

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0607889

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 2690 KLAYKO ST SAC

Parcel No: RIVERDALE NORTH VILLAGE 3 LOT # 59

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

OWNER

ARCHITECT

Nature of Work: MP1837 2 STORY 7 RM SFR

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).

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 6/1/06 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 _____

CITY OF SACRAMENTO
JUN 01 2006
PLANNING AND DEVELOPMENT

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 improvements 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 6/1/06 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 04/01/2007

(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.

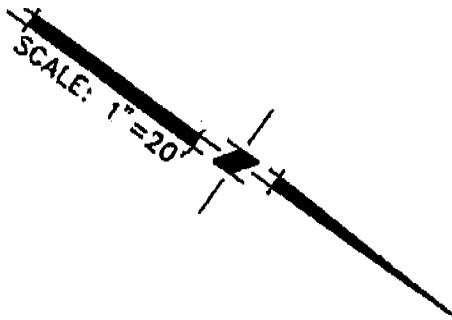
Date 6/1/06 Applicant Signature N. Collins

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.

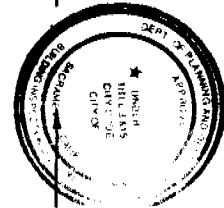
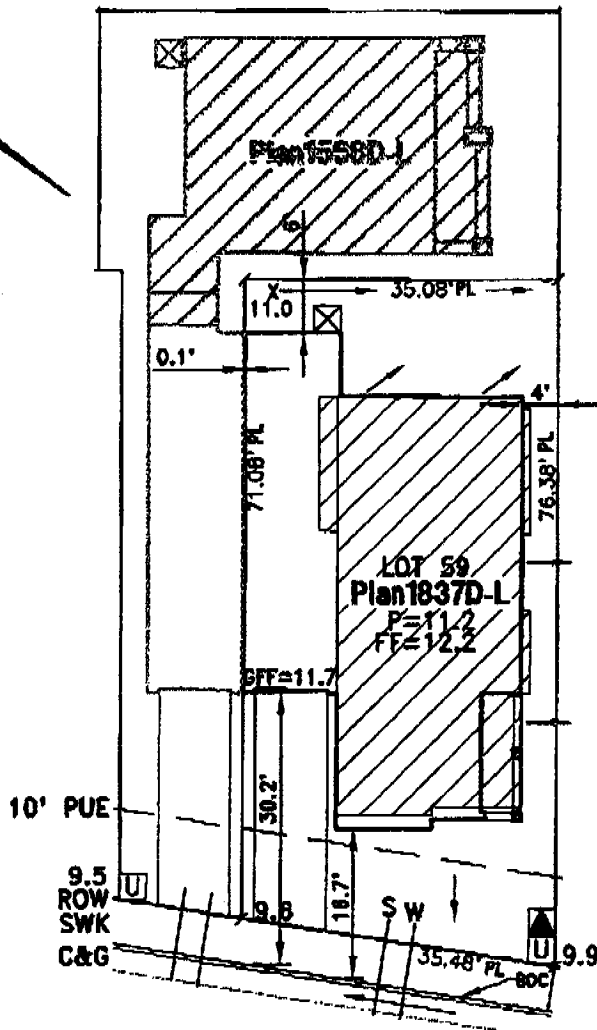
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

X 9.8 LP



ROUTING/APPROVAL		
	✓	INITIALS
President		
Project Development		
Construction	✓	AS
Marketing	✓	AS
Admin.		
Accounting		



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Subdividing Inspection Division. Approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

- U - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- ▲ - TRANSFORMER
- SL - SERVICE POINT
- ⊙ - FIRE HYDRANT

KLAYCO STREET

RIVERDALE VILLAGE 3
 "THE DISCOVERY COLLECTION" FOR BEAZER HOMES
 PLOT PLAN FOR LOT 59

A.P.N.:
 LOT AREA: 2587 SQ. FT.
 ADDRESS:
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING • PLANNING • MAPPING • SURVEYING
 3301 O STREET, BLDG. 100-B, SACRAMENTO, CA 95816
 PHONE: (916) 341-7700 FAX: (916) 341-7707

DATE: 04-21-06 DRAWN: GDM 1055.032

CERTIFICATION OF INSULATION

2690 Kayko St
0607889

PART I GENERAL	ADDRESS OF TRACT				SACRAMENTO BUILDING PRODUCTS						
	Beazer Discovery LOT # 3059				<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED <p style="text-align: right; margin-right: 50px;">10-11-06</p>						
PART II AREAS INSULATED	WALLS			ROOFS			FLOORS				
	(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)				
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION				
	MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS				
	FORM BATTS			FORM BATTS & BLOW			FORM BATTS				
	MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.				
	MANUFACTURER			MANUFACTURER			MANUFACTURER				
	CT	OC	JM	CT	OC	JM	CT	OC	JM		
	R - VALUE INSTALLED		APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIL. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED		APPLIED THICKNESS		
	13	19	3 1/2"	30	9"						
		5 1/2"		12"							
KNIFE EDGES IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER		
						CT	OC	JM			
AIR INFILTRATION SEALANT											
MATERIAL <i>Foam</i>						MANUFACTURER HILTI			MANUFACTURER HANDY FOAM		
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.											
SIGNATURE — INSULATION CONTRACTOR <i>JC</i>						TITLE MANAGER			DATE <i>10-11-06</i>		
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE		
REMARKS											



Job # 1001854

Installation Certificate

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

2690 Klayko Street Sacto, Ca 95834 Lot # 3059 Plan # 1837

Site Address

Boazer / Discovery

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:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	56	
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:	998	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [56 (Line # 1) / 998 (Line # 2)]]	5.6%	<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

Signature

Date

Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)

lot 3059

2690 KLAYKO # 0607889

Permit #

CF-6R

INSTALLATION CERTIFICATE

LOT

- PLAN

Beazer Homes - Discovery Collections

Permit Number

Site Address:

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 #	# 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)	PLAN
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	22,803	60,000	1027
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	22,809	60,000	1028
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	24,323	60,000	1172
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	27,790	60,000	1198
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	24,432	60,000	1314
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	24,432	60,000	1568
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	29,289	60,000	1837

Cooling Equipment

Equip. Type (pkg. Heat pump)

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)	PLAN
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	15,861	20,800	1027
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	15,864	20,800	1028
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	16,293	20,800	1172
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	19,610	20,800	1198
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	17,276	20,800	1314
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	17,276	20,800	1568
A/C	YORK #H*RD030	1	13.0	ATTIC	R-4.2	20,711	26,900	1837

(1) > 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-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 [Signature] 8-31-05

BEUTLER CORPORATION

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

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:

Permit # 0607889

2690 KLAYKO

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

Beazer Discovery Collection, PLAN 1837, ALL LOTS

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) 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: Manufacturer/Brand Name, Product U-factor, Product SHGC, # of Panes, Total Quantity of Like Product, Area Square Feet, Exterior Shading Device, Comments/Location/Special Features. Rows 1-15 contain handwritten entries for 'Alpine', 'SL', 'SH', 'PW', 'PD'.

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: Michael LeFevre, Date: 8/07/04, Company: Select Build Windows

Blank signature line with labels: Item #s, Signature, Date, Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Blank signature line with labels: Item #s, Signature, Date, Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

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

2690
KLAYCO

0607889

OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM
ICBO Report # 4004

Builder: **BEAZER HOMES**
Project Name: **DISCOVERY**

Lot Numbers: 59

Date of Job Completion: August 24, 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.

September 7, 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

(page 1 of 4)

CF-6R

BEAZER HOMES

THE DISCOVERY COLLECT

Site Address

Permit # 0607889

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:

All PLANS

Heating Equipment

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

¹ ≥ 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)	If Recirculation, Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Eff. ciency ¹ (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
GAS	A.O. SMITH GVR-40	STD	N/A	1	40,000	40	.62	N/A	R-20

¹ 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.

Iron Clavel 8/25/06
Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

Print # 0607889

2690 KLAYKO

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Discovery Collection
Project Title _____ Date 9-15-06
Project Address 2690 Klayko Street Sacramento CA 95834 Builder Name Beazer
Builder Contact Job # 1001859 Lot # 8059 Plan # 1837
Telephone 916-897-6514 Plan Number _____
HERS Rater Chris Perez Telephone _____ Sample Group Number _____
Certifying Signature Chris Perez Date 9-15-06 Sample House Number _____
Firm: ACS HERS Provider: _____
Street Address: 9524 Mosquito rd City/State/Zip: Placerville CA 95647
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) 56
If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998 FAN
If fan flow is measured enter measured value here _____
Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.6%
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

January 5, 2001