



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

0517400

INSULATION CERTIFICATE  
57188

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:

LOT # 19.6 TRACT # S. 2ndly

STREET 4985 Madamist Dr CITY Williams

EXTERIOR WALLS: THICKNESS/TYPE 2 R- VALUE 13

MANUFACTURER T THICKNESS/TYPE R- VALUE 13

CEILING: R- VALUE 13

BATT: R- VALUE 30

MINIMUM THICKNESS R- VALUE 30

SQUARE FOOTAGE COVERED 1 NUMBER OF BAGS USED 1

FLOORS: THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION INCHES

FOUNDATION WALLS: THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR DATE

CALIFORNIA CONTRACTORS LICENSE # DATE

INSULATION CONTRACTOR ARCADE INSULATION TITLE

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 3-16-06

NEVADA CONTRACTORS LICENSE #0055201 DATE

SIGNATURE TITLE

**INSTALLATION CERTIFICATE**

(Page 1 of 8)

CF-6R

4985 Madamin

0517400

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**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-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> [ $\geq$ CF-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:**

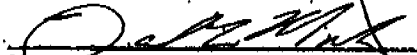
Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>3</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>1</sup>
NAT	STATE GAS 50 XOCTG	STD	N/A	1	40000	50	.62	1	16

- 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.

  
Signature, Date

D. MARTEL Plumbing, Inc.  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

January 4, 2001

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

4985 Madonia

0517400

Site Address: MAN 1

Permit Number

FENESTRATION/GLAZING:

A/SIDE 70

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor (CF-1R value)	Product SHGC (CF-1R value)	# of Panels	Total Quantity of Like Product (Overlapped)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. <u>XO</u>	<u>.35</u>	<u>.32</u>	<u>2</u>	<u>0</u>	<u>1712</u>	<u>16"</u>	
2. <u>SH</u>	<u>.35</u>	<u>.32</u>	<u>2</u>	<u>18</u>			
3. <u>PW</u>	<u>.37</u>	<u>.35</u>	<u>1</u>	<u>6</u>			
4. <u>360</u>	<u>.35</u>	<u>.34</u>	<u>2</u>	<u>1</u>			
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

1) 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.

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.

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 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

Windows  
2, 4, 6, 8  
Item #s (if applicable)

[Signature] 8.1.05  
Signature, Date

A/SIDE  
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

**KwikKote**

No. 200-924223

Stucco System  
Installation Card

Job Name: Serenity @ Creekside

Address: 4985 Madamin

# 0517400

Lot #: 19-2

Stucco System Trade Name: KWIK KOTE

Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion:

Home Builder: JOHN LAING HOMES.

Address: 1544 EUREKA RD SUITE 250  
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.

Address: PO BOX 2077

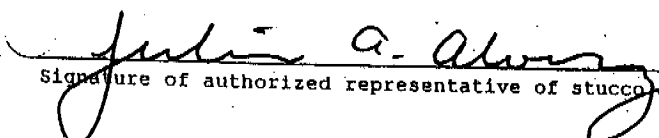
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 11/30/2004

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

  
Signature of authorized representative of stucco contractor

5-17-05  
Date

**INSTALLATION CERTIFICATE**

CF-6R

4985 Madgamin

John Laing Homes - Creekside

0517400

Permit Number

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**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	York P4HUA12L04801	1	0.80	Attic	R-6	18,398	80,000	Plan 1
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	27,032	80,000	Plan 2
Furnace	York P4HUB16L6401	1	0.80	Attic	R-6	30,441	80,000	Plan 3
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	25,183	100,000	Plan 4

**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)	
Condenser	York H*RC024 *	1	13.0	Attic	R-6	16,989	23,400	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6	19,658	29,400	Plan 2
Condenser	York H*RC030 *	1	13.0	Attic	R-6	21,746	29,400	Plan 3
Condenser	York H*RE024 *	1	14.0	Attic	R-6	17,996	24,000	Plan 4

**\*TXV - Indicates Thermal Expansion Valve On Coil**

(1) > reads greater than or equal to.

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Signature, Date

Beutler Corporation

OR General Contractor ( Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

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

Project Title: Serenity @ Creekside PH 12 Date: 4/3/06  
 Project Address: 4985 Madamira Dr. Madras, CA 95835 Builder Name: WL Homes  
 Builder Contact: 44170129 Lot 19-2 Telephone: 916 847 0514 Plan Number: 1C1712  
 HERS Rater: Andre Douglas Telephone: 916 847 0514 Sample Group Number: \_\_\_\_\_  
 Certifying Signature: [Signature] Date: 4/3/06 Sample House Number: \_\_\_\_\_  
 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  
 If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1000  
 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

INSTALLATION CERTIFICATE

CF-6R

4985 madamin drive Natomas, ca 95835  
Site Address

Permit Number # 4412 0125

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Fan Flow Test Leakage (CFM) 60 cfm

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity  
in Thousands of Btu/hr, enter calculated value here 1000  
If fan flow is measured, enter measured value here \_\_\_\_\_

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 6%

Pass if leakage fraction ≤ 0.06  Pass  Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:  
Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes  No  Pressure pan test or House pressurization test

Yes  No  Visual Inspection of Duct Connections  Pass  Fail

THERMOSTATIC EXPANSION VALVE (TXV)

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

Pass  Fail

DUCT DESIGN

1.  Yes  No ACCA Manual D Design calculations have been completed.  
Duct Design is on the plans and duct installation matches  
plans.

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 = \_\_\_\_\_

Yes for both 1 and 2 is a Pass  Pass  Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in  
conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R  
signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for  
compliance credit.]

4-3-6  
Tests  
Performed

D. Jones  
Signature, Date

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

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

January 4, 2001