

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0608979

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 8569 NEOPOLITAN WY SAC
Parcel No: SHELDON FARMS LOT #19

CONTRACTOR
D. R. HORTON INC.
11919 FOUNDATION PL
GOLD RIVER CA 95670

OWNER

Nature of Work: MP1645 1 STORY 6 ROOM SFR

PAID
CITY OF SACRAMENTO

JUN 23 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 _____ 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 b License Number 750190 Date 6-23-06 Contractor Signature [Signature]

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 6-23-06 Applicant/Agent Signature [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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2006

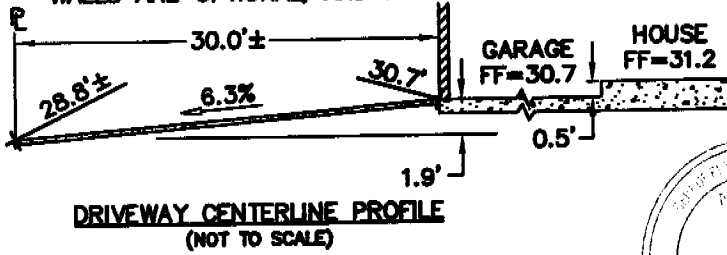
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 6-23-06 Applicant Signature [Signature]

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.

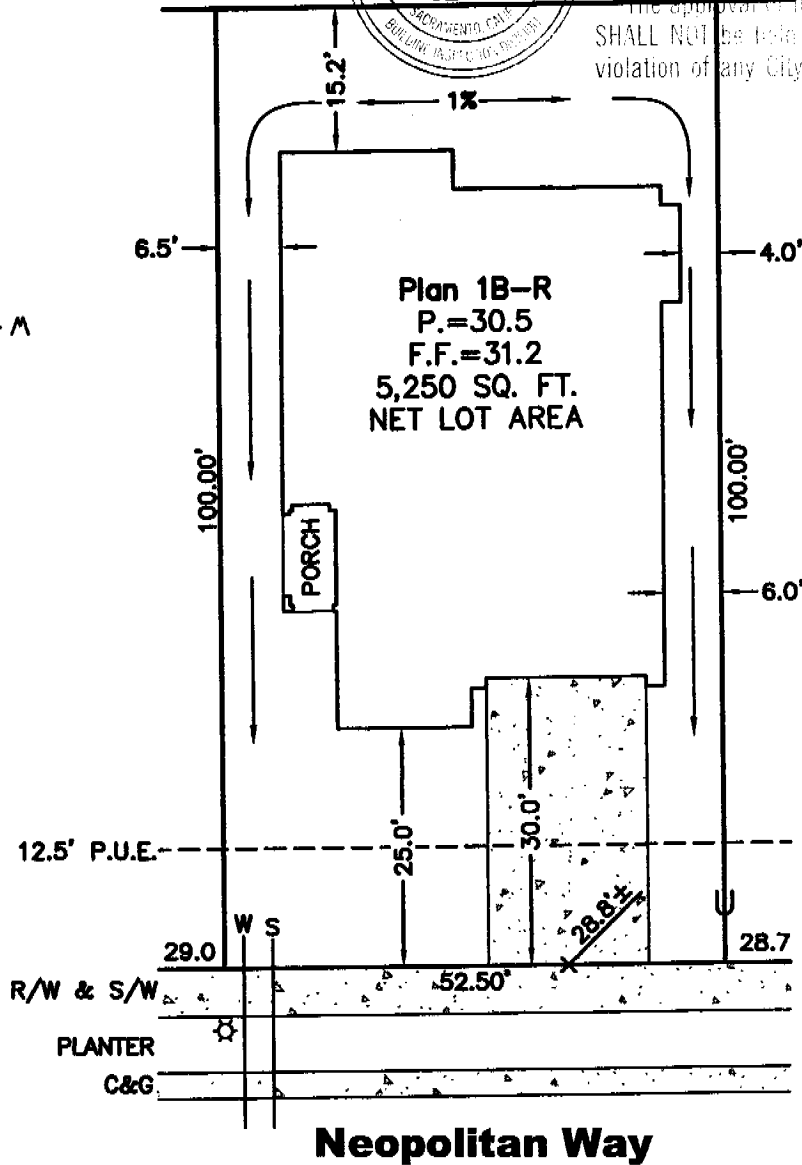
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



This set of plans and specifications must be kept on the job site from a date of substantial completion to make any changes or alterations to 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.



LEGEND

- S - - - - SEWER
- W - - - - WATER
- U - - - - UTILITY LOCATION
- ⊗ - - - - STREET LIGHT

ADDRESS: 8569 NEOPOLITAN WAY

6/06/2006

SCALE: 1" = 20'

PLOT PLAN
LOT 19
 Sheldon Farms - Phase 1
 City of Sacramento
 County of Sacramento, State of California

**WECKER
 SURVEYS**

1111 KENNEDY PLACE,
 SUITE 4
 DAVIS, CA 95616
 530-792-7252
 FAX 530-792-7171



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

CREATED BY CERTIFICATE 47123

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

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

DR HORTON LOT # 19 TRACT # 130
STREET 5569 Neopolitan CITY EIK GROVE

EXTERIOR WALLS:
MANUFACTURER F/G THICKNESS/TYPE R-VALUE

CEILINGS:
BATTES:
MANUFACTURER CT THICKNESS/TYPE 10 R-VALUE 30
MINIMUM R-VALUE 30

BLOWN IN:
MANUFACTURER Insul4 THICKNESS 12 R-VALUE 30
SQUARE FOOTAGE COVERED 1305 NUMBER OF BAGS USED 25

FLOORS:
MANUFACTURER THICKNESS/TYPE R-VALUE
SLAB ON GRADE:
MANUFACTURER THICKNESS/TYPE R-VALUE

WIDTH OF INSULATION INCHES R-VALUE
FOUNDATION WALLS:
MANUFACTURER THICKNESS/TYPE R-VALUE

GENERAL CONTRACTOR _____ DATE _____
CALIFORNIA CONTRACTORS LICENSE # _____ TITLE _____
SIGNATURE _____

INSULATION CONTRACTOR ARCADE INSULATION
CALIFORNIA CONTRACTORS LICENSE #815286 DATE 9-22-06
NEVADA CONTRACTORS LICENSE #55201
SIGNATURE [Signature] TITLE Installer

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

ICBO Evaluation Services, Inc.

Report No. 3899

Date of Job Completion: 9-20-06

Job Address:

D.R. Horton-Sheldon Farms

Lot 19 Plan 1 B

Plaster Contractor

TOLVER PLASTERING, INC.

Name:

3346 Luyung Dr., Rancho Cordova, CA 95742

Address: (916) 631-9844

Telephone Number:

Approved Applicator's License Number as
Issued by Western Stucco Products

507

Approved by Western Stucco Products on the building exterior at the above address has been installed in
accordance with the evaluation report specified above and the manufacturer's instructions.

This is to certify that the plastering 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 of plastering contractor

No. DRH-19

Installation card must be presented to the building inspector.
After completion of work and before final inspection.

Date

12-4-06

INSTALLATION CERTIFICATE JOB # 1002062 (Page 8 of 12) CF-6R

Site Address: 8569 NEOPOLITAN WAY SAC, CA Permit Number: LOT 19

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

Yes 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 checked="" 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: _____
 Signature: _____ Date: 12/8/06

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

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

19

D.R. HORTON

Sheldon Farms

Site Address 8569 Necopolis Wy

Permit Number 060 8979

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).

Plans -

HVAC SYSTEMS:

Heating Equipment

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

Cooling Equipment

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

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

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

WATER HEATING SYSTEMS:

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

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date [Signature] 12/7/06

J.R. Pierce Plumbing Co. Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

19

D.R.Horton Sheldon Farms

Site Address **3569 Noodin Ln W7**

Permit Number **0608979**

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 (pkgs)	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)	
Heat pump								Plan 1 (1645)
Furnace	YORK #LY8S080A-12	1	0.80	Attic	R-6.0	30,760	80,000	Plan 2 (1905)
Furnace	YORK #LY8S080A-12	1	0.80	Attic	R-6.0	33,178	80,000	Plan 3 (2194)
Furnace	YORK #LY8S080B-16	1	0.80	Attic	R-6.0	37,502	80,000	Plan 3 (W/BED5)
Furnace	YORK #LY8S080B-16	1	0.80	Attic	R-6.0	39,480	80,000	Plan 4 (2494)
Furnace	YORK #LY8S080B-16	1	0.80	Attic	R-6.0	40,122	80,000	Plan 5 (1230)
Furnace	YORK #LY8S080A-12	1	0.80	Attic	R-6.0	23,047	80,000	

Coil Equipment

Equip. Type (pkgs)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (SEER, BER, etc.) > CF-1R value	Duct Location (attic, etc.)				
Heat pump								Plan 1 (1645)
Coil	Aspen CB48BSX *	1	14/12	Attic				Plan 2 (1905)
Coil	Aspen CB48BSX *	1	14/12	Attic				Plan 3 (2194)
Coil	Aspen CB60ASX *	1	14/12	Attic				Plan 3 (W/BED5)
Coil	Aspen CB60ASX *	1	14/12	Attic				Plan 4 (2494)
Coil	Aspen CB48BSX *	1	13/11	Attic				Plan 5 (1230)
Coil	Aspen CB30ASX *	1	14/12	Attic				

Cooling Equipment

Equip. Type (pkgs)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, BER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Heat pump								Plan 1 (1645)
Condenser	YORK #H*RE038	1	14/12	Attic	R-6.0	26,662	30,600	Plan 2 (1905)
Condenser	YORK #H*RE038	1	14/12	Attic	R-6.0	28,243	30,600	Plan 3 (2194)
Condenser	YORK #H*RE042	1	14/12	Attic	R-6.0	31,296	33,500	Plan 3 (W/BED5)
Condenser	YORK #H*RE042	1	14/12	Attic	R-6.0	32,196	33,500	Plan 4 (2494)
Condenser	YORK #H*RE048	1	13/11	Attic	R-6.0	34,726	40,800	Plan 5 (1230)
Condenser	YORK #H*RE030	1	14/12	Attic	R-6.0	22,441	23,800	

* = TXV valve installed w/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.

Thaddeus 12-8-06
Signature, Date

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

External Insulation R-value

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)	(3) Efficiency (EF, RE)	(2) Standby Loss (%)
-------------	----------------------------------	---------------------------------------	-------------------------------	------------------------	--------------------------------	-----------------------	-------------------------	----------------------

(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

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

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



harris & sloan
CONSULTING GROUP, INC.

2377 Gateway Oaks Dr., Suite 250, Sacramento, CA 95833
tel 916.921.2800, toll free 800.877.1430, fax 916.921.2878
www.hacgi.com

Structural
Engineering
Consultants

September 6, 2006

George Starkey
DR Horton, Inc.
11919 Foundation Place, Suite 200
Gold River, CA 95670

Re: Sheldon Farms - Plan 1 Nailing Top Plates (Job #HS5094)

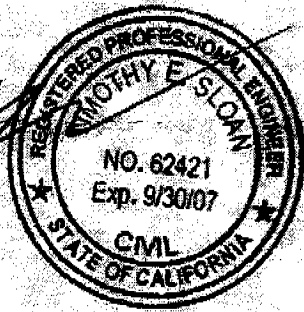
To whom it may concern:

This letter is to verify that it is acceptable to replace the CS16 straps at the end of beam #5 as shown on plans with continuous top plates over beam. Splice top plates per specifications on SN.1 in "General Framing Notes." See attached addendum for location and clarification.

If there are further questions, please contact me at (916) 921-2800.

Sincerely,

Tim Sloan, P.E.



TS:mk

Enclosures: Addendum

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 1) CF-4R

Project Address: **5519 NEPPERSTERN WAY DE HORTAL**
 Builder or Installer Name: **DR HORTAL**
 Builder or Installer Contact: **BOB ADAMS (916) 905-2200**
 Telephone: **113**
 Plan/Permit (Additions or Alterations) Number: **113**
 HERS Rater: **CORBY BERNHART (916) 819-0781**
 Compliance Method (Prescriptive): **14-07**
 Certifying Signature: **[Signature]**
 Date: **11-14-07**
 Sample House Number: **19**
 Firm: **MARCO CONTRACTOR SERVICES**
 HERS Provider: **CHERRY**
 Street Address: **5500 SANDRA BEAR BLVD. SACRAMENTO, CA 95814**
 City/State/Zip: **SACRAMENTO, CA 95814**

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:

Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
Enter Tested Leakage Flow in CFM:		
Fan Flow: Calculated (Nominal): <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating or <input type="checkbox"/> Measured		
Enter Total Fan Flow in CFM:		
3 Pass if Leakage Percentage < 6% [100 x (Line # 1) / (Line # 2)]		

HERS RATER COMPLIANCE STATEMENT

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

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.		
Yes is a pass	Pass	Fail

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	
2 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil	
3 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tune Delay Relay Verified (If Required)	
Yes to 1 and 2, and 3 (If Required) is a pass		
Pass	Fail	

MINIMUM REQUIREMENTS FOR INFILTRATION REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of infiltration reduction are available in RACM Section 3.5. Diagnostic Testing Results

Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater:		
1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is measured envelope leakage less than or equal to the required level from CF-1R?	
2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Mechanical Ventilation shown as required on the CF-1R?	
2a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?	
2b. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check this box yes if mechanical ventilation is required (Yes in line 2) and ventilation fan watts are no greater than shown on CF-1R.	
3. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check this box yes if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R.	
4. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check this box yes if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascals with all exhaust fans operating.	
Pass if (a) Yes in line 1 and line 3, or (b) Yes in line 1 and line 2, 2a, and 2b, or (c) Yes in line 1 and line 4, Otherwise Fail		
Pass	Fail	

	Yes	No	NA
✓ FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation in contact with the subfloor or rim joists insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation properly supported to avoid gaps, voids, and compression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓ WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No voids over 1/2" deep or more than 10% of the batt surface area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard to access wall stud cavities such as, corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small spaces filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rim-joists insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall stud cavities caulked or foamed to provide an air tight envelope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HERS RATER COMPLIANCE STATEMENT

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

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with all applicable requirements of the "High Quality Installation of Insulation" protocols as specified in the Residential ACM, Appendix RH and as checked on this form. Note that to PASS and receive compliance credit, NONE of the BOXES below may be checked "No" and the first three boxes also must be checked. Check "NA" only if the item is not part of the design of the building (i.e., single story buildings do not have rim joists or there may be no recessed can lights installed, etc.).

REQUIREMENTS FOR "HIGH QUALITY INSTALLATION OF INSULATION" COMPLIANCE CREDIT

- The building is wood frame construction with wall stud cavities, ceilings, and roof assemblies insulated with mineral fiber or cellulose insulation in low-rise residential buildings.
- Description of insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer's name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches.
- Installation Certificate, (CF-6R) signed by the installer certifying that the installation meets all applicable requirements as specified in the High Quality Installation Procedures (ACM, Appendix RH).

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

Project Address	5519 NE 27th Ave
Builder Contact	PACH COFFE (916) 965-2200
Telephone	
Plan Number	115
Sample Group Number	2
HERS Rater	DOREY BERNHARDT (916) 819-0781
HERS Rater	1-4-07
Sample House Number	9
HERS Provider	CHEERS
Firm	MASCO CONTRACTOR SERVICES
Street Address	500 SEWARD PLACE BLD.
City/State/Zip	SACRAMENTO, CA 95814

Project Address
 8519 NE 27th Ave
 Builders Name
 DR HORTON

✓ ROOF/CEILING PREPARATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers installed

✓ ROOF/CEILING BATT'S

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 1/2 in. deep or more than 10% of the batt surface area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents

✓ ROOF/CEILING LOOSE-FILL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Batties installed at eave vents or soffit vents - maintain net free-ventilation area of eave vent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose-fill mineral fiber insulation meets or exceeds manufacturer's minimum weight and thickness requirement for the target R-value. Target R-value _____ Manufacturer's minimum required weight for the target R-value _____ (pounds per square foot). Sample weight _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer's minimum required thickness at time of installation _____ (inches)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer's minimum required settled thickness _____ (inches). Number of days since loose-fill insulation was installed _____ (days). At the time of installation, the insulation shall be greater than or equal to the manufacturer's minimum initial insulation thickness. If the HERS Rater does not verify the insulation at the time of installation, and if the loose-fill insulation has been in place less than seven days the thickness shall be greater than the manufacturer's minimum required thickness at the time of installation less 1/2 inch to account for settling. If the insulation has been in place for seven days or longer the insulation thickness shall be greater than or equal to the manufacturer's minimum required settled thickness. Minimum thickness measured (inches)