

Site Address S395 WATERVILLE WY

Permit Number 0514386

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. Pacific	.35	SH	2				low E <sup>2</sup>
2. ↓	.35	XJ	2				
3. ↓	.34	PW	2				
4. ↓	.35	PD	2				
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable) \_\_\_\_\_ Signature, Date 12/13/04 \_\_\_\_\_  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

Item #s (if applicable) \_\_\_\_\_ Signature, Date \_\_\_\_\_  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

Item #s (if applicable) \_\_\_\_\_ Signature, Date \_\_\_\_\_  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

COPY TO: Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy

E<sub>2</sub>

INSTALLATION CERTIFICATE

CF-6R

LOT 58 PLAN# KB HOME - SCHUMACHER NATOMAS TRADITIONAL

Site Address 5395 WATERVILLE WY

Permit Number 0514386

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	31,832	53,000	PLAN 1364
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	35,686	53,000	PLAN 1975
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	39,196	53,000	PLAN 1979
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,283	70,000	PLAN 2093
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,630	70,000	PLAN 2132
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,206	70,000	PLAN 2199
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	39,638	70,000	PLAN 2286
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,240	70,000	PLAN 2552

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	Carrier 38BRC030*	1	13.0	ATTIC	6	20,368	27,600	PLAN 1364
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,153	33,100	PLAN 1975
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,004	33,100	PLAN 1979
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	26,512	33,100	PLAN 2093
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,559	33,100	PLAN 2132
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,919	33,100	PLAN 2199
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	28,790	38,800	PLAN 2286
A/C	Carrier 38BRC048*	1	13.0	ATTIC	6	33,212	44,100	PLAN 2552

\* = TXV valve installed as part of coil

(1) > reads greater than or equal to. I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for unvented devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date 11-02-04

BEUTLER CORPORATION installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

Site Address 5395 WATERVILLE WAY

Permit Number OS14386

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**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> ( $\geq$ CE-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> ( $\geq$ CE-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>2</sup>
<u>GAS</u>	<u>GVR50</u>	<u>GAS</u>				<u>50</u>	<u>0.62</u>		

- 2. For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Mich O'Bye 10/03/05  
Signature, Date

RCR Companies  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

# CERTIFICATION OF INSULATION

PART III CERTIFICATION

**KB Homes**  
 5395 WATER J. RD WY  
 # 0514386  
**HAMPTON TRAD**

LOT # **59**

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89506 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

WALLS	FLOORS
( ) SQUARE FEET	( ) SQUARE FEET

MATERIAL	MATERIAL	MATERIAL
<b>FIBERGLASS</b>	<b>FIBERGLASS</b>	<b>FIBERGLASS</b>
FORM	FORM	FORM
<b>BATTS</b>	<b>BATTS &amp; BLOW</b>	<b>BATTS</b>
MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.

CT	OC	JM	CT	OC	JM
CT	OC	JM	CT	OC	JM

R-VALUE	R-VALUE	R-VALUE	R-VALUE	R-VALUE	R-VALUE
13	3.5	33	12" batts"	-	19

MATERIAL	R-VALUE	MANUFACTURER		
<b>FIBERGLASS</b>	<b>BATTS</b>	CT	OC	JM

MATERIAL	MANUFACTURER
<b>FOAM</b>	<b>HILTI</b> <b>HANDY FOAM</b>

SIGNATURE — INSULATION CONTRACTOR	<b>B.G.</b>	TITLE	<b>MANAGER</b>	DATE	<b>12/01/05</b>
SIGNATURE — GENERAL CONTRACTOR		TITLE		DATE	

REMARKS