

CITY OF SACRAMENTO

New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Permit No: **0615477**

Insp Area: **2**

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: **8123 LINDA ISLE WY SAC**

Parcel No: **ISLANDS @ RIVERLAKE LOT # 87**

CONTRACTOR

REGIS CONTRACTORS
1435 RIVER PARK DR SUITE415
SACRAMENTO CA. 95815

OWNER

Nature of Work: **MP1500 1 STORY 7 RM SFR**

CITY OF SACRAMENTO
PAID
NOV 17 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 Bank of the West Lender's Address 1800 3rd St # 250 SAC CA 95814

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 708694 Date 11/17/06 Contractor Signature Wly Valenzuela

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 _____ Applicant/Agent Signature _____

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 NATIONAL UNION FIRE INS. CO. Policy Number WC0270307 Exp Date 09/01/2006

(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.

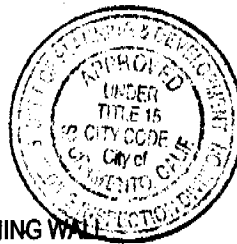
Date 11/17/06 Applicant Signature Wly Valenzuela

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.

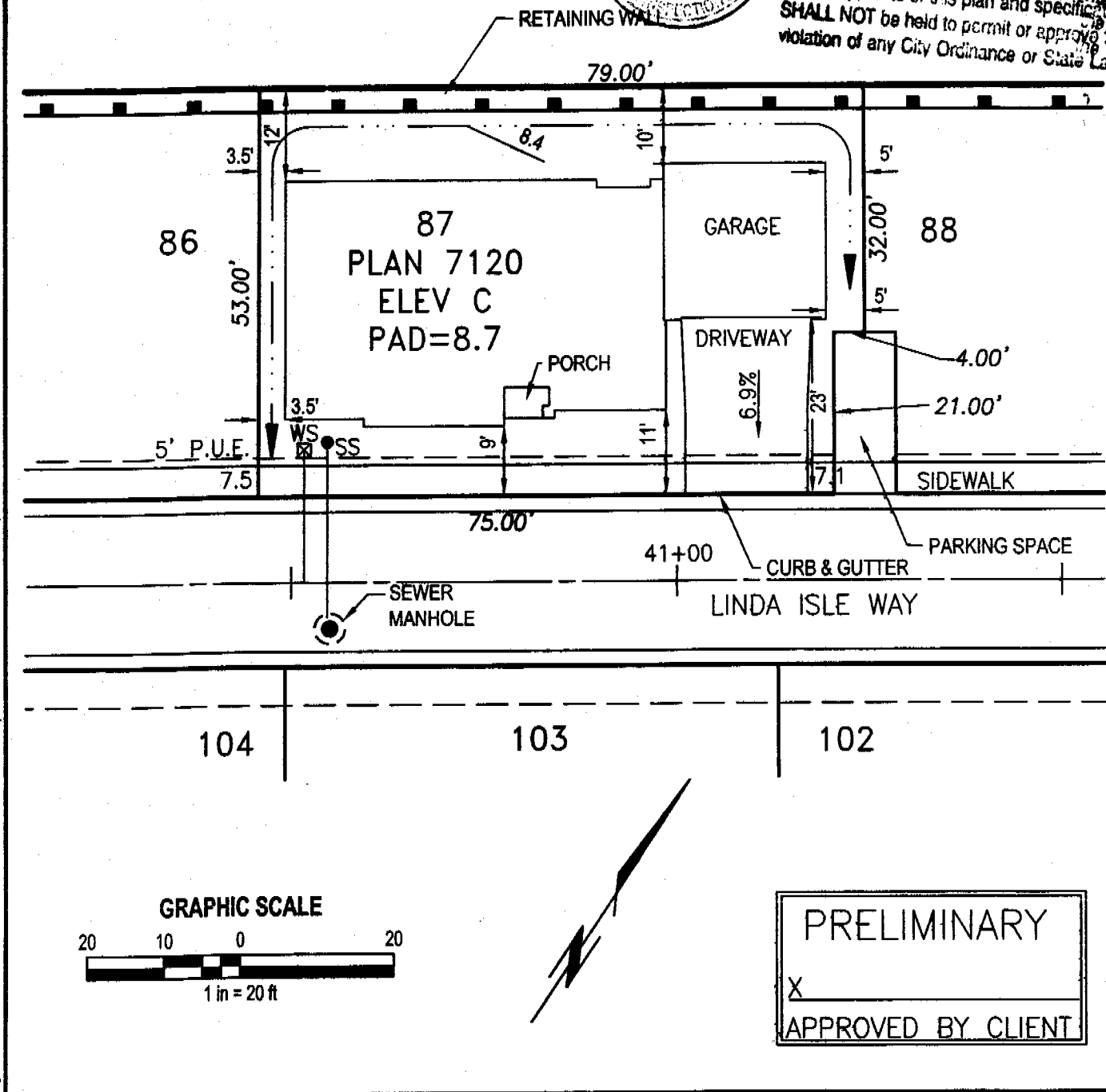
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINIMUM SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.

Dwg: X:\2006\10100020\DWG\ENGR\PL\LOTPLANS\010002-C1-01002-007.DWG | Saved: 11-08-06 10:12am RSHUMATE | Plotted: 11-08-06 11:21am RSHUMATE



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 Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



MORTON & PITALO, INC. CIVIL ENGINEERING • PLANNING • SURVEYING 1788 Tribute Road, Suite 200 • Sacramento, CA 95815 phone: 916.927.2400 • fax: 916.567.0120 • survey fax: 916.563.6770 email: engr@mpengr.com • web: www.mpengr.com		Plot Plan	
		LOT 87 8123 LINDA ISLE WAY THE ISLANDS AT RIVERLAKE SACRAMENTO, CALIFORNIA	
DRAWN: ALP CHECKED: RWH SCALE: 1"=20'	JOB NO: 01000201 DATE: AUGUST 2006 SHEET: 1 of 1		

08/22/2007 09:08 FAX 918 349 1801
Card Print Date: 03/29/2007

KENTON PLASTERING

8123 Linda Isle
1st 877

(New Address 8023)

No: 200-933847



Installation Card

Job Address
ISLANDS AT RIVERLAKE | Loc 0000087
8123 LINDA ISLE LANE
SAN MATEO

Stucco System Tradename: KWIK KOTE
Name of Stucco Manufacturer: KWIK KOTE CORP.
ICC Evaluation Service, Inc.
Evaluation Report ESR-1711
Date of Job Completion

Stucco Contractor
Name: KENTON PLASTERING, INC.
Address: PO BOX 2077
North Highlands CA, 94663
Telephone Number: 918/349-1811
Approved Contract Number as issued by KWIK KOTE: 1901

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.
Signature of authorized representative of stucco contractor

Date 8.22.07



F. RODGERS SPECIALTY CONTRACTOR, INC.
THERMAL INSULATION & SPECIALTY CONTRACTOR

INSULATION
CERTIFICATE

13215

1300 S. RIVER ROAD, SUITE 125 • WEST SACRAMENTO, CA 95691
(916) 386-9500 • FAX (916) 386-9446

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE
WITH CURRENT ENERGY REGULATION, CALIFORNIA ADMINISTRATIVE CODE, TITLE
24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

REGIS Homes LOT # 87 TRACT # ISLANDS
CITY SACRAMENTO

EXTERIOR WALLS:
MANUFACTURER OC THICKNESS/TYPE _____ R-VALUE 13/19

CEILINGS:
BATTES:
MANUFACTURER OC THICKNESS/TYPE _____ R-VALUE 30
MINIMUM
BLOWN IN:
MANUFACTURER JM THICKNESS/TYPE 12 1/4 R-VALUE 30

SQUARE FOOTAGE COVERED 1590 NUMBER OF BAGS USED 28

FLOORS & OVERHANGS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

OTHER:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE TITLE

INSULATION CONTRACTOR F. RODGERS INSULATION INC.
CALIFORNIA CONTRACTORS LICENSE #499755

DATE 5-7-07

Max Urbick
SIGNATURE TITLE INSULATOR

White - Customer Copy Yellow - Invoice Copy Pink - Field Copy FRI 115-13

Rev of 3/4/05

INSTALLATION CERTIFICATE

CF-6R

Use of this form to satisfy the requirements of the Administrative Code is optional, but the information must be provided and posted.

Site Address _____

Permit Number _____

An installation certificate is required to be posted at the building site prior to the issuance of the occupancy permit; this form may be used to meet these requirements. All appliance categories listed below are the actual equipment installed. Note that the efficiency and type of the appliance installed must be equivalent or better than the appliance specified on the certificate of compliance (Form CF-1R). This certificate (or its equivalent) shall be prepared and signed by the person(s) assuming overall responsibility for the appliance installation. Refer to the reverse side of this certificate for an explanation of information required.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that the equipment is equivalent to or more efficient than the equipment specified on the Certificate of Compliance submitted to demonstrate compliance with the Energy Efficiency Standards for residential buildings.

HVAC SYSTEMS:

Heating Equipment

Heating Equip. Type (Packaged heat pump, etc)	CEC Certified Manuf. Make & Model Number	Actual Efficiency (AEUE, etc.)	Distribution Type and Location	Duct or Piping R-Value	Heating Load Before Over-Sizing (Btuh)	Heating Equipment Capacity (Btuh)

Cooling Equipment

Cooling Equipment Type (Packaged heat pump, etc)	CEC Certified Compressor Unit Manuf. Make & Model Number	Actual Efficiency (SEER)	Duct Location	Duct R-value

Signature, Date _____

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

WATER HEATING SYSTEMS

Distrib. System Type	Water Heater Type/#	CEC Certified Manuf. Make & Model #	Energy Factor/Effic.	Tank Volume (gallons)	Insul Wrap R-value	Internal Insul R-value	Standby Loss (%)	Pilot Light (Btuh)	Rated Input kW/Btu	Solar/Wood Credits
State	GAS	GS-75 XRRS		75		16	2.85	350	75,100	
State	GAS	GS-50 YDGT	.62	50	12	16	2.2	350	40,000	
State	GAS	GS-40 YDGT	.62	40	12	16	2.5	350	40,000	

FAUCETS & SHOWER HEADS:

All faucets and showerheads installed are listed in the Commission's Directory Of Certified Faucets And Showerheads, pursuant to Title-24, Part 3, Subchapter 2, Section 111.

Craig Thom
Signature, Date _____

ADAMS PLUMBING CO.
Plumbing Subcontractor (Co. Name)
OR General Contractor OR Owner

Revised December 1992

7666 101

ADAMS PLUMBING

Jan 24, 2007 8:51 AM

INSTALLATION CERTIFICATE JOB# 002863 (Page 4 of 12) CF-6R	
Site Address 823 LINDA ISLE LANE SAC, CA 95831	Permit Number LOT# 87

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

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

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

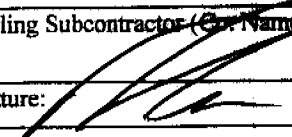
- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler 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 on new ducts.

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:	54
2	Fan Flow: Calculated (Nominal: <input 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
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [54 (Line # 1) / 998 (Line # 2)]]	5.4% <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. [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 # 2)]]	<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 checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit 1, 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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature: 	Date: 5/29/07

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

REGIS/ISLANDS @ RIVERLAKES

INSTALLATION CERTIFICATE 2011 1002863		(Page 5 of 12) CF-6R
Site Address	Permit Number	
8123 LINDA ISLE LANE SAC, CA 95831	LOT # 87	

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	Fail

REFRIGERANT CHARGE MEASUREMENT
 Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor 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 Procedure (outdoor air dry-bulb 55°F and above):
Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.
 Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)		°F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)		°F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)		°F
Evaporator saturation temperature (Tevaporator, sat)		°F
Suction line temperature (Tsuction, db)		°F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)		°F

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db - Tevaporator, sat		°F
Target Superheat (from Table RD-2)		°F
Actual Superheat - Target Superheat (System passes if between -5 and +5°F)		°F

Temperature Split Method Calculations for Adequate Airflow
Split Method Calculation is not necessary if Adequate Airflow credit is taken

Actual Temperature Split = T return, db - Tsupply, db		°F
Target Temperature Split (from Table RD3)		°F
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -10°F)		°F

INSTALLATION CERTIFICATE JOB# 1002863		(Page 8 of 12) CF-6R
Site Address 8123 LINDAISLE LANE SAC, CA 95831		Permit Number LOT# 87

FAN WATT DRAW
Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.

Method For Fan Watt Draw Measurement

<input type="checkbox"/>	RE3.2.1	Portable Watt Meter Measurement
<input type="checkbox"/>	RE3.2.2	Utility Revenue Meter Measurement

Measured Fan Watt Draw		Watts
Measured Fan Flow (enter total cfm from airflow verification)		cfm
Enter results of Watts/cfm		Watts/cfm

Yes No Measured fan watt/cfm draw is equal to or lower than the fan watt/cfm draw documented in CF-1R

Yes is a pass Pass Fail

ADEQUATE AIRFLOW VERIFICATION
Procedures for measuring the airflow are available in RACM, Appendix RE3.1.

Method For Airflow Measurement

<input type="checkbox"/>	RE4.1.1	Diagnostic Fan Flow Using Flow Capture Hood
<input type="checkbox"/>	RE4.1.2	Diagnostic Fan Flow Using Plenum Pressure Matching
<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct design exists on plans	

Measured Airflow:		Total cfm
Rated Tons cfm/ton		cfm/ton

Yes No Measured airflow is greater than the criteria in Table RE-2

Yes is a pass Pass Fail

MAXIMUM COOLING CAPACITY
Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refrigerant charge or TXV
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct leakage reduction credit verified
4	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.
5	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R.

Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass Pass Fail

HIGH EER AIR CONDITIONER
Procedures for verification are available in RACM, Appendix RI.

1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EER values of installed systems match the CF-1R
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Delay Relay Verified (If Required)

Yes to 1 and 2; and 3 (If Required) is a pass Pass Fail

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	BUTLER
Signature: <i>[Signature]</i>	Date: 5/29/07

Lot # 87

Islands @ Riverdale

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8)		CF-4R
Project Address 8073 Linda Isle Lane Sacra, CA 95831	Builder Name Regis	
Builder Contact Beutler	Telephone	Plan Number 7120
HERS Rater Aaron Evans	Telephone 916-847-6514	Sample Group Number
Certifying Signature Aaron Evans	Date 5-29-07	Sample House Number
Firm ACS		HERS Provider CHEERS
Street Address: 9524 Masquito 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).

ADEQUATE AIRFLOW VERIFICATION

Procedures for field verification and diagnostic testing of adequate airflow are available in RACM, Appendix RE4.1.

Method For Airflow Measurement				
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct design exists on plans		
<input type="checkbox"/>	RE4.1.1	Diagnostic Fan Flow Using Flow Capture Hood		
<input type="checkbox"/>	RE4.1.2	Diagnostic Fan Flow Using Plenum Pressure Matching		
<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement		
		Measured Airflow:		Total CFM
		Rated Tons:		cfm/ton
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measured airflow is greater than the criteria in Table RE-2	<input type="checkbox"/>	<input type="checkbox"/>
		Yes is a pass	Pass	Fail

MAXIMUM COOLING CAPACITY

Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refrigerant charge or TXV		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct leakage reduction credit verified		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R and RF-4.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass	Pass	Fail

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EER values of installed systems match the CF-1R		
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Delay Relay Verified (If Required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Yes to 1 and 2; and 3 (If Required) is a pass	Pass	Fail

Lot# 87

Islands @ Riverlakes

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)		CF-4R
Project Address 8073 Linda Isle Lane Sacra, CA 95831	Builder Name Regis	
Builder Contact Beutler	Telephone	Plan Number 7120
HERS Rater Aaron Evans	Telephone 916-847-6514	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature <i>Aaron Evans</i>	Date 5-29-07	Sample House Number
Firm ACS		HERS Provider CHEERS
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 R1.

<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	Fail

REFRIGERANT CHARGE MEASUREMENT

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

Outdoor 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"/> <input 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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Lot # 87

Islands @ Riverlakes

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R	
Project Address 8073 Linda Isle Lane Sacra, CA 95831	Builder or Installer Name Regis
Builder or Installer Contact Beutler	Telephone Telephone
HERS Rater Aaron Evans	Plan/Permit (Additions or Alterations) Number 7120
Compliance Method (Prescriptive)	Sample Group Number
Certifying Signature <i>[Signature]</i>	Climate Zone
Date 5-29-07	Sample House Number
Firm ACS	HERS Provider CHEERS
Street Address: 9524 Musquito Rd	City/State/Zip Placerville

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 ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New ducts with 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:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1	Enter Tested Leakage Flow in CFM:	54	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured Enter Total Fan Flow in CFM:	998	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% [100 x (54 (Line # 1) / 998 (Line # 2))]	5.4%	<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 < 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 < 15% [100 x ((Line # 5) / (Line # 2))]		<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
	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