN  
FIN 32700526460

03/08/2017 15:37  
MRN 89-257-08

I Notified Cook  
About Carbon Monoxide  
After this visit Not  
Before!

Adventist Medical Center - Selma  
1141 Rose Ave. Selma, CA 93662  
(559) 856-6000

**Emergency Services Discharge Instructions**

**Name:** LOZADIAZ, JAIRO JONATHAN

**DOB:** 04/17/2014

**MRN:** 89-257-08 **ACCT#:** 32700526460

**Admission Date:** 3/08/2017 2:17 PM

**Discharge Instructions printed on:** 03/08/2017 15:37:47

**Discharge Diagnosis:** Cold

**Discharge Disposition:**

**Providers:**

Sarr, FNP, Noah Michael

*Nobody suspected Carbon Monoxide Poison Always  
Assumed Sick or Allergic But first time to  
Emergency he was 4-8 mths old I'll look  
Childrens Hospital records to see if that*

**LOZADIAZ, JAIRO JONATHAN** has been given the following list of patient education materials, prescriptions and follow-up instructions:

**Follow-up Instructions:**

**With:**

**Address:**

**When:**

Ricardo Ramos

2131 High Street Suite E Selma,  
CA 93662  
(559) 591-3342 Business (1)

Within 1-2 days

To our Patients and Caregivers:

**THE MOST IMPORTANT PART OF YOUR HEALTHCARE MANAGEMENT IS YOU!**

Thank you for choosing Adventist Health! It has been an honor to serve and care for you in our Emergency Department.

**BEFORE YOU LEAVE THE EMERGENCY ROOM:**

1. Know your diagnosis (your illness, disease or health problem) and prognosis (the health care provider's opinion about your recovery).
2. Understand how important it is to follow up with your doctor. (This includes making an appointment, verifying the doctor or clinic address and phone number, and discussing if you have transportation needs) **IF YOU ARE REFERRED TO AN ORTHOPEDIST: PLEASE**

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THIRTY DAY NOTICE

TO: JAIME LOZA, also known as JAMES CARLOS LOZA  
YESSICA DIAZ LOZA  
5718 S. Van Horn  
Del Rey, CA 93616

AND ALL TENANTS/OCCUPANTS IN POSSESSION

YOU WILL PLEASE TAKE NOTICE that the tenancy under which you hold possession of the property described as follows:

Three bedroom, two bath house located at 5718 S. Van Horn, Del Rey, CA 93616

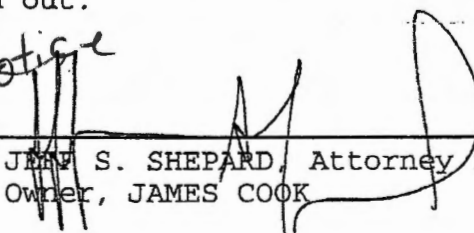
is by this notice **TERMINATED** and you are notified to vacate the premises, within the period of **30 DAYS** from the date of service of this notice upon you.

You will be held responsible for any and all damages to the above described real property.

State law permits former tenants to reclaim abandoned personal property left at the former address of the tenant, subject to certain conditions. You may or may not be able to reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner you contact your former landlord after being notified that property belonging to you was left behind after you moved out.

Dated: May 9, 2017

*Did he serve a 24hr notice of eviction or video with Jessica next day?*

BY:   
JAY S. SHEPARD, Attorney for  
Owner, JAMES COOK

*SAME Day I Have Video At My Family House.*

Del Rey

Cross St. Santiz  
Zone 2

350-180-15 S

5718 S. Van Horn

DATE	PERMIT NO.	NAME
	SFD/Garage 2/Bath A/C	1260'
6/14/73	B-82629C	Sanchez
6/14/73	P-82630C	"
6/14/73	E-82631C	"
6/14/73	HCC-82632C	"
8/3/17	REROOF RESIDENCE AND SFR PATIO PC-97260 B-97260 17-105724	

RECEIVED  
COUNTY OF FRESNO

AUG 15 2017

DEPARTMENT OF PUBLIC WORKS  
AND PLANNING  
DEVELOPMENT SERVICES DIVISION

Bonnie Smith



