



Retro Fit Department

4700 Lang Ave
McClellan, CA
95652
916-646-2222

Name MARSH FRANK
Address 1619 55TH ST

Retro Job # R2002905
Job Phone # (916) 939-6812

Permit # 0517460

Start Up Date 11-15-05
Start Up Time 11-18-05

SYSTEM CHECKOUT

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Equipment Verified | <input type="checkbox"/> Thermostat Level | <input checked="" type="checkbox"/> High/Low Voltage Checked |
| <input checked="" type="checkbox"/> Furnace and Coil Level | <input checked="" type="checkbox"/> Thermostat Programmed | <input checked="" type="checkbox"/> All Equipment Strapped |
| <input checked="" type="checkbox"/> Duct and Plenums Strapped | <input checked="" type="checkbox"/> Explained T-stat Operation | <input checked="" type="checkbox"/> Clean up Work Area |
| <input checked="" type="checkbox"/> Condensate Drain OK | <input checked="" type="checkbox"/> Filter Installed | <input checked="" type="checkbox"/> Collect Payment |
| <input checked="" type="checkbox"/> Comb Vents Clear | <input checked="" type="checkbox"/> Service Valves Tight | <input checked="" type="checkbox"/> Left H/O paperwork and guide |
| <input checked="" type="checkbox"/> Flue Clearance | <input checked="" type="checkbox"/> Insulation put Back | <input checked="" type="checkbox"/> System Orientation |
| <input checked="" type="checkbox"/> Electrical System OK | <input checked="" type="checkbox"/> Roof Weather Tight | <input checked="" type="checkbox"/> Explained Permit Procedure |
| <input checked="" type="checkbox"/> Lineset Strapped/Insulated | <input checked="" type="checkbox"/> Gas Pipe Strap/Leak Check | <input checked="" type="checkbox"/> Notice of Completion |
| <input checked="" type="checkbox"/> Refrigerant leak Check | <input checked="" type="checkbox"/> Unit charged properly | |

Technician (Name) Notes: CHL30-1 GMS80453AX HT7830
0510046830 0508134315 0509746817

INSTALL FULL LOT-1W

Amount to be Collected \$ 8038⁰⁰ Financed \$ ~~8038~~ Due By _____

Notes to the Customer: GIVE CUSTOMER STAT, PERMIT,
HERS PAPERS, GO OVER INSTALL, RUN
CHECK SYSTEM COMPLETE

Technician (Name): [Signature] Date 11-15-05

Customer Signature: [Signature] Date 11-16-05

213762



Installation Certificate

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

1619 55th St

05174100

Site Address

Permit Number

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:		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in 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 that calculated or measured fan flow in CFM here:		✓ ✓
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [(Line # 1) / (Line # 2)]]		<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)		✓ ✓
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 # 7)]]		<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

Signature: _____ Date: _____
 Installing Subcontractor (Co. Name) or General Contractor (Co. Name): _____

March 2005