

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

Site Address: 3118 TOLLIVER ST SAC  
Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #98

**CONTRACTOR**  
BEAZER HOMES  
3721 DOUGLAS BL. STE. 100  
ROSEVILLE CA 95661

**OWNER**

Permit No: 0603258  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

**ARCHITECT**

Nature of Work: MP 1559 2 STORY 7 RM 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 B License Number 724191 Date 3/21/06 Contractor Signature M. Collins

**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 pursuant to the project and 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 \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
MAR 21 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

**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 3/21/06 Applicant/Agent Signature M. Collins

**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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

(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.

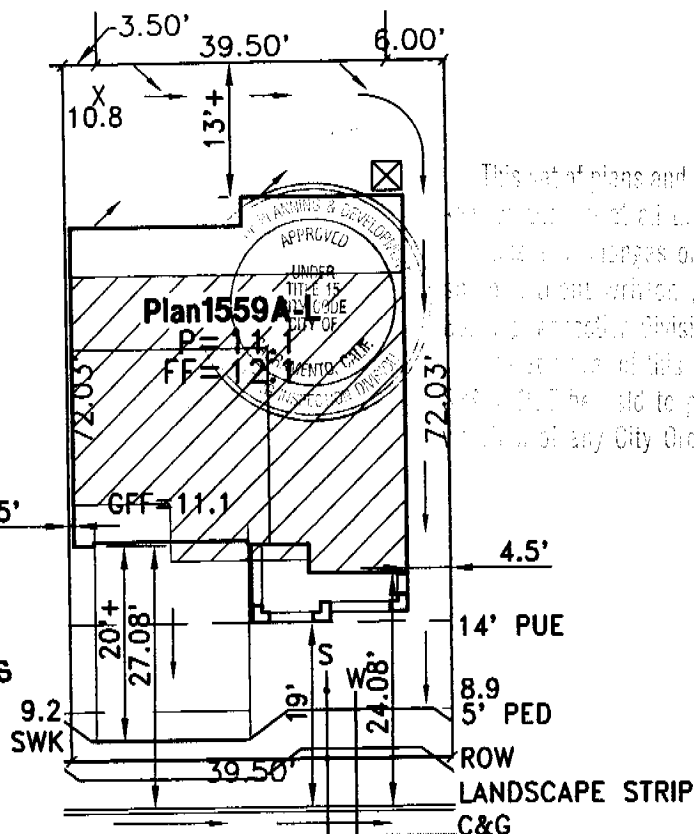
Date 3/21/06 Applicant Signature M. Collins

**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 PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, 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.

SCALE: 1"=20'



This set of plans and specifications must be approved by the City of Sacramento and it is unlawful to make any changes or alterations from the approved plans without written permission from the Planning and Development Division.

The City of Sacramento shall not be held to permit or approve the construction of any City Ordinance or State Law.

PAID  
CITY OF SACRAMENTO  
MAR 21 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

TOLLIVER STREET

REVISEL

- U - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- ▲ - TRANSFORMER
- SL - SERVICE POINT
- ⊙ - FIRE HYDRANT

CITY OF SACRAMENTO APPROVAL		
	✓	INITIALS
Engineering		
Planning		
Development	✓	RS
Construction		
Marketing		
Finance		
Accounting		

## RIVERDALE VILLAGE 1

### "THE SUNRISE COLLECTION" FOR BEAZER HOMES

#### PLOT PLAN FOR LOT 98

A.P.N.:  
LOT AREA: 2845 S.F. **HD**  
ADDRESS:  
CITY OF SACRAMENTO, CALIFORNIA

**WOOD RODGERS**  
ENGINEERING • PLANNING • MAPPING • SURVEYING  
3301 D STREET, BLDG. 100-B, SACRAMENTO, CA 95816  
PHONE: (916) 341-7769 FAX: (916) 341-7767

08-15-05 DRAWN: GDM 1055.030

J:\Jobs\1055-Riverdale\Riverdale-V1\Civil\Plotplan\Lot\_098.dwg 2/17/06 10:34am gmckain

0603258



**The Sunrise Collection at Riverdale North**

**EXTERIOR – LOT 1098: 3118 Tolliver Street**

- 1.) Wrought iron fence to be removed.
- 2.) Landscape will go back to typical in front.
- 3.) Alarm J Boxes and sleeves that go from house will be removed.
- 4.) Landscape lights / electrical sleeving / electrical boxes to be removed.
- 5.) Lighting contractor boxes will be removed
- 6.) Driveways will be poured – typical.
- 7.) Lots will be fenced typical.
- 8.) Concrete walkway from house to house to be removed. Walkway from city walk to home will be poured typical.
- 9.) Breakers in panel for lighting contractors will be removed and replaced with standard breakers.
- 10.)\*Second A/C unit to be removed from rear yard.

\*Lots 1082 (3127 Tolliver Street) and 1097 (3126 Tolliver Street) only.

BEAZER HOMES

NORTHERN CALIFORNIA DIVISION

3721 DOUGLAS BLVD., SUITE 100, ROSEVILLE, CA 95661

o 916-773-3888

or beazer.com



**The Sunrise Collection at Riverdale North**

**INTERIOR – LOT 1098: 3118 Tolliver Street**

- 1.) Motion sensors at entry to be removed.**
- 2.) All light switches to be operational per plan throughout the house.**
- 3.) Arc fault breakers will be installed.**

BEAZER HOMES

NORTHERN CALIFORNIA DIVISION

3721 DOUGLAS BLVD., SUITE 100, ROSEVILLE, CA 95661

o 916•773•3888

w beazer.com



INSULATION CONTRACTORS  
ASSOCIATION  
OF AMERICA

INSULATION  
CERTIFICATE

0603258

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

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

Becker Homes LOT # 98 TRACT # Riverside  
STREET 3118 Tolliver St CITY NATOMAS

EXTERIOR WALLS:

MANUFACTURER EG THICKNESS/TYPE 3 1/2 R- 13/19  
VALUE

CEILINGS:

BATTS: EG THICKNESS/TYPE 10 R- 30  
VALUE

BLOWN IN: CF THICKNESS 12 R- 30  
VALUE

MANUFACTURER SQUARE FOOTAGE COVERED 944 NUMBER OF BAGS USED 19

FLOORS: MANUFACTURER THICKNESS/TYPE R- VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION INCHES R- VALUE

FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE # DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING  
CALIFORNIA CONTRACTORS LICENSE #815286  
NEVADA CONTRACTORS LICENSE #0055201 DATE 7-12-06

SIGNATURE TITLE  
INSTALLER

7-15-06

3118 Tolliver St

84

30

12 1/2

3118 Toller ST

0603258

**OMEGA PRODUCTS INTERNATIONAL, INC.**

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

Builder: **BEAZER HOMES**  
Project Name: **SUNRISE COLLECTIONS**

Lot Numbers: 1098

Date of Job Completion: June 25, 2006

**PLASTERING CONTRACTOR:**

Name: **STUCCO WORKS, INC.**

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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 Inspections.

July 11, 2006  
Date

  
Signature of authorized representative of Plastering Contractor

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

INSTALLATION CERTIFICATE		(Page 2 of 12) CF-6R
Site Address	3118 TOLLIVER ST	
THE SUNRISE COLLECTION AT RIVERDALE NORTH - B34 ZON		Permit Number 0608258
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) 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(a).		

## FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Area Square Foot	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO NO GLASS	.35	.32	2				
2.	XO GLASS	.35	.29	2				
3.	SH NO GLASS	.35	.32	2				
4.	SH GLASS	.35	.29	2				
5.	PLD NO GLASS	.34	.35	2				
6.	PLD GLASS	.34	.31	2				
7.	PATIO DOOR	.35	.34	2				
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

<sup>1</sup> Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.

✓ ☒ I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable) 1-7	Signature Dennis M... ALSO - AREA SALES MGR	Date 3/30/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

## INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Beazer Homes  
Site Address 3118 Tolliver St.

Sunrise Collection  
Permit Number 0603258

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 1007, 1559

## HVAC SYSTEMS:

## Heating Equipment

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

## Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

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:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Central Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value
GAS	A.O. Smith GVR-40	STD	N/A	1	40,000	40	.62	N/A	R-20

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 &amp; 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.

JR. Pierce 3/27/06  
Signature, Date

JR. 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

Beazer Homes - Sunrise Collection at Riverdale North  
 Site Address 3118 Tolliver St. Permit Number 0603258

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

## HVAC SYSTEMS:

### Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York, #LY8S040A12	1	0.80	Attic	R-6.0	25,259	40,000	PLAN 1007
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-6.0	28,259	60,000	PLAN 1007/ OPT
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-6.0	27,354	60,000	PLAN 1385
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	31,992	60,000	PLAN 1559
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	33,117	60,000	PLAN 1775
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	34,131	60,000	PLAN/ SITTING

### Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	16,882	20,800	PLAN 1007
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	18,286	20,800	PLAN 1007/ OPT
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	17,603	20,800	PLAN 1385
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	21,364	26,900	PLAN 1559
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	23,377	26,900	PLAN 1775
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	24,020	26,900	PLAN/ SITTING

(1) > reads greater than or equal to.

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

Signature, Date

Beutler Corporation

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

## WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value

(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



CITY OF SACRAMENTO

[www.cityofsacramento.org](http://www.cityofsacramento.org)

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT

New City Hall  
915 I Street, 3<sup>rd</sup> Floor  
Sacramento, CA 95814

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

POOL & SPA ANTI-ENTRAPMENT LAW FOR RESIDENCES

To: All Residential Building Permit Applicants

Re: Correction of Pool and Spa hazards; Assembly Bill 2977 (Mullin) Chapter 478, Statutes of 2006 California Health and Safety Code Section 115928(b & d)<sup>(1)</sup>

In order to reduce the safety hazards of existing pools and spas, Assembly Bill 2977 Chapter 478, (Statutes of 2006, effective January 1, 2007), requires installation of Pool / Spa Anti-entrapment Covers whenever a building permit is issued for remodeling or modification of a single family home. The permit shall require that any suction outlet of less than 12 inches across at the existing swimming pool, wading/toddler pool, or spa be upgraded so as to be equipped with an anti-entrapment cover meeting the current standards of the American Society for Testing and Materials or the American Society of Mechanical Engineers (ASME), ASME / ANSI Standard A 112.19.8.

At the existing swimming pool, spa or wading/toddler pool, a pool anti-entrapment device has been installed for the suction outlet at the below address in conjunction with my permit. I also understand that the **Certification below must be completed and given to the Inspector at or prior to the Final Inspection** for the permit activity. Final approval will not be given without this certification of compliance.

**Declaration:**

The property at 3118 TOLLIVER ST Permit # 0603258

Has: (check all that apply) swimming pool ☐ spa ☐ wading/toddler pool ☐

Exemption; property has no: (check all) swimming pool ☒ spa ☒ wading/toddler pool ☒

Exemption; suction outlet equal to or greater than 12 inches ☐

**Certification:** Under penalty of perjury, I acknowledge that I have read and comply with the requirements of AB-2977 and that the above is true and correct.

[Signature]  
Signature

JIM STOLLER  
Print Name

5/28/08  
Date

Relation to Project (please check only one):

Owner ☒ Agent for Owner ☐ Licensed Contractor ☐ Agent for Contractor ☐

If Licensed Contractor or Agent for Contractor is checked, please complete the following:

BEAZER HOMES Holding Corp  
Company Name

818129  
Contractor's State License<sup>(2)</sup> Number

<sup>(1)</sup> To view the complete law visit <http://www.leginfo.ca.gov/calaw.html>

<sup>(2)</sup> Contractor must have C-53 (pool contractor license) or C-61 / D-35 (Specialty pool & spa maintenance)

**CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)** CF-4R

Project Title: Sunrise  
 Project Address: 3118 Tolliver St. Lawrence (A) 95231  
 Builder Name: Boards  
 Date: 3/19/00  
 Plan Number: 1559  
 Sample Group Number: 1559  
 Sample House Number: 1559  
 HERS Rater: Robert Vignart  
 HERS Rater Telephone: (916) 847-6514  
 HERS Rater Date: 3/19/00  
 Firm: Imaco Construction  
 Street Address: 9524 Mosquito Rd  
 City/State/Zip: Lawrence KS  
 Copies to: Builder, HERS Provider

**HERS RATER COMPLIANCE STATEMENT**

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

☒ 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 drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

☐ **MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

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

Measured values

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1000

If fan flow is measured enter measured value here 5.2%

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.2%

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

☐ **THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent**

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

Yes is a pass ☐ Pass ☐ Fail

☐ **MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT**

1. ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.) ☐ Yes ☐ No

2. TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow =                      ☐ Yes ☐ No

Yes for both 1 and 2 is a Pass ☐ Pass ☐ Fail

CF-6R

# Installation Certificate

4700 Lang Avenue • McEllen, CA 95652  
 916.646.2222 • Contractor Lic. #162634  
 3118 Tolliver St. Sacramento, CA 95834  
 916.646.2222 • Contractor Lic. #162634  
 3118 Tolliver St. Sacramento, CA 95834  
 916.646.2222 • Contractor Lic. #162634

## 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:

1	Enter Tested Leakage Flow in CFM:	52	Measured Values
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input 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:	1000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
3	Pass if Leakage Percentage $\leq 6\%$ for Final or $\leq 4\%$ at Rough-in: [100 x (Line # 1) / (Line # 2)]	5.2%	<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"/> Pass <input type="checkbox"/> Fail
8	Enter New Duct System - Pass if Leakage Percentage $\leq 6\%$ for Final or $\leq 4\%$ at Rough-in: [100 x (Line # 5) / (Line # 2)]		<input checked="" 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 $\leq 15\%$ [100 x (Line # 5) / (Line # 2)]		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ [100 x (Line # 7) / (Line # 2)]		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ [100 x (Line # 6) / (Line # 4)]		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			

☒ 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 retrofitted Air-Distribution System Ducts, Plenums and Fans comply with mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

March 2006

1204600312

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R			
Project Address 3118 Tolliver St.		Builder Name Beazer Homes	
Builder Contact		Telephone	Plan Number 1559 / 0603258
HERS Rater Wendell Witt		Telephone	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone	
Certifying Signature Witt 6-2-08		Date	Sample House Number 98
Firm Beutler Corp.		HERS Provider Cheers	
Street Address: 4700 Lang Ave.		City/State/Zip: McClellan, Ca. 95662	

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 Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- ☒ New systems 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:	52	
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	1000	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq 6\%$ $[100 \times \frac{52 \text{ (Line \# 1)}}{1000 \text{ (Line \# 2)}}]$	5.2%	<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 $[\text{Line \# 4} \text{ Minus } \text{Line \# 5}]$ (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 $\leq 6\%$ $[100 \times \frac{\text{Line \# 5}}{\text{Line \# 2}}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage $\leq 15\%$ $[100 \times \frac{\text{Line \# 5}}{\text{Line \# 2}}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ $[100 \times \frac{\text{Line \# 7}}{\text{Line \# 2}}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ $[100 \times \frac{\text{Line \# 6}}{\text{Line \# 4}}]$ 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 type="checkbox"/> Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8) CF-4R			
Project Address 3118 Tolliver St.		Builder Name Beazer Homes	
Builder Contact	Telephone	Plan Number 1559 / 0603258	
HERS Rater Wendell Witt	Telephone	Sample Group Number	
Compliance Method (Prescriptive)		Climate Zone	
Certifying Signature [Signature]	Date 6-2-08	Sample House Number 98	
Firm Beutler Corp.	HERS Provider Cheers		
Street Address: 4700 Lang Ave.		City/State/Zip: McClellan, Ca. 95662	

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"/>
<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"/> Yes <input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
---	--

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8) CF-4R			
Project Address 3118 Tolliver St.		Builder Name Beazer Homes	
Builder Contact	Telephone	Plan Number	1559 / 0603258
HERS Rater Wendell Witt	Telephone	Sample Group Number	
Certifying Signature Witt	Date	Sample House Number 98	
Firm Beutler Corp.	HERS Provider Cheers		
Street Address: 4700 Lang Ave.		City/State/Zip: McClellan, Ca. 95662	

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:
			Rated Tons:
			Total CFM 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
			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 $\leq$ 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 $\leq$ to electrical input in the CF-1R.
Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass				

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pass	Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 6 of 8)		CF-4R
Project Address 3118 Tolliver St.		Builder Name Beazer Homes
Builder Contact	Telephone	Plan Number 1559 / 0603258
HERS Rater Wendell Witt	Telephone	Sample Group Number
Certifying Signature Witt 6-2-08	Date	Sample House Number 98
Firm Beutler Corp.		HERS Provider Cheers
Street Address: 4700 Lang Ave.		City/State/Zip: McClellan, Ca. 95662

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).

☒ 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:		(enter watts here)	
Measured Fan Flow (Enter total cfm from airflow verification)			
Enter results of Watts/cfm:			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Calculated fan watt/cfm is equal to or lower than the fan watt/cfm draw documented in CF-1R	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

### 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).

☒ 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:			1320
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 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 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 (If this box is checked no, mechanical ventilation is required.)	
4.	<input 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 Pascal with all exhaust fans operating.	
Pass if: a) Yes in line 1 and line 3, or b) Yes in line 1 and line2, 2a, and 2b, or c) Yes in line 1 and line 4, Otherwise Fail.			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail



CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8) CF-4R			
Project Address		Builder Name	
3118 Tolliver St.			
Builder Contact	Telephone	Plan Number	
		1559	0603258
HERS Rater	Telephone	Sample Group Number	
Wende H Witt			
Certifying Signature	Date	Sample House Number	
Witt	6-2-08	98	
Firm	HERS Provider		
Beutler Corp.	Cheers		
Street Address:	City/State/Zip:		
4700 Lang Ave.	McClellan, Ca. 95662		

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 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 Insulation Installation Procedures (ACM, Appendix RH).

#### ☒ FLOOR

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
<input checked="" type="checkbox"/> WALLS			
<input checked="" 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
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 1/4" deep or more than 10% of the batt surface area.
Yes	No	NA	
<input checked="" 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
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 8 of 8) CF-4R**

Project Address

3118 Tolliver St.

Builders Name

/0603258

**✓ ROOF/CEILING PREPARATION**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input checked="" 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
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers installed
Yes	No	NA	

**✓ ROOF/CEILING BATTS**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4 in. deep or more than 10% of the batt surface area
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	NA	

**✓ ROOF/CEILING LOOSE-FILL**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input checked="" 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 <u>30</u> Manufacturer's minimum required weight for the target R-value <u>.485</u> (pounds-per-square foot). Sample weight <u>1.53</u> (pounds per square foot).
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer's minimum required thickness at time of installation <u>1 1/2</u> (inches) Manufacturer's minimum required settled thickness <u>1 1/2</u> (inches). Number of days since loose-fill insulation was installed <u>5</u> (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). <u>1 3/4</u>
Yes	No	NA	

INSTALLATION CERTIFICATE

(Page 9 of 12) CF-6R

Site Address

3118 Lolliver St. Sactola 95834

Permit Number

9100534 / 0603258

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) 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(a).

BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

☒ ENVELOPE SEALING INFILTRATION REDUCTION

Procedures for field verification and diagnostic testing of envelope leakage are available in RACM, Appendix RC.

Diagnostic Testing Results			
			Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater: <b>1320</b>
1.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Measured envelope leakage less than or equal to the required level from CF-1R?
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Mechanical Ventilation shown as required on the CF-1R?
2a.	<input 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 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. Measured Watts =
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 (If this box is checked no, mechanical ventilation is required.)
4.	<input 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 Pascal 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 Yes in line 4. Otherwise fail.
			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

☒ I, the undersigned, verify that the building envelope leakage meets the requirements claimed for building leakage reduction below default assumptions as used for compliance on the CF-1R. This is to certify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. (The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or subcontractors certifying that diagnostic testing and installation meet the requirements for compliance credit.)

Test Performed	
Blower Door	
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Bentley H & A
Signature: <i>[Signature]</i>	Date: 6/2/08

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