

CERTIFICATION OF INSULATION

0405514

| | |
|---|---|
| <p style="text-align: center;">ADDRESS OR TRACT</p> <p style="font-size: 1.5em; margin-left: 20px;">US Homes</p> <p style="margin-left: 150px;">LOT # 315</p> <p style="font-size: 1.5em; margin-left: 20px;">213 Mill Valley</p> <p style="font-size: 1.5em; margin-left: 20px;">Heritage Park Mar.</p> | <p style="text-align: center;">SACRAMENTO BUILDING PRODUCTS</p> <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p> |
|---|---|

| | | |
|--|-------------------------------------|-------------------------------------|
| WALLS | CEILING | 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 | R - VALUE INSTALLED | APPLIED THICKNESS |
| MIN. INSTALLED WEIGHT PER SQUARE FOOT | R - VALUE INSTALLED | APPLIED THICKNESS |
| 13 19 | 3.5 5.5 | 38 |
| 12" - 4 1/2" | — | — |
| — | — | — |
| KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE | | |
| MATERIAL FIBERGLASS | FORM BATTS | R VALUE |
| | | CT OC JM |
| AIR INFILTRATION SEALANT | | |
| MATERIAL | MANUFACTURER | |
| Foam | HILTI | 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 | TITLE | DATE |
| <i>J.L.</i> | MANAGER | 3/3/05 |
| SIGNATURE — GENERAL CONTRACTOR | TITLE | DATE |
| | | |

REMARKS

INSTALLATION CERTIFICATE

CF-6R

Lot _____

SUS HOME - HERITAGE PARK PRODUCT LINE 2

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

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 #P4HUA12L048 | 1 | 80% | ATTIC | 6.0 | 30,185 | 60,000 | PLAN 1662 |
| FURNACE | YORK #P4HUA12L048 | 1 | 80% | ATTIC | 6.0 | 33,477 | 60,000 | PLAN 1815 |
| FURNACE | YORK #P4HUB16L064 | 1 | 80% | ATTIC | 6.0 | 36,920 | 80,000 | PLAN 2089 |
| FURNACE | YORK #P4HUB16L064 | 1 | 80% | ATTIC | 6.0 | 39,028 | 80,000 | PLAN 2218 |
| FURNACE | YORK #P4HUC20L060 | 1 | 80% | ATTIC | 6.0 | 44,201 | 100,000 | PLAN 2830 |

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) | |
|------------------------------|--|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|-----------|
| A/C | YORK #H*RE036* | 1 | 14.0 | ATTIC | 6.0 | 27,845 | 36,000 | PLAN 1662 |
| A/C | YORK #H*RE036* | 1 | 14.0 | ATTIC | 6.0 | 29,410 | 36,000 | PLAN 1815 |
| A/C | YORK #H*RC036* | 1 | 12.0 | ATTIC | 6.0 | 31,622 | 34,400 | PLAN 2089 |
| A/C | YORK #H*RE042* | 1 | 14.0 | ATTIC | 6.0 | 33,625 | 41,500 | PLAN 2218 |
| A/C | YORK #H*RC048* | 1 | 12.0 | ATTIC | 6.0 | 40,305 | 47,000 | PLAN 2830 |

* = TXV valve installed as part of 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.

Tom Frank 9/13/04
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

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 |
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|-----------------------------|
| NAT GAS | GUARDIAN KUUD PH2R40-40F | | | | 40,000 BTU | 40 GAL | 62 EF | | R-12 |

(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]
Signature, Date

MONARCH PLUMBING

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 7)

CF-6R

Site Address _____

Permit Number _____

WENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Value' (≤ CF-1R value)¹ | Product SHGC' (≤ CF-1R value)¹ | # of Panels | Total Quantity of Like Product (Quantity) | Square Feet | Interior or Exterior Shading Device or Overhang | Comments/Location/ Special Features |
|--|---|--------------------------------------|----------------|---|----------------|--|--|
| 1. Atrium FX 7000 | .32 | .30 | 2 | | | | |
| 2. XO ↓ | .36 | .27 | 2 | | | | |
| 3. SH ↓ | .37 | .28 | 2 | | | | |
| 4. V P/D 6000 | .37 | .33 | 2 | | | | |
| 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-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values 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-Value 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 | Alliance Building Products 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 |
| Item #s (if applicable) | Signature, Date | 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

July 1, 1999