

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0603301

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

N

Site Address: 2351 NUCLA WY SAC

Parcel No: MACHADO LOT # 53 Housing (Y/N):

CONTRACTOR  
BEAZER HOMES  
3721 DOUGLAS BL. STE. 100  
ROSEVILLE CA 95661

OWNER

PAID  
CITY OF SACRAMENTO

ARCHITECT

Nature of Work: MP 1473 2 STORY 6 RM SFR

MAR 21 2006

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that I am a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 724191 Date 3/21/06 Contractor Signature N. Collins

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3/21/06 Applicant/Agent Signature N. Collins

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

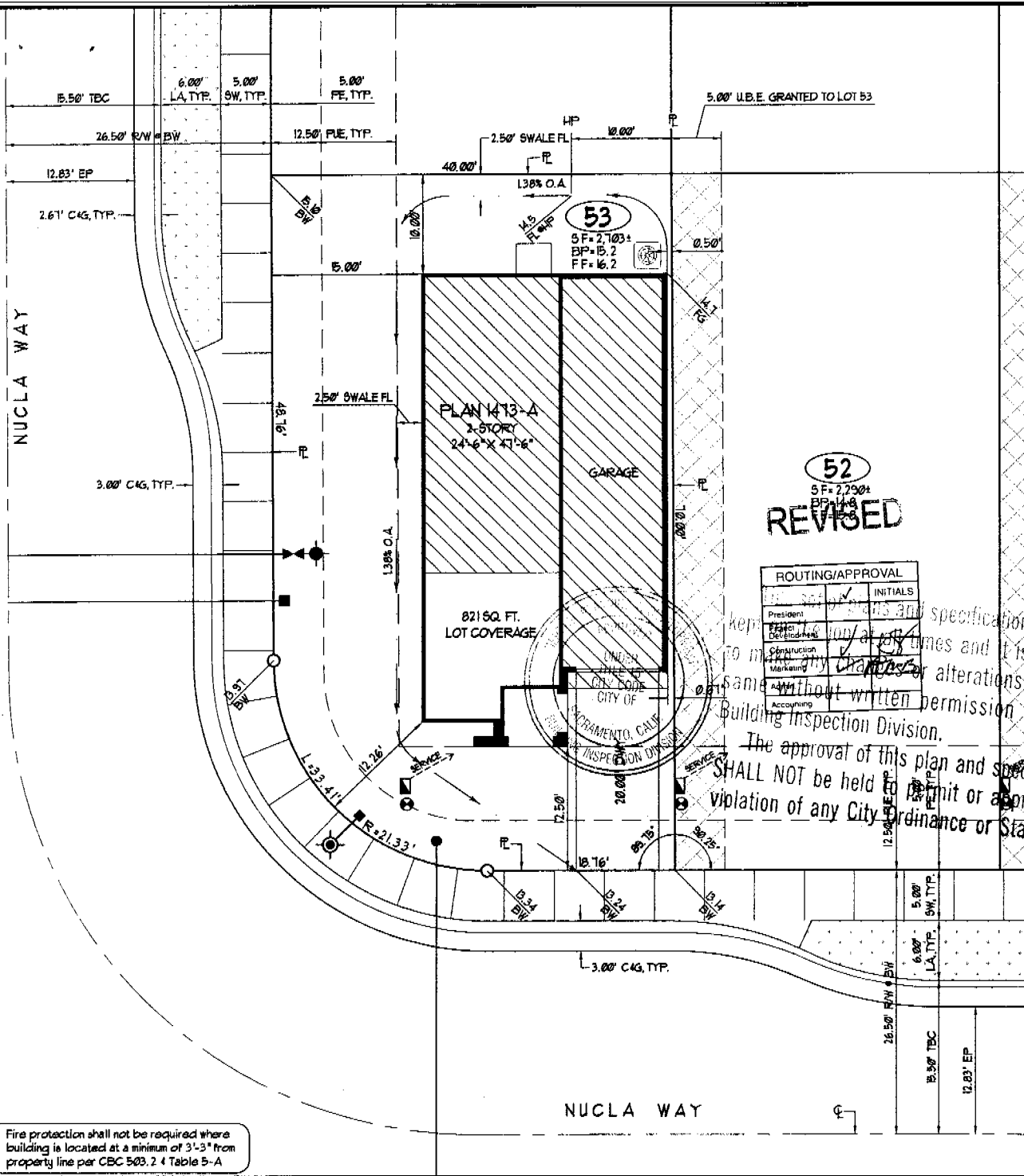
Carrier LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 3/21/06 Applicant Signature N. Collins

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

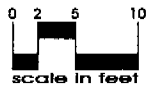
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



Fire protection shall not be required where building is located at a minimum of 3'-3" from property line per CBC 503.2.4 Table 5-A

# plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND THAT NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY CHANGE OR VARY WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



ALL ERRORS, OMISSIONS OR CONFLICTS BETWEEN THE VARIOUS ELEMENTS OF THIS PLOT PLAN SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF BEAZER HOMES FOR CORRECTION OR CLARIFICATION. IF NOTIFICATION IS NOT MADE AND WORK IS CONTINUED, RESPONSIBILITY FOR ANY FUTURE PROBLEMS CREATED WILL BE BORNE BY THE CONTRACTOR OR SUB-CONTRACTOR INVOLVED.

**symbols legend**

	CUT OR FILL SLOPE BANK (2:1 MAXIMUM, U.O.N.)		STREET LIGHT
	SPOT ELEVATION / LOCATION		GAS SERVICE
	DRAINAGE SWALE		CATCH BASIN / DROP INLET
	FIRE HYDRANT		ELECTRIC SERVICE
	WATER SERVICE		AIR CONDITIONING CONDENSER UNIT
	SEWER SERVICE		PAD-MOUNTED TRANSFORMER

**use and benefit easement**  
USE & BENEFIT EASEMENT (U.B.E.) IS A GRANT TO THE ADJACENT LOT FOR INGRESS/EGRESS FOR THE PURPOSE OF REPAIR, MAINTENANCE, DRAINAGE, AND IMPROVEMENT OF ANY OF THE LOTS THAT ARE CONTIGUOUS TO THE EASEMENT AREA. NO STRUCTURE AND/OR OTHER PERMANENT IMPROVEMENT OF ANY NATURE SHALL BE PLACED, MAINTAINED OR PERMITTED TO REMAIN ON OR WITHIN THE EASEMENT AREA.

**abbreviations**

BP BUILDING PAD	FF FINISHED FLOOR	INV FIVE INVERT	PE POSTAL EASEMENT
BW BACK OF WALK	FG FINISHED GRADE	L CURVE LENGTH	PUE PUBLIC UTILITIES EASEMENT
CL STREET CENTERLINE	FL FLOW LINE	LA LANDSCAPE AREA	R/W RIGHT OF WAY
C&G CURBS AND GUTTER	GB GRADE BREAK	LD LANDSCAPE DRAIN	R RADIAL / RADIUS
D/WY DRIVEWAY	GR DRAIN GRATE	LF LINEAR FEET	SW SIDEWALK
EP EDGE OF PAYMENT	HP HIGH POINT	PL PROPERTY LINE	TBC TOP BACK OF CURB

- notes**
- RIGHT OF WAYS, LOTS, EASEMENTS AND CENTERLINE SHOWN AS PER THE FINAL MAP OF MACHADO SUBDIVISION NO. PD4-14, PREPARED BY HRO ENGINEERS, INC.
  - GRADING & UTILITIES SHOWN AS PER THE IMPROVEMENT PLANS FOR MACHADO SUBDIVISION, A.P.N. 225-056-023, W/OID NO. 58146332550, PREPARED BY HRO ENGINEERS, INC.
  - LOT DRAINAGE SHOWN BASED UPON LOT GRADING PLAN DETAIL, GRADING PLAN SHEET CS OF THE CIVIL IMPROVEMENT PLANS, PREPARED BY HRO ENGINEERS, INC. LAST DATED 2/18/06 (DELTA REVISION).
  - POSITIVE SURFACE DRAINAGE FROM REAR YARD TO FRONT OF LOT SHALL BE ASSURED.
  - ELECTRIC AND GAS SHOWN IN PROPOSED LOCATIONS AS PER MACHADO SUBDIVISION JOINT TRENCH COMPOSITE PLAN PREPARED BY LIFTON EXCAVATION, INC. DATED 10/11/06.



## Nottingham Village

### homesite 53

**Nucla Way**  
ASSESSOR'S PARCEL NO.:  
MACHADO SUBDIVISION  
CITY OF SACRAMENTO, CALIFORNIA

1473	RIGHT	A	1003
plan no.	gor.	elev.	color
2703±	821	30%	
lot sq. ft.	footprint sq. ft.	lot covrg.	
3	BCB	2/20/06	10:1
phase	drawn by	issue	scale



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

# 0603301

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Barber Nucleo LOT # 53 TRACT # Northingham

STREET 2357 CITY Norham

EXTERIOR WALLS:

MANUFACTURER EG THICKNESS/TYPE 3/4 R- VALUE 13/15

CEILINGS:

BATTS: MANUFACTURER EG THICKNESS/TYPE 10 R- VALUE 30

BLOWN IN: MANUFACTURER EG MINIMUM THICKNESS 12 R- VALUE 30

MANUFACTURER EG THICKNESS 12 R- VALUE 30

SQUARE FOOTAGE COVERED 912 NUMBER OF BAGS USED 20

FLOORS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

SLAB ON GRADE: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

WIDTH OF INSULATION \_\_\_\_\_ INCHES

FOUNDATION WALLS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING TITLE \_\_\_\_\_

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 7-21-06

NEVADA CONTRACTORS LICENSE #0055201 SIGNATURE [Signature] TITLE Inspector

**OMEGA PRODUCTS INTERNATIONAL, INC.**

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

Builder: **BEAZER HOMES**  
Project Name: **NOTTINGHAM @ MACHADO**

Lot Numbers: 53

Date of Job Completion: June 18, 2006

**PLASTERING CONTRACTOR:**

Name: **STUCCO WORKS, INC.**

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's Inspections.

July 11, 2006  
Date

  
Signature of authorized representative of Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

INSTALLATION CERTIFICATE

CF-6R

Beazer Homes - Nottingham

Nuclea  
2307 Nuclea Way

0603301

Site Address

Permit Number

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

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-IR value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Rows include FURNACE YORK #LY8S040A12 through #LY8S060A12 with associated plans like PLAN 816, PLAN 1194, etc.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-IR value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Rows include A/C YORK # H\* RD024\* through # RD030\* with associated plans like PLAN 816, PLAN 1194, etc.

\* = TXV valve installed as part of the coil

(1) > 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 9-6-05

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 9 columns: Heater Type, CEC Certified Mfr Name & Model #, Distribution Type (Std. point of use), If Recirculation Control Type, # of Identical Systems, (2) Rated Input (kW or Btu/hr), Tank Volume (gallons), (2) Efficiency (EF, RE), (2) Standby Loss (%), External Insulation R-value.

(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.

Facets & Shower Heads:

All facets 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.

Signature, Date: Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

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

Nunda

MONA

INSTALLATION CERTIFICATE 2307 ~~Alameda Way~~ (Page 2 of 12) CF-6R

Site Address NOTTINGHAM VILLAGE SACRAMENTO CA BEARER Permit Number 0603301

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) 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(a).

FENESTRATION/GLAZING:

Table with 9 columns: Item, Manufacturer/Brand Name (GROUP LIKE PRODUCTS), Product U-factor, Product SHGC, # of Panes, Total Quantity of Like Product, Area Square Foot, Exterior Shading Device or Overhang, Comments/Location/Special Features. Rows 1-7 contain handwritten entries for windows and patio doors.

- 1) Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.
2) 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. If using default table SHGC values from §116 identify whether tinted or not.

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.

Signature table with 3 rows. Columns: Item #s (if applicable), Signature, Date, Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor. First row contains handwritten signature and date, and 'ALSIDE' as the contractor name.

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

**INSTALLATION CERTIFICATE** *Nucleo* (page 1 of 4) **CF-6R**

BEAZER HOMES 2307 ~~Nottingham~~ Way 060330 NOTTINGHAM  
 Site Address Permit Number

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:**

*Plans - 4 and 5*

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-IR 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> (≥CF-IR value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

<sup>1</sup> ≥ 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-IR) 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)	(Recirculation, Control Type)	# of Identical Systems	Rated <sup>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, EEF)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GDV5-40</u>	<u>Direct Vent</u>	<u>N/A</u>	<u>1</u>	<u>36,000</u>	<u>40</u>	<u>59</u>	<u>N/A</u>	<u>R-16</u>

<sup>1</sup> 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.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

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

Iran Clavel 6/20/06  
 Signature, Date

J.P. Pierce Plumbing Co.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
 Building Owner at Occupancy



# Installation Certificate

4700 Lang Avenue • McClellan, CA 95652  
916.646.2222 • Contractor Lic. #162634

2351 Lucia Way Sacramento, CA 95831  
Site Address Permit Number # 1000121

## INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

### INSTALLER COMPLIANCE STATEMENT

The building was:  Tested at Final  Tested at Rough-in

#### INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

#### DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	60 CFM	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	298 CFM	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [60 (Line # 1) / 298 (Line # 2)]]	6 %	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [ (Line # 4) Minus (Line # 5) ] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in [100 x [ (Line # 5) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage ≤ 15% [100 x [ (Line # 5) / (Line # ) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [ (Line # 7) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [ (Line # 6) / (Line # 4) ]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if One of Lines # 9 through # 12 pass		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards

Q. Jensen 2-27-6 Beutler  
Signature Date Installing Subcontractor (Co. Name) or General Contractor (Co. Name)



Nottingham @ Machado PH4  
 Project Title: \_\_\_\_\_ Date: 7/27/06  
 2851 Nucia way, sac, Ca. 95834  
 Project Address: \_\_\_\_\_ Builder Name: Beazer  
 Job # 1000121 lot # 53  
 Builder Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Plan Number: 1473  
 Jeremne Russell  
 HERS Rater: \_\_\_\_\_ Telephone: \_\_\_\_\_ Sample Group Number: \_\_\_\_\_  
 Jeremie Russell  
 Certifying Signature: \_\_\_\_\_ Date: 7/27/06  
 Firm: ACS HERS Provider: Cheers  
 Street Address: 9524 MOSQUITO rd City/State/Zip: Placerville, Ca 95667  
 Copies to: Builder, HERS Provider

**HERS RATER COMPLIANCE STATEMENT**

This house was:  Tested  Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

**MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

**Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)**

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 60 CFM  
 If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998 faw

If fan flow is measured enter measured value here \_\_\_\_\_

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6%  
 Check Box for Pass or Fail (Pass = 6% or less)

Pass  Fail

**THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent**

Yes  No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection  
 Yes is a pass

Pass  Fail

**MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT**

1.  Yes  No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.  
 Measured Fan Flow = \_\_\_\_\_

Pass  Fail

Yes for both 1 and 2 is a Pass