

TRANSMISSION VERIFICATION REPORT

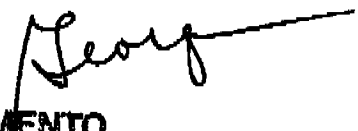
TIME : 02/06/2006 11:06
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER. # : BROH4J832840

| | |
|--------------|-------------|
| DATE, TIME | 02/06 11:03 |
| FAX NO./NAME | 96454207 |
| DURATION | 00:03:17 |
| PAGE(S) | 05 |
| RESULT | OK |
| MODE | STANDARD |

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0602008
 TRANSACTION DATE: 02/06/2006
 TRANSACTION AMOUNT: 188.67
 NOTATION:

ISSUED
 CITY OF SACRAMENTO
 FEB 06 2006
 DOWNTOWN PERMIT
 CENTER



APD #: 0601529
 SITE ADDRESS: 430 CAMELIA RIVER WY SAC
 PARCEL: 031-0390-039

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: ISSUED

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

| Type | Method | Description | Pymt Amount |
|---------|----------|-------------|-------------|
| Payment | Credit C | TEETER | 188.67 |

RECEIPT ACCOUNT ITEM LIST

| Class # | Description | Item # | Total Fee | Prev Pymt | Current Pymt |
|---------|--------------------------|--------|-----------|-----------|--------------|
| 200 | Permit--Building-Res | 1100 | 175.00 | .00 | 175.00 |
| 206 | City Business Oper Tax | 1730 | 2.54 | .00 | 2.54 |
| 213 | General Plan Surcharge | 1760 | 4.13 | .00 | 4.13 |
| 259 | Bldg-Technology Surcharg | 1750 | 7.00 | .00 | 7.00 |

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)

CF-4R

| | |
|---|---|
| 430 Camelia River Way Project Address | Peck Heating & Air Conditioning / 566294 Contractor Name / License No. |
| David Conzel 024-0415 Contractor Contact | 0601529 Permit Number |
| John Flores HERS Rater | 916-624-2092 17216 Telephone Sample Group Number |
| <i>David Flores</i> Certifying Signature | February 22, 2006 CC14-1798357798 Date Certificate Number |
| Firm: Valley Duct Testing | HERS Provider: CalCERTS |
| Street Address: 6345 Rainier Ave | City/State/Zip: Rocklin / CA / 95677 |

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the **Title 24 & Title 20** of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

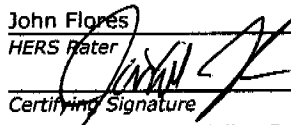
The house was Tested Approved as part of sample testing, but was not tested. As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of the CF-6R (Installation Certificate).
 New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
 New systems 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 at duct connections.

 MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT: Main System

| NEW CONSTRUCTION | | | |
|--|---|-----------------|--|
| | Duct Pressurization Test Results (CFM @ 25 Pa) | Measured Values | |
| 1 | Enter Tested Leakage Flow in CFM: | N/A | |
| 2 | Fan Flow: Calculated (Nominal <input type="radio"/> Cooling <input checked="" type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM: | 1042 | |
| 3 | Pass if Leakage Percentage $\leq 6\%$ [$100 \times (\text{Line 1} / \text{Line 2})$]: | N/A | N/A |
| ALTERATIONS: Duct System and/or HVAC Equipment Change-Out | | | |
| 4 | Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out. | | |
| 5 | Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out. | 92 | |
| 6 | Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable) | | |
| 7 | Enter Tested Leakage Flow in CFM to Outside (Only if Applicable) | | |
| 8 | Entire New Duct System - Pass if Leakage Percentage $\leq 6\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]: | | <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 $\leq 15\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]: | 8.8% | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 10 | Pass if Leakage to Outside Percentage $\leq 10\%$ [$100 \times (\text{Line 7} / \text{Line 2})$]: | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 11 | Pass if Leakage Reduction Percentage $\geq 60\%$ [$100 \times (\text{Line 6} / \text{Line 4})$] 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)**CF-4R**

| | | | |
|---|--|--|--|
| 430 Camelia River Way | | Peck Heating & Air Conditioning / 566294 | |
| <i>Project Address</i> | | <i>Contractor Name / License No.</i> | |
| David Conzul 624 0415 | | 0601529 | |
| <i>Contractor Contact</i> | | <i>Permit Number</i> | |
| John Flores | | 916-624-2092 17216 | |
| <i>HERS Rater</i> | | <i>Telephone</i> | |
|  | | Sample Group Number | |
| February 22, 2006 | | CC14-1798357798 | |
| <i>HERS Rater</i> | | <i>Date</i> | |
| <i>Certifying Signature</i> | | <i>Certificate Number</i> | |
| Firm: Valley Duct Testing | | HERS Provider: CalCERTS | |
| Street Address: 6345 Rainier Ave | | City/State/Zip: Rocklin / CA / 95677 | |

Copies to: Homeowner, HERS Provider and Building Department

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HERS RATER COMPLIANCE STATEMENT

The 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 house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of the CF-6R (Installation Certificate).

 THERMOSTATIC EXPANSION VALVE (TXV): Main System

Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

| | |
|-----------------------------|--|
| Main System HVAC System TXV | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
|-----------------------------|--|

INSTALLATION CERTIFICATE

(Page 3 of 12) CF-6R

| | |
|---|---------------------------------|
| Site Address 430 Camela River Way | Permit Number 0601529 |
|---|---------------------------------|

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).

HVAC SYSTEMS:

Heating Equipment

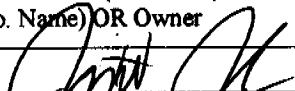
| Equip Type (pkg. heat pump) | CEC Certified Mfr. Name and Model Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ (≥CF-1R value) | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|--------------------------------|--|------------------------------|---|-----------------------------------|------------------------------|-----------------------------|---------------------------------|
| split h.p. | Amana MBE2000 | 1 | 8.2 | attic | 4.2 | | 48000 |
| | | | | | | | |
| | | | | | | | |

Cooling Equipment

| Equip Type (pkg. heat pump) | CEC Certified Mfr. Name and Model Number | # of Identical Systems | Efficiency (SEER or EER) ¹ (≥CF-1R value) | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|--------------------------------|--|------------------------------|--|-----------------------------------|-----------------|-----------------------------|---------------------------------|
| split h.p. | Amana RHF48 C2C | 1 | 14 | | | | 48000 |
| | | | | | | | |
| | | | | | | | |

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-1R value.*
Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

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 manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

| | |
|--|---------------|
| Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner | |
| Signature:  | Date: 2-22-06 |

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Site Address

Permit Number

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

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

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

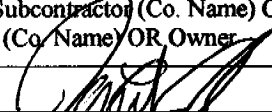
- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler 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: | |
| 2 | Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" 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: | 1042 |
| 3 | Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [(Line # 1) / (Line # 2)]] | <input 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. | 92 |
| 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 [92 (Line # 5) / 1042 (Line # 2)]] | 88 <input checked="" 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 Pass if One of Lines # 9 through # 12 pass | <input type="checkbox"/> Pass <input checked="" 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.

| | |
|--|---------------|
| Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner | |
| Signature:  | Date: 2-22-06 |

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

INSTALLATION CERTIFICATE

| | |
|--------------|---------------|
| Site Address | Permit Number |
|--------------|---------------|

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

| | | | | | |
|---|---|-----------------------------|---|-------------------------------------|--------------------------|
| ✓ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | Yes is a pass | Pass | Fail |

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

| | |
|---------------------------------------|---------------------------|
| Outdoor Unit Serial # | |
| Location | |
| Outdoor Unit Make | |
| Outdoor Unit Model | |
| Cooling Capacity | Btu/hr |
| Date of Verification | |
| Date of Refrigerant Gauge Calibration | (must be checked monthly) |
| Date of Thermocouple Calibration | (must be checked monthly) |

Standard Charge Measurement Procedure (outdoor air dry-bulb 55°F and above):

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

| | | |
|---|--|----|
| Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db) | | °F |
| Return (evaporator entering) air dry-bulb temperature (Treturn, db) | | °F |
| Return (evaporator entering) air wet-bulb temperature (Treturn, wb) | | °F |
| Evaporator saturation temperature (Tevaporator, sat) | | °F |
| Suction line temperature (Tsuction, db) | | °F |
| Condenser (entering) air dry-bulb temperature (Tcondenser, db) | | °F |

Superheat Charge Method Calculations for Refrigerant Charge

| | | |
|--|--|----|
| Actual Superheat = Tsuction, db - Tevaporator, sat | | °F |
| Target Superheat (from Table RD-2) | | °F |
| Actual Superheat - Target Superheat (System passes if between -5 and +5°F) | | °F |

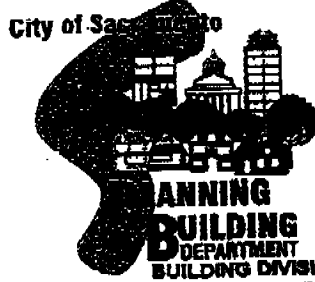
Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

| | | |
|---|--|----|
| Actual Temperature Split = T return, db - Tsupply, db | | °F |
| Target Temperature Split (from Table RD3) | | °F |
| Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F) | | °F |

2-22-06

[Signature]



Inspection Request # (916) 264-7622

Building Permit ISSUED CITY OF SACRAMENTO

Office Use Only

Permit No:
Date Issued:
Total Amount:
Insp Area #:

FEB 06 2006 DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 430 Camelia River Way Sacramento CA 95831
Nature of Work: HVAC c/o Amana heat pump split system

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

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 C2 License Number 5106894 Date 2/6/06 Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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 3 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 Professions 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.)

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 permissibility of 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 2/6/06 Applicant/Agent Signature [Signature]

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:
Policy Number 7065119102 Expiration Date 10/1/06

(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 2/6/06 Applicant Signature [Signature]

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.

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: Pamela Dew
Peck Heating & Air Cond Phone: (916) 424-0415
 Project Address: 430 Camelia River way Sacramento CA 95831

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit.
 - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.
- b. There is no unit in the proposed location.
 - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b. There is no existing roof-mounted unit
 - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Pamela A Dew Date: 2/6/06

| | |
|---|----------------------|
| For City Staff use only | Counter Staff |
| <input type="checkbox"/> In a DR District Meets DR criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No (route to DR staff) <input type="checkbox"/> In a P area or listed (route to P staff) <input type="checkbox"/> Not in DR/P area | |