



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, AND IS LOCATED AT:

BLAZER LOT # 6 TRACT # NEAR INTERSECTION
STREET 3030 N. MELBA WAY CITY N. LAS VEGAS

EXTERIOR WALLS:
MANUFACTURER FFI THICKNESS/TYPE 3/4 R-VALUE 13/4

CEILINGS:
BATT'S:
MANUFACTURER FFI THICKNESS/TYPE 10 R-VALUE 30

BLOWN IN:
MANUFACTURER CT THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 440 NUMBER OF BAGS USED 8

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 #819286
NEVADA CONTRACTORS LICENSE #0055201 DATE 7-11-00

A. GARDNER SIGNATURE TITLE INSTALLER

3630 Natavita wy
0603308

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

Builder: **BEAZER HOMES**
Project Name: **NOTTINGHAM @ MACHADO**

Lot Numbers: 6 Date of Job Completion: June 18, 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.

July 11, 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

CF-6R

Beazer Homes - Nottingham

Site Address 3630 NATURITA WAY

Permit Number 0603308

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

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-IR value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Rows include FURNACE YORK #LY8S040A12 through #LY8S060A12 with associated plans like PLAN 816, PLAN 1194, etc.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-IR Value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Rows include A/C YORK # H* RD024* through # H* RD030* with associated plans like PLAN 816, PLAN 1194, etc.

* = TXV valve installed as part of the coil

(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: [Handwritten Signature] Date: 9-6-05

BEUTLER CORPORATION

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

WATER HEATING SYSTEMS:

Table with 9 columns: 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

INSTALLATION CERTIFICATE		(Page 2 of 12) CF-6R
Site Address	3630 NATUZIA WAY NOTTINGHAM VILLAGE SACRAMENTO CA BEAZER	Permit Number 0603308

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 ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO W/GAIDS	.35	.29					
2.	XO NO GAIDS	.35	.32					
3.	SH W/GAIDS	.35	.29					
4.	SH NO GAIDS	.35	.32					
5.	PL W/GAIDS	.34	.31					
6.	PL NO GAIDS	.34	.35					
7.	PARTIAL DOORS	.35	.34					
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

- 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.

Item #s (if applicable) 1-7	Signature Dennis M. ...	Date 6/16/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor ALSIDE
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, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

BEAZER HOMES

NOTTINGHAM

Site Address 3630 NATUZIA Way

Permit Number 0603308

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).

HYAC SYSTEMS:

Plans (1,2,3)

Heating Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.)1, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.)1, 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-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:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated1 Input (kW or Btu/hr), Tank Volume (gallons), Effi- ciency1 (EF, RE), Standby1 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.

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.

Iran Clavel 6/20/06

J.R. Pierce Plumbing Co.

COPY TO: Building Department Building Owner at Occupancy

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Project Title: Nottingham @ Madrobo Date: 7/21/06
 Project Address: 3630 Naturita way Sacto, Ca 95834 Builder Name: Beazer
Lot # 6 Plan Number: 1195
 Builder Contact: Sosh McConnell Telephone: 916 942 6514
 HERS Rater: [Signature] Telephone: 7/21/06 Sample Group Number: _____
 Certifying Signature: _____ Date: _____ Sample House Number: _____
 Firm: KCS HERS Provider: _____
 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) 58
 If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 993 FAN
 If fan flow is measured enter measured value here _____
 Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.8%
 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

- 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.)
 - 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

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 retrofitted 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)

March 2006

1204600312

Signature

Date

Beutler

7/2/06

NEW CONSTRUCTION:		Measured Values	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1	Enter Tested Leakage Flow in CFM:	58	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
2	Fan Flow: Calculated (Normal): <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating or <input 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"/> Pass <input type="checkbox"/> Fail
3	Pass if Leakage Percentages $\leq 6\%$ for Final or $\leq 4\%$ at Rough-in: [100 x (Line # 1) / (Line # 2)]	5.42	<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)		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8	Enter New Duct System - Pass if Leakage Percentage $\leq 6\%$ for Final or $\leq 4\%$ 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 $\leq 15\%$ [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
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection 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			

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

DUCT LEAKAGE REDUCTION

- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used
- 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.

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

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

INSTALLER COMPLIANCE STATEMENT

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Site Address

3630 Nutville Way Sacramento, CA 95834 Lot # 6 Permit # 1195

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

Installation Certificate

CF-6R



Beutler/Moffingham

DOB# 1000119