



F. RODGERS INSULATION, INC.

Thermal Insulation Contractors
Residential

INSULATION
CERTIFICATE

09758

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550
(925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691
(916) 386-9400 • FAX (916) 386-9446

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

STREET BROWN LOT # 72 TRACT # PHOENIX

CITY SAC

EXTERIOR WALLS: MANUFACTURER o/c THICKNESS/TYPE 13 R-VALUE 13

CEILING: MANUFACTURER o/c THICKNESS/TYPE 13 R-VALUE 13

BATTS: MANUFACTURER o/c THICKNESS/TYPE 30 R-VALUE 30

BLOWN IN: MANUFACTURER o/c THICKNESS/TYPE 1 3/4 R-VALUE 30

MANUFACTURER o/c THICKNESS/TYPE 1 3/4 R-VALUE 30

SQUARE FOOTAGE COVERED 1679 NUMBER OF BAGS USED 28

FLOORS & OVERHANGS: MANUFACTURER o/c THICKNESS/TYPE 19 R-VALUE 19

MANUFACTURER o/c THICKNESS/TYPE 19 R-VALUE 19

OTHER: MANUFACTURER o/c THICKNESS/TYPE 11 R-VALUE 11

MANUFACTURER o/c THICKNESS/TYPE 11 R-VALUE 11

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL
CALIFORNIA CONTRACTORS LICENSE #771285

DATE 5-3-05

SIGNATURE B. J. [Signature] TITLE _____

TYPE 3

Site Address 98 Creeks Edge way

Permit Number 0501624

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 Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	<u>York GY9506 DB12 VPA1</u>	<u>2</u>	<u>90</u>		<u>4.2</u>	<u>55</u>	<u>60</u>
	<u>York GY9506 DB12 VPA1</u>	<u>1</u>	<u>90</u>		<u>4.2</u>	<u>76</u>	<u>80</u>

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<u>SPLIT</u>	<u>York HIRD 024</u>	<u>1</u>	<u>13 SEER</u>		<u>4.2</u>	<u>20.8</u>	<u>19</u>
"	" " <u>042</u>	<u>1</u>	" "		<u>4.2</u>	<u>30.1</u>	<u>37.6</u>
"	" " <u>030</u>	<u>1</u>	" "		<u>4.2</u>	<u>22.4</u>	<u>27.5</u>

1. \geq 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] 8/3/05
Signature, Date

BROWN CONSTRUCTION INC.
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, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
<u>Gas</u>	<u>Rheem 91VR40N</u>	<u>STD</u>	<u>N/A</u>	<u>3</u>	<u>70,000</u>	<u>40</u>	<u>.62</u>		<u>R-20</u>

- 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]
Signature, Date

BROWN CONSTRUCTION INC.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

TYPE 3

Site Address 98 Creek Edge Way

Permit Number 0501624

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
(GROUP LIKE PRODUCTS)							
1. <u>ALPINE</u>	<u>.50</u>	<u>.61</u>	<u>2</u>	<u>18</u>	<u>200</u>		
2. <u>Z70 SERIES</u>							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-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.

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)	Signature, Date	<u>BROWN CONSTRUCTION INC.</u> Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

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

SIGNET

Testing Labs, Inc.

DATE: 3-22-05
 PROJECT NO. 16415
 PROJECT: PHOENIX PARK
 LOCATION: ELK GROVE

DSA FILE/APPL. NO. _____
 OSHPD NO. _____
 PERMIT NO. _____
 WEATHER: RAIN TEMP: 57°

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: SN 246 GAGE: SN 5492 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>BLDG. # 72</u>	<u>1 1/2" 5/8"</u>	<u>8</u>		<u>3040</u>	<u>1200</u>			
<u>12 TOTAL</u>	<u>EMB. 5"</u>	<u>(12)</u>	<u>100%</u>			<u>12</u>	<u>0</u>	<u>0</u>
	<u>ALLTHREAD H.D. 3</u>	<u>4</u>		<u>8240</u>	<u>3100</u>			
<u>BLDG. 71</u>	<u>2 1/2" 5/8"</u>	<u>1</u>	<u>100%</u>	<u>3040</u>	<u>1200</u>	<u>1</u>	<u>0</u>	<u>0</u>
<u>RE-TEST ON A RELOCATE</u>	<u>ALLTHREAD H.D. 3</u>							

- Type of epoxy / grout used: _____ Method of application / cleaning: _____
- Visual inspection was performed on _____
- Show up / Stand by time. Job Canceled / Delayed due to: _____
- All non-compliance items were brought to the attention of: _____ at the job site.

NON-COMPLIANCE REPORT ATTACHED ADDITIONAL TESTS ATTACHED

NOTES: _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____

Inspector: J. yielding

3121 Diablo Avenue
Hayward CA 94545

4741 Pell Drive #B
Sacramento CA 95838

520 Mercantile Street #A
Cotati, CA 94931

310 W 5th Street #203
Santa Ana CA 92701

JOB SITE COPY

FORM 301