

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0602518  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

Site Address: 3024 TOUCHMAN ST SAC  
Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #28

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

OWNER

ARCHITECT

Nature of Work: MP 1473 2 STORY 6 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 3/21/06 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 \_\_\_\_\_

**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 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 3/21/06 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 04/01/2005

(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 3/21/06 Applicant Signature N. Collins

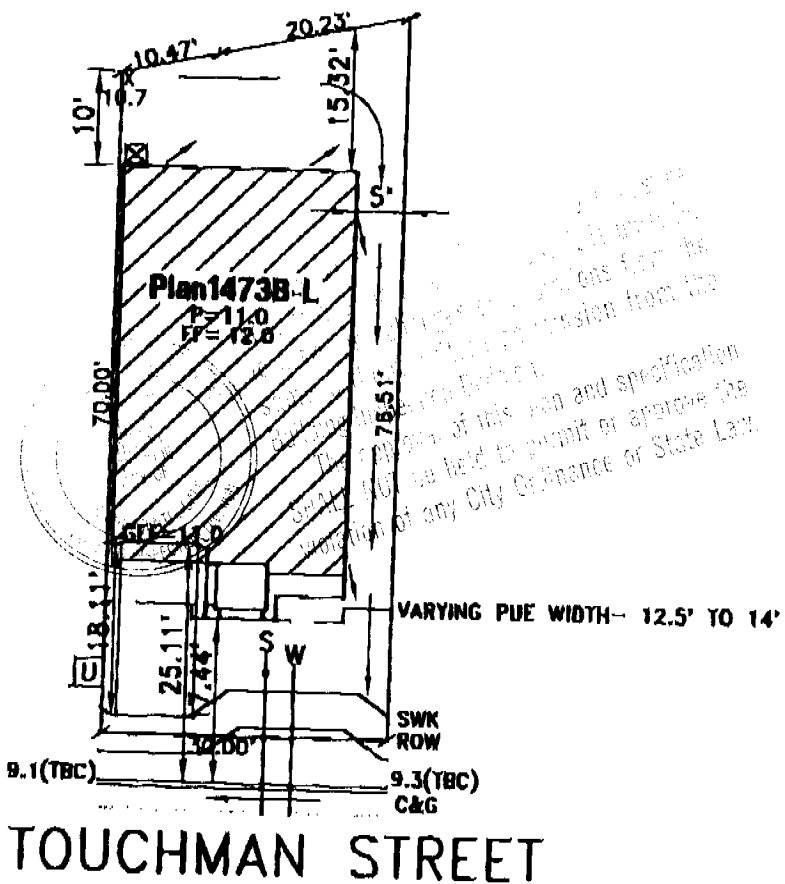
**WARNING:** FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

PAID  
CITY OF SACRAMENTO  
MAR 21 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

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.

SCALE: 1" = 20'



VENEER ENCROACHING INTO PUE .06"

NO PART OF THIS PLAN AND SPECIFICATION SHALL BE HELD TO PERMIT OR APPROVE THE WORK OF ANY CITY ORDINANCE OR STATE LAW.

VARYING PUE WIDTH- 12.5' TO 14'

TOUCHMAN STREET

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

ROUTING/APPROVAL		INITIALS
President	✓	
Secretary		
Development	✓	RS
Construction		
Marketing		
Admin.		
Accounting		

**RIVERDALE VILLAGE 1**  
 "THE AMERICAN COLLECTION" FOR BEAZER HOMES  
 PLOT PLAN FOR LOT 28

A.P.N.:  
 LOT AREA: 2198 S.F.  
 ADDRESS:  
 CITY OF SACRAMENTO, CALIFORNIA

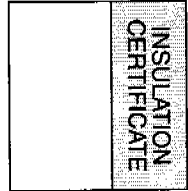
**WOOD RODGERS**  
 ENGINEERING - PLANNING - MAPPING - SURVEYING  
 3301 C STREET, BLDG. 100-0, SACRAMENTO, CA 95816  
 PHONE: (916) 341-7760 FAX: (916) 341-7767

12-15-05 DRAWN: GDM 1055.030

j:\Jobs\1055-Riverdale\Riverdale-V1\Civil\Plotplan\Lot\_28.dwg 2/09/06 1:26pm gmckoin



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



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:

Bonnie Home LOT # 28 TRACT # Amelia

STREET 3817 Toucan Way CITY Norham

EXTERIOR WALLS:

MANUFACTURER BP THICKNESS/TYPE 3/4 R- VALUE 1 3/4

CEILINGS:

BATTS: MANUFACTURER BP THICKNESS/TYPE 1 1/2 R- VALUE 3 1/2

BLOWN IN: MANUFACTURER CF THICKNESS 1 1/2 R- VALUE 3 1/2

SQUARE FOOTAGE COVERED 976 NUMBER OF BAGS USED 25

FLOORS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

SLAB ON GRADE: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

WIDTH OF INSULATION \_\_\_\_\_ INCHES

FOUNDATION WALLS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_

CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 8-17-06

NEVADA CONTRACTORS LICENSE #0055201

A. Goebur SIGNATURE Justin Lee TITLE

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

Builder: **BEAZER HOMES**  
Project Name: **AMERICAN COLLECTION**

Lot Numbers: 1028

Date of Job Completion: Aug. 20, 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 19, 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

Reazer Homes  
Site Address

American Collection  
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).

Plans 1360 and 1473

**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> [2CF-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> [2CF-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) 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

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>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
GAS	A.O. Smith GDYS-40	Direct Vent	N/A	1	36,000	40	.59	N/A	R-16

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-1R) 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.

Don Chas 3/21/06  
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

1028

**INSTALLATION CERTIFICATE**

CF-6R

Site Address Beazer Homes - Sunrise Collection at Riverdale, North 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)	CBC 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, #LY8S040A12	1	0.80	Attic	R-6.0	25,259	40,000	PLAN 1007
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-6.0	28,259	60,000	PLAN 1007/ OPT
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-6.0	27,354	60,000	PLAN 1385
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	31,992	60,000	PLAN 1559
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	33,117	60,000	PLAN 1775
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	34,131	60,000	PLAN/ SITTING

Cooling Equipment

Equip. Type (pkg. Heat pump)	CBC 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)	
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	16,882	20,800	PLAN 1007
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	18,286	20,800	PLAN 1007/ OPT
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	17,603	20,800	PLAN 1385
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	21,364	26,900	PLAN 1559
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	23,377	26,900	PLAN 1775
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	24,020	26,900	PLAN/ SITTING

(1) > 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

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

**WATER HEATING SYSTEMS:**

Heater Type	CBC 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.

**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

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

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

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 2 of 12) CF-6R</b>
Site Address <b>THE SUNRISE Collection AT RIVERDALE North - BEA 7 FA</b>	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:**

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Area Square Foot	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO NO GLAZ	.35	.32	2				
2.	XO GLAZ	.35	.29	2				
3.	SH NO GLAZ	.35	.32	2				
4.	SH GLAZ	.35	.29	2				
5.	PLD NO GLAZ	.34	.35	2				
6.	PLD GLAZ	.34	.31	2				
7.	PATIO DOOR	.35	.34	2				
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

<sup>1</sup> 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.

<sup>2</sup> 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.

Item #s (if applicable) <b>1-7</b>	Signature <b>Dennis Mad</b>	Date <b>3/30/06</b>	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor <b>ALSIDIS - AREA SALES MGR</b>
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

Copies to: Building Department, UERS Rater (if applicable) Building Owner at Occupancy



3024 Touchmans Sacto CA 95834  
 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:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	46	
2	Fan Flow: Calculated (Nominal: <input 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 [ (Line # 1) / (Line # 2) ]]	4.6 %	<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: *[Signature]* Date: 9/20/06  
 Installing Subcontractor (Co. Name) or General Contractor (Co. Name): *Beutler*



No work order

American Collection

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R	
Project Address 3024 Touchman Way Sacramento CA 95834	Builder Name Beazer
Builder Contact Jobs# 7	Telephone Lot# 1028
HERS Rater Chris Perez	Telephone 916-847-6574
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature Chris Perez	Date 9-20-06
Firm ACS	HERS Provider
Street Address: 4524 mosquito rd	City/State/Zip: Placerville CA 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

**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 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 draw bands 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**

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

**Duct Diagnostic Leakage Testing Results**

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	46	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	998	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq 6\%$ [100 x (46 (Line # 1) / 998 (Line # 2))]	4.6%	<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 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.		
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 $\leq 6\%$ [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 $\leq 15\%$ [100 x ( (Line # 5) / (Line # 2) )]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ [100 x ( (Line # 7) / (Line # 2) )]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ [100 x ( (Line # 6) / (Line # 4) )]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<del>and Verification by Smoke Test and Visual Inspection</del>			
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

NO work order

American Collection

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)		CF-4R
Project Address 3024 Touchman way Sacramento CA 95834	Builder Name Beazer	
Builder Contact Job? ?	Telephone Lot# 1028	Plan Number 1473
HERS Rater Chris Perez	Telephone 916-847-6514	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature Chris Perez	Date 9-20-06	Sample House Number
Firm ACS		HERS Provider
Street Address: 9524 mosquito rd		City/State/Zip: Placerville CA 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

**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 CF-6R (Installation Certificate).

**THERMOSTATIC EXPANSION VALVE (TXV)**

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

<input checked="" type="checkbox"/>	<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

**REFRIGERANT CHARGE MEASUREMENT**

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

Indoor 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 (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

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

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
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