

RIVER CITY

Heating & Air Conditioning

Permit #

0606283

"C"

HVAC AIR BALANCE REPORT

PROJECT NAME: COLLEGE GREENS, SUITE "C"

PROJECT LOCATION: 8391 FOLSOM BLVD, SACRAMENTO

MECHANICAL ENGINEER: RIVER CITY HEATING & A/C

GENERAL CONTRACTOR: COOK BROTHERS CONSTRUCTION



BACKPRESSURE COMPENSATED
AIR BALANCE SYSTEM

ELECTRONIC CFM-88

FOR AIR FLOW ONLY

- FAST, ACCURATE, EASY
- AUTO RANGE AND ZERO
- 25 TO 2500 CFM RANGE
- SUPPLY AND EXHAUST
- ELIMINATES A_K FACTORS
- DENSITY CORRECTED
FOR BAROMETRIC
PRESSURE



Featuring the
AIRDATA™ FlowMeter
Electronic Micromanometer

- DIRECT DIGITAL READOUT IN ENGLISH AND METRIC UNITS •



Shortridge Instruments, Inc.

7855 EAST REDFIELD ROAD / SCOTTSDALE, ARIZONA 85260
TELEPHONE (602) 991-6744 / FAX (602) 443-1267

GENERAL NOTES SHEET

All outside air dampers are set and marked.

A Shortridge Electronic Flowhood was used to measure all supply return/exhaust terminal units unless noted otherwise.

A Fluke multi meter was used to measure all voltages and amperages.

BALANCE REPORT ABBREVIATION

CD	CEILING DIFFUSER
CEG	CEILING EXHAUST GRILLE
CER	CEILING EXHAUST REGISTER
CRG	CEILING RETURN GRILLE
CSR	CEILING SUPPLY REGISTER
CRR	CEILING RETURN REGISTER
DNA	DATA NOT AVAILABLE
DNL	DATA NOT LISTED
FEG	FLOOR EXHAUST GRILLE
FRR	FLOOR RETURN REGISTER
FSR	FLOOR SUPPLY REGISTER
NA	NON ACCESSIBLE
NI	NOT INSTALLED
NT	NOT TAKEN DUE TO IRREGULAR READINGS
NVL	NO VALID LOCATION FOR TESTING
OPEN	NO TERMINAL, DUCT OPEN
WEG	WALL EXHAUST GRILLE
WRG	WALL RETURN GRILLE
WSR	WALL SUPPLY REGISTER
LSD	LINEAR SUPPLY DIFFUSER
LRR	LINEAR RETURN REGISTER
LER	LINEAR EXHAUST REGISTER

Procedure used: Calibration Procedure for AirData Multimeters Revision: 05 Dated: 05/18/99
 Pressure Standard: Heise #1 S/N: 41739/42449 Calibration Date: 11/25/98 Calibration Due Date: 11/2000 Test 1 Test 2 Test 3
 Pressure Standard: Heise #3 S/N: 41738/42448 Calibration Date: 11/25/98 Calibration Due Date: 11/2000 Test 1 Test 2 Test 3
 Pressure Standard: Heise #5 S/N: 41740/42450 Calibration Date: 11/25/98 Calibration Due Date: 11/2000 Test 1 Test 2 Test 3
 Heise used for 0.05 in wc Differential Pressure Set Point Rated Accuracy: 0.07% fs (0.000175 in wc) Uncertainty: 0.00035

Pressure Standard: AirData Multimeter S/N: M99420 Calibration Date: 09/18/99 Calibration Due Date: 09/2000 Test 1 Test 2 Test 3
 Pressure Standard: AirData Multimeter S/N: M96455 Calibration Date: 09/18/99 Calibration Due Date: 09/2000 Test 1 Test 2 Test 3
 Pressure Standard: AirData Multimeter S/N: M96100 Calibration Date: 09/18/99 Calibration Due Date: 09/2000 Test 1 Test 2 Test 3
 Rated Accuracy: Absolute Pressure $\pm 0.5\% \pm .02$ in Hg; Differential Pressure: $\pm 0.5\% \pm 0.0001$ in wc Uncertainty: As stated at test points.

Temperature Standards: Rated Accuracy: Thermometer .023° F / Thermistor .018° F Total Temperature System Uncertainty: 0.039° F
 Thermometer S/N 92143/Thermistor S/N 871513 Calibration Dates: 02/24/99;02/01/99 Cal Due Date: 02/2001 Set Point: 35° F 95° F 155° F
 Thermometer S/N 8A089/Thermistor S/N 881708 Calibration Dates: 10/09/98;10/28/98 Cal Due Date: 10/2000 Set Point: 35° F 95° F 155° F
 Thermometer S/N 92142/Thermistor S/N 850104 Calibration Dates: 02/16/99;02/01/99 Cal Due Date: 02/2001 Set Point: 35° F 95° F 155° F

Vel/Flow Standard: AirData Multimeter S/N: M99420 Calibration Date: 09/18/99 Calibration Due Date: 09/2000 Test 1 Test 2 Test 3
 Vel/Flow Standard: AirData Multimeter S/N: M96455 Calibration Date: 09/18/99 Calibration Due Date: 09/2000 Test 1 Test 2 Test 3
 Vel/Flow Standard: AirData Multimeter S/N: M96100 Calibration Date: 09/18/99 Calibration Due Date: 09/2000 Test 1 Test 2 Test 3
 Rated Accuracy: Velocity $\pm 2.0\% \pm 3$ fpm; Flow $\pm 2.0\% \pm 3$ cfm Uncertainty: See Uncertainty Table

2 IMAC Test By DW
 Date 12-28-05 Rh 1029
 Ambient Temperature 77
 Within spec YES NO

METER ACCURACY TESTS

Test By _____
 Date _____ Rh _____
 Ambient Temperature _____
 Within spec YES NO

Test By _____
 Date _____ Rh _____
 Ambient Temperature _____
 Within spec YES NO

TEMPERATURE TEST (° F) TOLERANCE = $\pm 0.2^\circ$ F

Approx Set Point	Master Meter	Test Meter	Diff	Master Meter	Test Meter	Diff	Master Meter	Test Meter	Diff
35°	35.0	35.1	+ .1						
95°	95.0	95.1	+ .1						
155°	155.0	155.0	0						

ABSOLUTE PRESSURE TEST (in Hg) TOLERANCE = $\pm 2.0\% \pm .1$ in Hg

Approx Set Point	Master Meter	Test Meter	% Diff	Master Meter	Test Meter	% Diff	Master Meter	Test Meter	% Diff
14.0	14.37	14.4	.21						
28.4	28.63	28.8	.59						
40.0	40.65	40.9	.62						

DIFFERENTIAL PRESSURE TEST (in wc) TOLERANCE = $\pm 2.0\% \pm 0.001$ in wc

Approx Set Pt	Master Meter	Test Meter	% Diff	Master Meter	Test Meter	% Diff	Master Meter	Test Meter	% Diff
.0500	.0506	.0506	0						
.1250	.1244	.1248	.32						
.2250	.2239	.2244	.22						
.2700	.2721	.2729	.29						
2.000	2.036	2.041	.25						
3.600	3.614	3.619	.14						
4.400	4.460	4.461	.02						
27.00	27.10	27.14	.15						
50.00	50.04	50.08	.08						
Overrange	✓	✓							

Shortridge Instruments, Inc.
 7855 E. Redfield Rd Scottsdale, AZ 85260

LOW VELOCITY/FLOW CONFIRMATION (AIRFOIL/FLOW MODE)
TEST METER TOLERANCE = ± 3.0% ± 7 FPM/CFM

Approx Set Point	Master Meter	Test Meter	Diff	Master Meter	Test Meter	Diff	Master Meter	Test Meter	Diff
100	129.1	130	+ .9						
500	535.9	535	-.9						

ADM-870 and ADM-860 AirData Multimeters are read in AirFoil Mode. ADM-850 and CFM-88 meters are read in air flow.

UNCERTAINTY TABLE (All AirData Multimeter Calibration Standards)

Mode	Differential Pressure (in wc)								Absolute Pressure (in Hg)			Velocity/Flow	
	.1250	.2250	.2700	2.000	3.600	4.400	27.00	50.00	14.0	28.4	40.0	100.0	500.0
2 X U _{max}	< .00022	< .00023	< .00031	< .0005	< .0015	< .0023	< .006	< .007	< .02	< .02	< .02	< 3.99	< 1.82

All Uncertainties are expressed in expanded terms (twice the calculated uncertainty). Uncertainties shown for Low Velocity/Flow Confirmation represent Uncertainty of the Transfer Standard Meter exposed to the pressure source only.

NOTES:

This instrument has been calibrated using Calibration Standards which are traceable to NIST (National Institute of Standards and Technology). Quality Assurance Program and calibration procedures meet the requirements for 10CFR50 Appendix B; ANSI/N45.2; ANSI/NC SL Z540-1-1994; MIL-STD 45662A and manufacturers specifications. Calibration accuracy is certified when meters are used with properly functioning accessories only. This report shall not be reproduced, except in full, without the written approval of Shortridge Instruments, Inc. Results relate only to the item calibrated.

Calibration Technician(s): Jon J. Wampford

Calibration Date: 12-28-05

Calibration Approved by: [Signature]

Title: Prog. Mgr

Date: 12-28-05

Shortridge Instruments, Inc.
7855 E. Redfield Rd Scottsdale, AZ 85260
(480) 991-6744 Fax (480) 443-1267

RIVER CITY

Heating & Air Conditioning

AIR BALANCE REPORT

JOB NO. C.G #C

SECTION _____ PAGE 1

DATE 8/28/06

FAN & OUTLET TEST SHEET

AREA SERVED Complete Suite "C"

UNIT A/C-1

MOTOR NAMEPLATE DATA

MFG G/E FR _____
 HP 1 V 208 FLA 9.1
 PH 1 SF TH RPM Var

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED X

FAN NAMEPLATE DATA

MFG York
 MODEL DMP048N06525A
 SERIAL# NOF6419345
 SIZE 4 Ton

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS Direct Drive

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	<u>208</u>		
AMPS	<u>7.9</u>		
BHP	<u>DNL</u>		
RPM	<u>Variable</u>		
SP -	<u>140</u>		
SP +	<u>150</u>		
TSP	<u>190</u>		
FILTER SP	<u>102</u>		
CFM TOTAL	<u>1545</u>		
CFM RA	<u>1210</u>		
CFM OA	<u>335</u>		

FAN DESIGN DATA

CFM _____ SP _____ RPM _____ BHP _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	<u>1</u>	<u>SA</u>	<u>12</u>			<u>500</u>		<u>480</u>				
	<u>2</u>	<u>SA</u>	<u>12</u>			<u>500</u>		<u>480</u>				
	<u>3</u>	<u>SA</u>	<u>10</u>			<u>300</u>		<u>275</u>				
	<u>4</u>	<u>SA</u>	<u>10</u>			<u>300</u>		<u>310</u>				
Supply Air Total	=					<u>1600</u>		<u>1545</u>				
	<u>5</u>	<u>RA</u>	<u>18"</u>			<u>1274</u>		<u>1210</u>				
Return Air Total	=					<u>1274</u>		<u>1210</u>				
OSA	=					<u>326</u>		<u>335</u>				

REMARKS: _____

California Building
 A (latest
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Suite "C"

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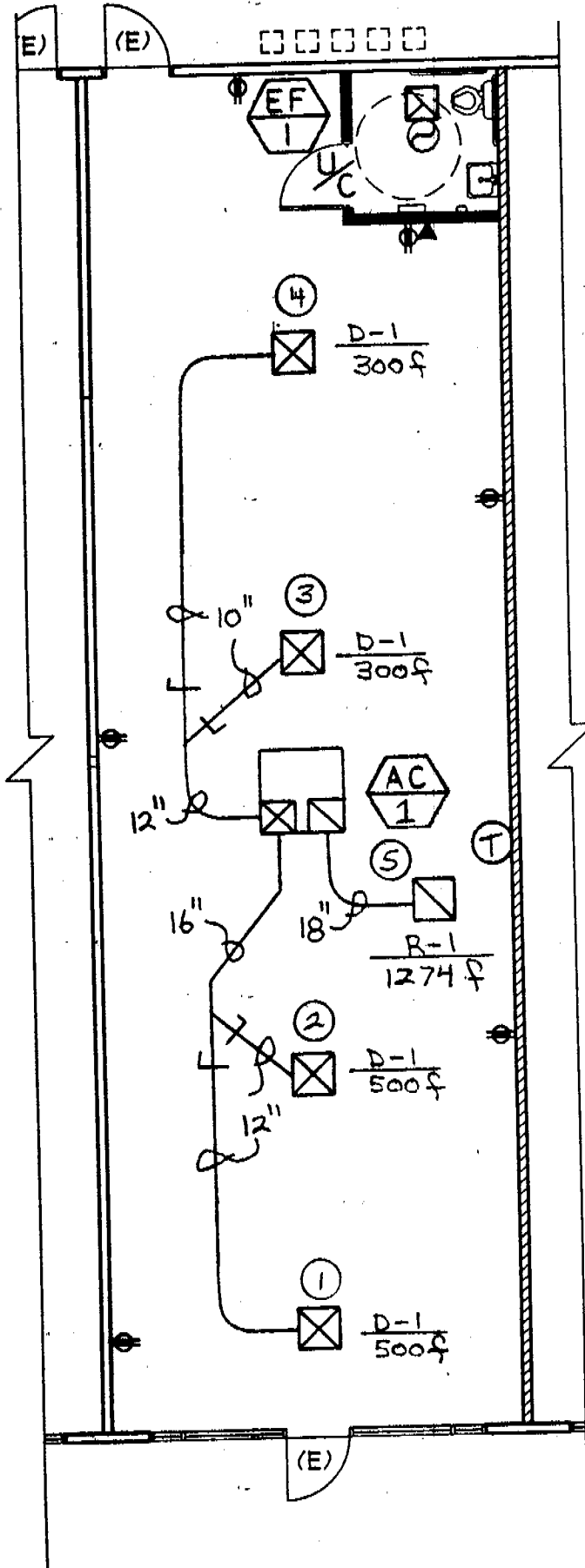
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 locations shown

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California Mechanical
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 Contractor to

fill installed to
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MECHANICAL FLOOR PLAN

Architect	
Drawn By	
Revisions	
NO.	
Job No.	
Date	
Drawing N	

2005 CERTIFICATE OF ACCEPTANCE (Part 1 of 2) **MECH-1-A**

PROJECT NAME <i>College Greens, Suite "C"</i>		DATE <i>8/28/06</i>
PROJECT ADDRESS <i>8391 Folsom Blvd, SAC, CA</i>		Checked by/Date Enforcement/Agency/Use
TESTING AUTHORITY <i>River City Heating & A/C</i>	TELEPHONE <i>530 899-8282</i>	

GENERAL INFORMATION			
DATE OF BLDG. PERMIT <i>7/10/06</i>	PERMIT # <i>0608283</i>	BLDG. CONDITIONED FLOOR AREA <i>1303</i>	CLIMATE ZONE <i>12</i>
BUILDING TYPE	<input checked="" type="checkbox"/> NONRESIDENTIAL	<input type="checkbox"/> HIGH RISE RESIDENTIAL	<input type="checkbox"/> HOTEL/MOTEL GUEST ROOM
PHASE OF CONSTRUCTION	<input checked="" type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION <input type="checkbox"/> UNCONDITIONED

STATEMENT OF ACCEPTANCE

This Certificate of Acceptance summarizes the results of the acceptance tests related to building mechanical requirements per Title 24, Part 6. (Sections 10-103.b, 121.f, 122.h, 125.a, 125.b, 125.c, 125.c.5, 125.d)

- Please check one:
- I hereby affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code to sign this document as the person responsible for its preparation; and that I am licensed in the State of California as a civil engineer or mechanical engineer, or I am a licensed architect.
 - I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section 5537.2 or 6737.3 to sign this document as the person responsible for its preparation; and that I am a licensed contractor performing this work.
 - I affirm that I am eligible under the exemption to Division 3 of the business and Professions Code to sign this document because it pertains to a structure or type of work described pursuant to Business and Professions Code sections 5537, 5538, and 6737.1.

(These sections of the Business and Professions Code are printed in full in the Nonresidential Manual.)

TESTING AUTHORITY - NAME <i>River City Heat & A/C</i>	SIGNATURE <i>[Signature]</i>	DATE <i>8/28/06</i>	LIC.# <i>742704</i>
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INSTRUCTIONS TO APPLICANT

For Detailed instructions on the use of this and all Energy efficiency Standards acceptance forms, please refer to the Nonresidential Manual published by the California Energy Commission.
 Part 1 of 2 - Statement of Acceptance
 Part 2 of 2 - Summary of Acceptance Tests

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Ventilation System Acceptance Document

MECH-2-A

NJ.3.1, NJ.3.2

Form 1 of 2

PROJECT NAME College Greens, Suite "C"	DATE 8/28/06	
PROJECT ADDRESS 8391 Folsom Blvd, SAC, CA	Checked By/Date Enforcement/Agency Use	
TESTING AUTHORITY River City Heating & A/C		TELEPHONE 530-899-8282
VENTILATION SYSTEM NAME / DESIGNATION A/C-1 Complete Suite		

Intent: Verify measured outside airflow CFM is within $\pm 10\%$ of the total required outside airflow value found in the Standards Mechanical Plan (MECH-3, Column I), per 121(f).

Construction Inspection

- 1 Instrumentation to perform test includes, but not limited to:
 - a. Watch
 - b. Means to measure airflow (hot wire anemometer or pitot tube)
- 2 Check one of the following:
 - Variable Air Volume (VAV) - Check as appropriate:
 - a. Sensor used to control outdoor air flow must have calibration certificate or be field calibrated
 - Calibration certificate (attach calibration certification)
 - Field calibration (attach results)
 - Constant Air Volume (CAV) - Check as appropriate:
 - System is designed to provide a fixed minimum OSA when the unit is on

Certification Statement: I certify that all statements are true on this MECH-2-A form including the PASS/FAIL Evaluation. I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form MECH-1-A

Name:

PETE HERBOLD

Company:

River City Heating & A/C

Signature:

Pete Herbold

Date:

8/28/06

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Ventilation System Acceptance Document

MECH-2-A

NJ.3.1, NJ.3.2

Form 2 of 2

PROJECT NAME <i>College Greens, Suite "C"</i>	DATE <i>8/28/06</i>
--	------------------------

A. Equipment Testing		CAV	VAV
a.	Constant or Variable Air Volume (CAV or VAV) - check appropriate column	✓	
b.	Verify unit is not in economizer mode during test - check appropriate column	✓	
Step 1: CAV and VAV testing at full supply airflow			
	1	Drive boxes open (check)	
	2	Measured outdoor airflow (cfm)	
	3	Required outdoor airflow (cfm) (from MECH-3, column 1)	
	4	Time for outside air damper to stabilize after VAV boxes open (minutes)	
	5	Return to initial conditions (check)	
Step 2: VAV testing at reduced supply airflow			
	1	Drive boxes to minimum (check)	
	2	Measured outdoor airflow (cfm)	
	3	Required outdoor airflow (cfm) (from MECH-3, column 1)	
	4	Time for outside air damper to stabilize after VAV boxes open (minutes)	
	5	Return to initial conditions (check)	

B. Testing Calculations & Results		CAV	VAV
	Step 1: % Outdoor Air = Measured outside air / Required outside air (Step1:2/Step1:3)	<i>102%</i>	%
	90% < %Outdoor Air > 110% to 90% = %Outdoor Air = 110%	<i>Y</i> / N	Y / N
	Outside air damper position stabilizes within 15 minutes (Step 1:4 < 15 minutes)	<i>Y</i> / N	Y / N
	Step 2: % Outdoor Air = Measured outside air / Required outside air (Step2:2/Step2:3)		
	90% < %Outdoor Air > 110% to 90% = %Outdoor Air = 110%		Y / N
	Outside air damper position stabilizes within 15 minutes (Step 2:4 < 15 minutes)		Y / N

Note: Shaded areas do not apply for particular test procedure

C. PASS / FAIL Evaluation (check one):	
<input checked="" type="checkbox"/>	PASS: All Construction Inspection responses are complete and Testing Calculations & Results responses are positive (Y - yes)
<input type="checkbox"/>	FAIL: Any Construction Inspection responses are incomplete OR there is one or more negative (N - no) responses in Testing Calculations & Results section. Provide explanation below. Use and attach additional pages if necessary.

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE**Packaged HVAC Systems Acceptance Document** **MECH-3-A****NJ.4.1** **Form 1 of 2**

PROJECT NAME <u>College Greens, Suite "C"</u>		DATE <u>8/28/06</u>
PROJECT ADDRESS <u>8391 Folsom Blvd, SAC, CA</u>		
TESTING AUTHORITY <u>River City Heating & A/C</u>	TELEPHONE <u>530-899-8282</u>	
PACKAGED HVAC NAME / DESIGNATION <u>A/C-1, Entire Suite</u>		

Intent: **Verify that under a specific load whether in occupied or unoccupied condition, the system meets a specific sequence of operation.**

Construction Inspection

- 1 Instrumentation to perform test includes, but not limited to:
 - a. None required
- 2 Installation
 - Thermostat or zone temperature sensor is located within the zone that the HVAC system serves
 - Thermostat or sensor is wired to the HVAC system correctly
- 3 Programming (check all of the following)
 - Heating and cooling thermostats are capable of a 5°F deadband where cooling and heating are at a minimum (§122b3)
 - Occupied, unoccupied, and holiday schedule have been programmed.
 - Pre-occupancy purge (at least lesser of minimum outside air or 3 ACH for one hour prior to occupancy) programmed (§121.c.2)
 - Set up and set back setpoints have been programmed as required

Certification Statement: I certify that all statements are true on this MECH-3-A form including the PASS/FAIL Evaluation. I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form MECH-1-A

Name: PETE HERBORN
 Company: River City Heating & A/C
 Signature: Pete Herborn Date: 8/28/06

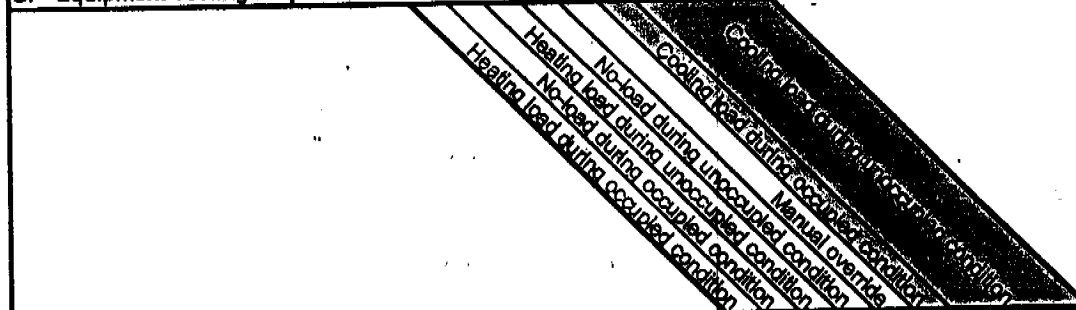
2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Packaged HVAC Systems Acceptance Document **MECH-3-A**

NJ.4.1 Form 1 of 2

PROJECT NAME: College Greens, Suite "C" DATE: 8/29/06

B. Equipment Testing Requirements Operating Modes



Check and verify the following for each simulation mode required		A	B	C	D	E	F	G
<input type="checkbox"/>	1 Supply fan operates continually	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	2 Supply fan turns off				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input type="checkbox"/>	3 Supply fan cycles on and off			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
<input type="checkbox"/>	4 System reverts to "occupied" mode to satisfy any condition					<input checked="" type="checkbox"/>		
<input type="checkbox"/>	5 System turns off when manual override time period expires					<input checked="" type="checkbox"/>		
<input type="checkbox"/>	6 Gas-fired furnace, heat pump, or electric heater stages on	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<input type="checkbox"/>	7 Neither heating or cooling is provided by the unit		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input type="checkbox"/>	8 No heating is provided by the unit		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	9 No cooling is provided by the unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input type="checkbox"/>	10 Compressor stages on					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input type="checkbox"/>	11 Outside air damper is open to minimum position	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	12 Outside air damper closes completely				<input checked="" type="checkbox"/>			
<input type="checkbox"/>	13 System returned to initial operating conditions after all tests have been completed							<input checked="" type="checkbox"/>

Note: Shaded areas do not apply for particular test procedure

C. Testing Results

Indicate if Passed (P), Failed (F), or Not Applicable (X), fill in appropriate letter: P P F P P

D. PASS / FAIL Evaluation (check one):

- PASS:** All Construction Inspection responses are complete and all applicable Testing Results responses are "Passed" (P)
- FAIL:** Any Construction Inspection responses are incomplete OR there is one or more "Failed" (F) responses in Testing Results section. Provide explanation below. Use and attach additional pages if necessary.

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE		MECH-5-A
NJ.5.1 Air Distribution Acceptance Document		Part 1 of 3
PROJECT NAME <i>College Greens, Suite 'C'</i>	DATE <i>8/28/06</i>	TELEPHONE <i>530-899-8282</i>
PROJECT ADDRESS <i>8391 Folsom Blvd, SAC, CA</i>		
TESTING AUTHORITY <i>River City Heating & A/C</i>		
AIR DISTRIBUTOR NAME / DESIGNATION <i>A/C-1 Complete Suite</i>	PERMIT NUMBER <i>0608283</i>	
Intent:	New single zone supply ductwork shall not exceed a 6% leakage rate per §144(k) or §149D I, existing single zone ductwork shall not exceed 15% leakage or other compliance path per §149D ii or §149E.	
Construction Inspection		
1 Scope of test – New Buildings – this test required on New Buildings only if all checkboxes 1(a) through 1(c) are checked		
Existing Buildings – this test required if 1(a) through 1(d) are checked		
Ductwork conforms to the following (note if any of these are not checked, then this test is not required):		
<input checked="" type="checkbox"/>	1a) Connected to a constant volume, single zone air conditioners, heat pumps, or furnaces	
<input checked="" type="checkbox"/>	1b) Serves less than 5000 square feet of floor area	
<input type="checkbox"/>	1c) Has more than 25% duct surface area located in one or more of the following spaces	
	- Outdoors	
	- A space directly under a roof where the U-factor of the roof is greater than U-factor of the ceiling	
	- A space directly under a roof with fixed vents or openings to the outside or unconditioned spaces	
	- An unconditioned crawlspace	
<input type="checkbox"/>	- Other unconditioned spaces	
<input type="checkbox"/>	1d) A duct is extended or any of the following replaced: air handler, outdoor condensing unit of a split system, cooling or heating coil, or the furnace heat exchanger.	
2 Instrumentation to perform test includes:		
	a. Duct Blaster	
3 Material and Installation. Complying new duct systems shall have a checked box for all of the following categories a through f.		
	a. Choice of drawbands (check one of the following)	
<input type="checkbox"/>	Stainless steel worm-drive hose clamps	
<input checked="" type="checkbox"/>	UV-resistant nylon duct ties	
<input checked="" type="checkbox"/>	b. Flexible ducts are not constricted in any way	
<input type="checkbox"/>	c. Duct leakage tests performed before access to ductwork and connections are blocked	
<input checked="" type="checkbox"/>	d. Joints and seams are not sealed with cloth back rubber adhesive tape unless used in combination with Mastic and drawbands	
<input type="checkbox"/>	e. Duct R-values are verified R-8 per 124(a)	
<input type="checkbox"/>	f. Ductwork located outdoors has insulation that is protected from damage and suitable for outdoor service	
Certification Statement		
I certify that all statements are true on this MECH-5-A form including the PASS/FAIL Evaluation. I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form MECH-1-A		
Name:	<i>PETE HERBOLD</i>	
Company:	<i>River City Heating & A/C</i>	
Signature:	<i>Pete Herbold</i>	Date: <i>8/29/06</i>