



**INSTALLATION CERTIFICATE**

(Page 2 of 8)

**CF-6R**

4979 Madamin

0517403

Site Address MAN 3

Permit Number

**FENESTRATION/GLAZING:**

*A/SIDE 90*

Manufacturer/Brand Name (GROUP LIKE PRODUCT)	Product U-Factor <sup>1</sup> (s CF-1R Value)	Product SHGC <sup>1</sup> (s CF-1R Value)	# of Panels	Total Quantity of Like Product (Original)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. _____							
2. <u>XO</u>	<u>.35</u>	<u>.32</u>	<u>2</u>	<u>0</u>	<u>2131</u>	<u>16"</u>	
3. _____							
4. <u>SH</u>	<u>.35</u>	<u>.32</u>	<u>2</u>	<u>24</u>			
5. _____							
6. <u>AN</u>	<u>.37</u>	<u>.35</u>	<u>1</u>	<u>7</u>			
7. _____							
8. <u>SD</u>	<u>.35</u>	<u>.34</u>	<u>2</u>	<u>1</u>			
9. _____							
10. _____							
11. _____							
12. _____							
13. _____							
14. _____							
15. _____							

<sup>1</sup> 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.

<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.

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
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Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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WINDOWS  
2, 4, 6, 8

[Signature] 8.1.05

A/SIDE

Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

January 4, 2001

**KwikKote**

No. 200-924223

Stucco System  
Installation Card

Job Name: Serenity @ Creekside  
Address: 4979 Madamin wy

Permit  
# 0517403

Lot #: 20-2

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

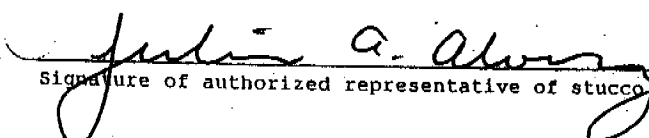
Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
North Highlands, CA

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

4979 *Madamin wy* John Laing Homes - Creekside

0517403  
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 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)	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)	
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.  
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

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.

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

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

# INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

4979 Madamin  
Site Address

0517403  
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 (AEUE, etc.) <sup>1</sup> [≥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> [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.  
1. 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>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
NAT	STATE G 56 50 YOC76	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

1.  Yes  No  
 ACQA 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 = \_\_\_\_\_  
 Yes for both 1 and 2 is a Pass

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

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

Yes is a pass  
 Pass  Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes  Pass  Fail  
 Check Box for Pass or Fail (Pass = 6% or less)

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.8%  
 If fan flow is measured enter measured value here

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 80  
 If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1799

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

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.

Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)

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.

This house was:  Tested  Approved as part of sample testing, but was not tested

**HERS RATER COMPLIANCE STATEMENT**

Copies to: Builder, HERS Provider

Street Address: 9524 Maxwell Rd

Firm: ACS

Project Title: Security Crestside PH 12

Project Address: 4979 Madam in Dr, Matamoros, CA

Builder Contact: 4412015 Lot 20-2

Builder Name: W.L. Thomas

Plan Number: 3 (212)

Sample Group Number: \_\_\_\_\_

Sample House Number: \_\_\_\_\_

Builder Contact: Andrew Douglas

HERS Rater: Andrew Douglas

Telephone: 916 917 6514

Telephone: \_\_\_\_\_

4/13/06

Date: 4/3/06

City/State/Zip: Flourville, CA 95667

HERS Provider: Chorus

Builder Name: W.L. Thomas

Date: 4/3/06

Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy  
 COPY TO: \_\_\_\_\_  
 Tests Performed \_\_\_\_\_  
 Signature, Date \_\_\_\_\_  
 Installing Subcontractor (Co. Name) OR \_\_\_\_\_  
 General Contractor (Co. Name) \_\_\_\_\_

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.]

**DUCT DESIGN**  
 1. ACCA Manual D Design calculations have been completed.  No  Yes  
 Duct Design is on the plans and duct installation matches plans.  No  Yes  
 2. TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.  No  Yes  
 Measured Fan Flow = \_\_\_\_\_  
 Yes for both 1 and 2 is a Pass  Pass  Fail

**THERMOSTATIC EXPANSION VALVE (TXV)**  
 Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection  No  Yes  
 Yes is a pass  Pass  Fail

**DUCT LEAKAGE REDUCTION**  
 Pressurization Test Results (CFM @ 25 PA) \_\_\_\_\_  
 Test Leakage (CFM) \_\_\_\_\_  
 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 1389  
 If fan flow is measured, enter measured value here \_\_\_\_\_  
 Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) =  $\frac{5.89}{1389}$   
 Pass if leakage fraction  $\leq 0.06$   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  Visual Inspection of Duct Connections  
 Yes  No  Pressure pan test or House pressurization test

**DUCT LEAKAGE AND DESIGN DIAGNOSTICS**

INSTALLATION CERTIFICATE (Page 3 of 8) CF-6R  
 4979 Madamum drive Alamosa, Ca 95835  
 Site Address  
 Permit Number 4412 0125