

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0519926

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 290 SOARING HAWK WY SAC

Parcel No: TREASURE HOMES@ WILLOW CREEK LOT 20

CONTRACTOR
TREASURE HOMES
1386 LEAD HILL BLVD. #300
ROSEVILLE, CA. 95661

OWNER

ARCHITECT

Nature of Work: MP 2271 2 STORY 8 ROOM 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 _____ License Number 770778 Date 1/9/06 Contractor Signature Jane Hausley

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 1/9/06 Owner Signature Jane Hausley

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 a 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 STATE FUND Policy Number 1579166-2005 Exp Date 02/01/2006

____ (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.

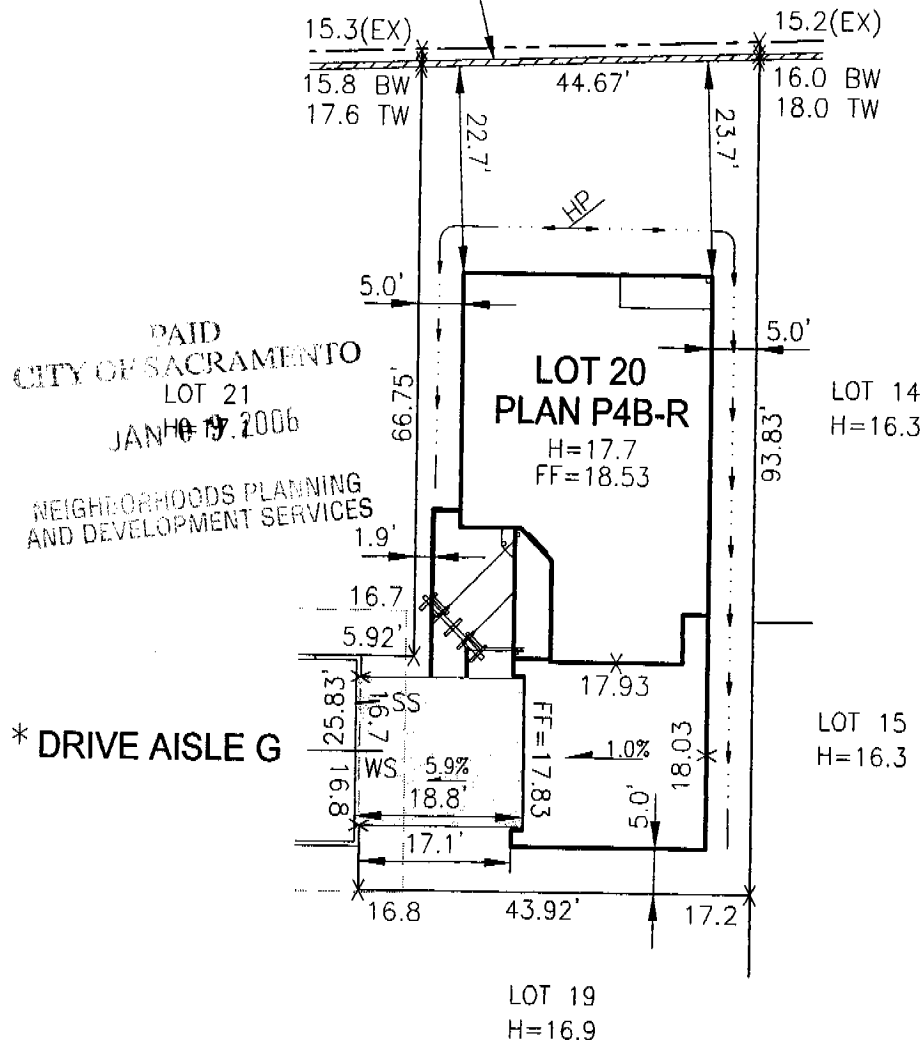
Date 1/9/06 Applicant Signature Jane Hausley

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.

RETAINING WALL
(MAX. HEIGHT=2-FT)

RIVERVIEW RANCH
APARTMENTS

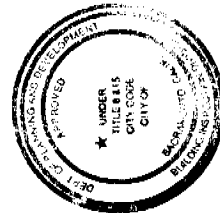


PAID
CITY OF SACRAMENTO
LOT 21
JAN 19 2006

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

* DRIVE AISLE G

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 approval from the Building Inspector. The approval of this specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



A.P.N.:
ADDRESS: 290 SOARING HAWK LANE
REDUCED HOUSE AREA: 1528 SF
LOT AREA: 3,695 SF
LOT COVERAGE: 41.35%

* REFER TO CIVIL IMPROVEMENT
PLANS—NOT AN ACTUAL STREET NAME.
NOTE:
YARD SWALES SHALL BE
AT 1.0% MINIMUM.

LEGEND:	
YARD SWALE	SEWER SERVICE SS
SOUND WALL	WATER SERVICE WS
FENCE	FIRE HYDRANT
DRAIN INLET	HOUSE PAD ELEV. H=13.4
	FINISH FLOOR ELEV. FF=14.2
	LIP OF GUTTER LIP
	DRIVEWAY/WALKWAY
	SLOPE
	PATIO AREA
	TOP BACK CURB TBC
	TOP BACK WALK TBW
	RIGHT OF WAY R/W
	HIGH POINT HP
	FINISHED ELEV. 15.5 X



Stantec

NOTE:

The information on this plot plan is for reference with respect to the general location of the proposed building on the lot. This plot plan is not to be used for staking the house location. The accuracy of the plot plan is not guaranteed. Dimensions are approximate and may change without notice. Stantec accepts no liability for staking errors caused due to using this plot plan for staking purposes.

Client/Project
TREASURE HOMES
AT WILLOWCREEK
CITY OF SACRAMENTO, CA

Title
**LOT 20
PLAN P4B-R**
DEC 2005
1844 38302

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

Site Address 290 Sealing Haul Ln

Permit Number 0519926

FENESTRATION / GLAZING (LOWE):

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixcd, slider)	Manufactured Products Labeled U-value (CF-1R value) ²	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
			# of Panels	Default U-Value ²			
1. VINYL / WINDOWS	FIXED	.33					EXCEEDS CF-1R REQUIREMENTS
2. VINYL / WINDOWS	SH	.37					EXCEEDS CF-1R REQUIREMENTS
3. VINYL / WINDOWS	XO	.37					EXCEEDS CF-1R REQUIREMENTS
4. VINYL / PATIO DOORS	XO	.35					EXCEEDS CF-1R REQUIREMENTS
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6) where applicable.

[Signature]

ATI WINDOWS

Item #'s
(if applicable)

Signature, Date

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

Item #'s
(if applicable)

Signature, Date

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

Item #'s
(if applicable)

Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

Revised March 1, 1996

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 290 (Lot 20) Scaring Hawk Lane Sacramento CA
Number Street City State

Ceilings:

Blow: Manufacturer Johns Manville Thickness 15.75" R / Value R-38
Square Feet 1242 # Bags / Lbs. Per Bag 29

Batts: Manufacturer Johns Manville Thickness 13" R / Value R-38

Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

Exterior Walls:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Manufacturer Johns Manville Thickness 3.5" R / Value R-13

Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: Treasure Homes Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 7/27/06

Project Address: 290 SOARING HAWK Lane Builder Name: TREASURE HOMES
 Builder Contact: MIKE MATTINGLY Telephone: 916 257 0114 Plan Number: 4
 HERS Rater: Mike Telephone: 916 291 04 Sample Group Number: 2
 Certifying Signature: _____ Date: _____ Sample House Number: _____
 Firm: ConSol HERS Provider: ConSol
 Street Address: 7407 Tam O' Shanter Dr., Suite 200 City/State/Zip: Stockton, CA 95210

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 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).
- 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 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:	95	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	1600	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% [100 x [(Line # 1) / (Line # 2)]]	5.9%	<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
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

Project Address: 290 SOONNY HAWK LANE
 Builder Contact: MIKE MATTHEWLY 916 257 0114
 Mike Nygren (916) 870-8330
 HERS Rater: [Signature]
 Certifying Signature: [Signature]
 Firm: ConSol

Builder Name: TREASURE HOMES
 Plan Number: 4
 Sample Group Number: 2
 Sample House Number: 20

Street Address: 7407 Tam O' Shanter Dr., Suite 200

HERS Provider: ConSol
 City/State/Zip: Stockton, CA 95210

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

Yes No A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.

DECLARATION CERTIFICATE

CF-6R

290 Spalmy Hawk Treasure Homes - Willow Creek
Address

0519926
Permit Number

A declaration 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 declaration certificate must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HEATING SYSTEMS:

Boiler Equipment

Equip. (pkg./ump)	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)	
Boiler	York GY9S060B12	1	0.90	Attic	R-6.0	27,526	60,000	Plan 1
Boiler	York GY9S060B12	1	0.90	Attic	R-6.0	33,887	60,000	Plan 2
Boiler	York GY9S080C16	1	0.90	Attic	R-6.0	44,698	80,000	Plan 3
Boiler	York GY9S080C16	1	0.90	Attic	R-6.0	41,622	80,000	Plan 4

Water Heating Equipment

Equip. (pkg./ump)	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)	
Water Heater	York H*RD030 *	1	13.0	Attic	R-6.0	21,020	26,900	Plan 1
Water Heater	York H*RD036 *	1	13.0	Attic	R-6.0	25,578	30,500	Plan 2
Water Heater	York H*RD048 *	1	13.0	Attic	R-6.0	32,293	41,900	Plan 3
Water Heater	York H*RD048 *	1	13.0	Attic	R-6.0	33,432	41,900	Plan 4

*TXV - Indicates Thermal Expansion Valve On Coil

>_reads greater than or equal to.

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.

Gregg Shaw 7-13-05
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Water 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

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. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Sinks & Shower Heads:

Sinks and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

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)

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 4) CF-4R	
Project Address 300 SOARING HAWK LANE	Builder or Installer Name TREASURE HOMES
Builder or Installer Contact MIKE MATTIOLI 9/6 773 5501	Plan/Permit (Additions or Alterations) Number 2
HERS Rater MIKE NYGREN 9/6 870 8330	Sample Group Number 2
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature <i>[Signature]</i>	Sample House Number 21
Firm CONSOL	HERS Provider CONSOL
Street Address 7107 TAMO'S HAWK DR	City/State/Zip STOCKTON CA 95210

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

Title 24 Energy Star CW CGB

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.

Title 24 Energy Star CW CGB

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:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% [100 x [_____ (Line # 1) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Title 24 Energy Star CW CGB

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

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

Title 24 Energy Star CW CGB

THERMOSTATIC EXPANSION VALVE (TXV)

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

<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>
Yes is a pass			Pass	Fail

Job # 100050

Production / Tallen Leaf

INSTALLATION CERTIFICATE (Page 5 of 12) CF-6R

Site Address: 300 Soaring Hawk Way Santa, Ca. 95830 Permit Number: Plan # 2 Lot # 2

Thermostatic Expansion Valve (TXV) Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

Table with 3 columns: Yes/No, Access is provided for inspection... shall be verified, Pass/Fail.

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

Table with 2 columns: Field, Value. Rows include Outdoor Unit Serial #, Location, Outdoor Unit Make, Outdoor Unit Model, Cooling Capacity, Date of Verification, Date of Refrigerant Gauge Calibration, Date of Thermocouple Calibration.

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 table with 3 columns: Description, Value, Unit (°F). Rows include Supply (evaporator leaving) air dry-bulb temperature, Return (evaporator entering) air dry-bulb temperature, Return (evaporator entering) air wet-bulb temperature, Evaporator saturation temperature, Suction line temperature, Condenser (entering) air dry-bulb temperature.

Superheat Charge Method Calculations for Refrigerant Charge table with 3 columns: Calculation, Value, Unit (°F). Rows include Actual Superheat = Tsuction, db - Tevaporator, sat; Target Superheat (from Table RD-2); Actual Superheat - Target Superheat (System passes if between -5 and +5°F).

Temperature Split Method Calculations for Adequate Airflow table with 3 columns: Calculation, Value, Unit (°F). Rows include Actual Temperature Split = T return, db - Tsupply, db; Target Temperature Split (from Table RD3); Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F).

Residential Compliance Forms n/r/oc Beuther April 2005

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 300 (Lot 21) Soaring Hawk Lane Sacramento CA
Number Street City State

Ceilings:

Blow: Manufacturer Johns Manville Thickness 15.75" R / Value R-38
Square Feet 916 # Bags / Lbs. Per Bag 21

Batts: Manufacturer Johns Manville Thickness 13" R / Value R-38
Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

Exterior Walls:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19
Manufacturer Johns Manville Thickness 3.5" R / Value R-13

Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: Treasure Homes Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 7/15/06

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

Job Address

Production Homes & Keller/LEAF
309 Searings Hawk Lane
Port # 21

ICBO Evaluation Service, Inc.

Evaluation Report ER-4004

Date of Job Completion

7/6/06

Plastering Contractor

Name: Energic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as
issued by coating manufacturer:

Applicator # 318

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 instructions.

Signature of authorized representative
or plastering contractor

[Signature]

Date 6/12/06

This installation card must be presented to the building inspector after completion of work and before final inspection.

FIGURE 3

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

300 Soaring Hawk Ln
Site Address

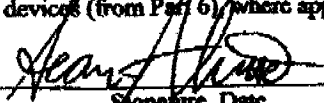
0519929
Permit Number

FENESTRATION / GLAZING (LOWE):

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labeled U-value (CF-1R value) ²	Site Built Products		Quantity (Options)	Total Square Foot	Comments/ Special Features
			# of Panels	Default U-Value ¹			
1. VINYL / WINDOWS	FIXED	.33					EXCEEDS CF-1R REQUIREMENTS
2. VINYL / WINDOWS	SH	.37					EXCEEDS CF-1R REQUIREMENTS
3. VINYL / WINDOWS	XO	.37					EXCEEDS CF-1R REQUIREMENTS
4. VINYL / PATIO DOORS	XO	.35					EXCEEDS CF-1R REQUIREMENTS
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6) where applicable.



ATI WINDOWS

Item #'s
(if applicable)

Signature, Date

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

Item #'s
(if applicable)

Signature, Date

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

Item #'s
(if applicable)

Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

Revised March 1, 1996



Job # 1000506

Installation Certificate

4700 Lang Avenue • McClellan, CA 95652

916.646.2222 • Contractor Lic. #162634

300 Soaring Hawk Lane, Sacto, Ca. 95833

Plan # 2 (1591) Lot # 21

Site Address

Production / Fallen Leaf

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:	62	
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:	11935	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [62 (Line # 1) / 11935 (Line # 2)]]	5.19480%	<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)]]		<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

10/18/06
Date

Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)

LATION CERTIFICATE

CF-6R

Treasure Homes - Willow Creek

0519929
Permit Number

Address: 300 Soaring Hawk Ln

This certificate is required to be posted at the building site or made available for all appropriate inspections. (The information on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

STEMS:

Equipment

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)	
York GY9S060B12	1	0.90	Attic	R-6.0	27,526	60,000	Plan 1
York GY9S060B12	1	0.90	Attic	R-6.0	33,887	60,000	Plan 2
York GY9S080C16	1	0.90	Attic	R-6.0	44,698	80,000	Plan 3
York GY9S080C16	1	0.90	Attic	R-6.0	41,622	80,000	Plan 4

Equipment

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)	
York H*RD030 *	1	13.0	Attic	R-6.0	21,020	26,900	Plan 1
York H*RD036 *	1	13.0	Attic	R-6.0	25,578	30,500	Plan 2
York H*RD048 *	1	13.0	Attic	R-6.0	32,293	41,900	Plan 3
York H*RD048 *	1	13.0	Attic	R-6.0	33,432	41,900	Plan 4

*TXV - Indicates Thermal Expansion Valve On Coil

loads greater than or equal to. Assigned, 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: [Handwritten Signature] Date: 7-13-05

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

R HEATING SYSTEMS:

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

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. External insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Shower Heads:

Showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

Assigned, 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.