

4216 PROMENADE # 0600435

Omega Products International, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-4004

Date of Job Completion 5-19-00

Job Address

RYLAND LIBERTY LANE
LOT#60 2A REARSS 3
4216 PROMENADES DAVIS

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95880

Telephone No.: (916) 488-9455

Approved contractor number as issued by coating manufacturer: _____
Applicator # 318

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative _____
or plastering contractor _____
Date _____

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

FIGURE 3

00385-1-771000

4216 PROMENADE

INSULATION CERTIFICATE

0600435

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

SITE ADDRESS LOT 86 LIBERTY LANE SACRAMENTO CA
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38
GREEN FIBER THICKNESS R/VALUE
BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF THICKNESS 6" R/VALUE 19

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER:

GENERAL CONTRACTOR: RYLAND HOMES LICENSE #

BY: TITLE DATE

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: *Becky Guthertz* TITLE AUTH. AGENT DATE 5/26/2006
BECKY GUTHERTZ

4216 PROMENADE

0600435

Date..08/24/05 11:35:15

Project Title..... LIBERTY LANE *****
 Project Address..... PLAN 2 *v7.00*
 Documentation Author... SACRAMENTO - CZ 12 *****
 JIM WHEELER
 Consol
 7407 Tam O'Shanter Dr Ste 200
 Stockton, CA 95210
 209-473-5000
 Climate Zone..... 12
 Compliance Method..... MICROPAS7 v7.00 for 2005 Standards by Enercomp, Inc.

Building Permit #
Plan Check / Date
Field Check/ Date

MICROPAS7 v7.00 File-RHLL2 Wth-CTZ12S05 Program-FORM CF-1R
 User#-MP0105 User-Consol Run-RYLAND - PLAN 2

MICROPAS7 ENERGY USE SUMMARY			
Energy Use (kTDV/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	21.09	21.04	0.05
Space Cooling.....	17.71	14.67	3.04
Water Heating.....	12.29	11.88	0.41
North Total	51.09	47.59	3.50
Space Heating.....	21.09	20.97	0.12
Space Cooling.....	17.71	17.50	0.21
Water Heating.....	12.29	11.88	0.41
East Total	51.09	50.35	0.74
Space Heating.....	21.09	22.20	-1.11
Space Cooling.....	17.71	15.33	2.38
Water Heating.....	12.29	11.88	0.41
South Total	51.09	49.41	1.68
Space Heating.....	21.09	22.36	-1.27
Space Cooling.....	17.71	13.85	3.86
Water Heating.....	12.29	11.88	0.41
West Total	51.09	48.09	3.00

*** Building complies with Computer Performance ***
 *** HERS Verification Required for Compliance ***

GENERAL INFORMATION

HERS Verification..... Required
 Conditioned Floor Area..... 1732 sf
 Building Type..... Single Family Detached
 Construction Type New
 Fuel Type NaturalGas
 Building Front Orientation. Cardinal - N,E,S,W
 Number of Dwelling Units... 1
 Number of Building Stories. 2
 Weather Data Type..... FullYear

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Floor Construction Type.... Slab On Grade
 Number of Building Zones... 1
 Conditioned Volume..... 16178 cf
 Slab-On-Grade Area..... 739 sf
 Glazing Percentage..... 15.1 % of floor area
 Average Glazing U-factor... 0.38 Btu/hr-sf-F
 Average Glazing SHGC..... 0.31
 Average Ceiling Height..... 9.3 ft

BUILDING ZONE INFORMATION

Zone Type	Floor Area (sf)	Volume (cf)	# of Dwell Units	Cond-itioned	Thermostat Type	Vent Height (ft)	Vent Area (sf)	Verified Leakage or Housewrap
Residence	1732	16178	1.00	Yes	Setback	8.0	Standard	No

OPAQUE SURFACES

Surface	Frame Type	Area (sf)	U-factor	Cavity R-val	Sheath-ing R-val	Act Azm	Tilt	Solar Gains	Appendix IV Reference	Location/ Comments
1 Wall	Wood	223	0.068	13	4	0	90	Yes	IV.9 C3	Front Wall
2 Wall	Wood	33	0.102	13	0	0	90	Yes	IV.9 A3	At Venner Wl
3 Wall	Wood	6	0.102	13	0	0	90	Yes	IV.9 A3	At Kneewall
4 Wall	Wood	510	0.068	13	4	90	90	Yes	IV.9 C3	Left Wall
5 Wall	Wood	259	0.055	19	4	90	90	Yes	IV.9 C5	2x6 Left Wall
6 Wall	Wood	8	0.102	13	0	90	90	Yes	IV.9 A3	At Venner Wl
7 Wall	Wood	322	0.068	13	4	180	90	Yes	IV.9 C3	Back Wall
8 Wall	Wood	269	0.068	13	4	270	90	Yes	IV.9 C3	Right Wall
9 Wall	Wood	360	0.055	19	4	270	90	Yes	IV.9 C5	2x6 Right Wall
10 Wall	Wood	35	0.102	13	0	270	90	Yes	IV.9 A3	At Veneer Wl
11 Wall	Wood	8	0.102	13	0	270	90	Yes	IV.9 A3	At Kneewall
12 Wall	Wood	253	0.102	13	0	0	90	No	IV.9 A3	Garage Wall
13 Wall	Wood	70	0.074	19	0	0	90	No	IV.9 A5	2x6 Garage Wl
14 Door	Wood	24	0.160	0	0	0	90	Yes	DOOR	Insul Entry Dr
15 Door	Other	18	0.500	0	0	270	90	No	IV.28 A4	Garage Door
16 FloorExt	Wood	222	0.048	19	0	n/a	0	No	IV.21 A4	Above Garage
17 FloorExt	Wood	66	0.048	19	0	n/a	0	No	IV.21 A4	At Cantilever
18 Roof	Wood	977	0.025	38	0	n/a	0	Yes	IV.1 A18	Flat w/ Attic
19 Roof	Wood	50	0.048	19	0	n/a	0	Yes	IV.1 A14	At Furnace

PERIMETER LOSSES

Surface	Length (ft)	F2 Factor	Insul R-val	Solar Gains	Appendix IV Reference	Location/ Comments
20 SlabEdge	112	0.730	R-0	No	EDGE.EXT	To Outside
21 SlabEdge	38	0.730	R-0	No	EDGE.EXT	To Garage

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FENESTRATION SURFACES

Orientation	Area (sf)	U-factor	SHGC	Act Azm	Tilt	Exterior Shade Type	Location/Comments
1 Wind Front (N)	16.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
2 Wind Front (N)	15.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
3 Wind Front (N)	4.5	0.350	0.300	0	90	Standard	FIXED / VINYL / SSGLZ
4 Wind Front (N)	16.5	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
5 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
6 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
7 Wind Left (E)	15.0	0.390	0.290	90	90	Standard	SNGL HNG / VINYL / SSGLZ
8 Wind Left (E)	15.0	0.390	0.290	90	90	Standard	SNGL HNG / VINYL / SSGLZ
9 Wind Left (E)	15.0	0.350	0.300	90	90	Standard	FIXED / VINYL / SSGLZ
10 Door Back (S)	48.0	0.400	0.400	180	90	Standard	FRNCH DR /NON-MTL/ SSGLZ
11 Wind Back (S)	30.0	0.380	0.290	180	90	Standard	SLIDER / VINYL / SSGLZ
12 Wind Back (S)	25.0	0.380	0.290	180	90	Standard	SLIDER / VINYL / SSGLZ
13 Wind Back (S)	3.0	0.380	0.290	180	90	Standard	SLIDER / VINYL / SSGLZ
14 Wind Right (W)	8.0	0.390	0.290	270	90	Standard	SNGL HNG / VINYL / SSGLZ

OVERHANGS

Surface	Area (sf)	Window		Overhang			
		Width	Height	Depth	Height	Left Extension	Right Extension
1 Window	16.0	n/a	4.0	1.0	1.5	n/a	n/a
2 Window	15.0	n/a	5.0	1.0	0.6	n/a	n/a
3 Window	4.5	n/a	3.0	1.0	1.6	n/a	n/a
7 Window	15.0	n/a	5.0	0.2	2.3	n/a	n/a
12 Window	25.0	n/a	5.0	1.0	0.6	n/a	n/a
13 Window	3.0	n/a	1.5	1.0	0.6	n/a	n/a
14 Window	8.0	n/a	4.0	4.0	0.9	n/a	n/a

SLAB SURFACES

Slab Type	Area (sf)
Standard Slab	739

HVAC SYSTEMS

System Type	Number of Systems	Minimum Efficiency	Verified EER	Verified Refrig Charge or TXV	Verified Adequate Airflow	Verified Fan Watt Draw	Maximum Cooling Capacity
Furnace	1	0.800 AFUE	n/a	n/a	n/a	n/a	n/a
ACsplit	1	13.00 SEER	No	Yes	No	No	No

HVAC SIZING

System Type	Total Heating Load (Btu/hr)	Sensible Cooling Load (Btu/hr)	Design Cooling Capacity (Btu/hr)	Verified Maximum Cooling Capacity (Btu/hr)
Furnace	36611	n/a	n/a	n/a
ACSplit	n/a	24441	29124	n/a

Orientation of Maximum..... Front Facing 90 deg (E)
 Sizing Location..... SACRAMENTO AP
 Winter Outside Design..... 26 F
 Winter Inside Design..... 70 F
 Summer Outside Design..... 98 F
 Summer Inside Design..... 75 F
 Summer Range..... 35 F

DUCT SYSTEMS

System Type	Duct Location	Duct R-value	Verified Duct Leakage	Verified Surface Area	Verified Buried Ducts
Furnace	Attic	R-6	No	No	No
ACSplit	Attic	R-6	No	No	No

WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
1 Storage	Gas	StandardNoInsul	1	0.60	50	R- n/a

SPECIAL FEATURES AND MODELING ASSUMPTIONS

*** Items in this section should be documented on the plans, ***
 *** installed to manufacturer and CEC specifications, and ***
 *** verified during plan check and field inspection. ***

This building incorporates a HERS verified Refrigerant Charge test or a HERS verified Thermostatic Expansion Valve (TXV). If a cooling system is not installed, then HERS verification is not necessary.

This is a multiple orientation building. This printout is for the front facing North.

HERS REQUIRED VERIFICATION

*** Items in this section require field testing and/or ***
 *** verification by a certified home energy rater under ***
 *** the supervision of a CEC-approved HERS provider using ***
 *** CEC approved testing and/or verification methods and ***
 *** must be reported on the CF-4R installation certificate. ***

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4216 PROMENADE # 0600435

CERTIFICATE OF COMPLIANCE: RESIDENTIAL COMPUTER METHOD
Project Title..... LIBERTY LANE

CF-1R Page 5
Date..08/24/05 11:35:15

HERS REQUIRED VERIFICATION

This building incorporates a HERS verified Refrigerant Charge test or a HERS verified Thermostatic Expansion Valve (TXV). If a cooling system is not installed, then HERS verification is not necessary.

REMARKS

DUAL PANE, VINYL WITH SPECTRALLY SELECTIVE GLASS
U-FACTORS = 0.38 (SL) / 0.39 (SH) / 0.35 (FX) / 0.34 (PATIO)
SHGC = 0.29 (SL) / 0.29 (SH) / 0.30 (FX) / 0.31 (PATIO)
SEE MANUFACTURER'S SPECIFICATION SHEET

DUAL PANE, NON-METAL WITH SPECTRALLY SELECTIVE GLASS
U-FACTOR = 0.40 (FRENCH DOOR)
SHGC = 0.40 (FRENCH DOOR)
VALUES LISTED MUST MEET OR EXCEED (BE LOWER) THAN THOSE LISTED.

THESE CALCULATIONS ARE FOR A 1-COAT STUCCO SYSTEM (R-4.2)

ELEVATION 'C' WITH ELEVATION 'B' AS THE EXTERIOR FINISH TAKEN AS WORST CASE DUE TO OVERALL GLAZING AND EXTERIOR FINISH SCENARIO.

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COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance specifications needed to comply with Title-24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility.

DESIGNER or OWNER

Name....
Company. RYLAND HOMES
Address. 1755 CREEKSIDE OAKS #240
SACRAMENTO, CA 95833.
Phone... (916) 648-3100
License.
Signed.. [Signature] 8/25/05
(date)

DOCUMENTATION AUTHOR

Name.... JIM WHEELER
Company. ConSol
Address. 7407 Tam O'Shanter Dr Ste 200
Stockton, CA 95210
Phone... 209-473-5000
Signed.. [Signature] 8/24/05
(date)

ENFORCEMENT AGENCY

Name....
Title...
Agency..
Phone...
Signed.. (date)

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CF-6R

INSTALLATION CERTIFICATE

RYLAND HOMES

Permit Number

Site Address **LIBERTY LANE - LOT**

FENESTRATION/GLAZING: PLAN 2 ELEV. A

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (s CF-1R value) ²	Product SHGC ¹ (s CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. PHILIPS WHITE							
2. VINYL WINDOWS							
3. W/LOWE2 GLASS				5	109		
4.				6	75		
5. XO	.35			4	39		
6. SH	.35			1	48		
7. PW	.32						
8. SGD	.33						
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 *[Signature]* 1/6/2006

Sacramento Building Products
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

4216 PROMENADE

#0600435

INSTALLATION CERTIFICATE

(Page 1 of 12)

CF-6R

Site Address

Permit Number

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).

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type, 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. Row 1: GAS, A.B. SMITH or VA-50, STD, N/A, 1, 40,000, 50, .62, N/A, N/A.

- 1 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 (EF). For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Thermal Efficiency and Rated Input.
2. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Kitchen Piping:

If indicated on the CF-1R, all hot water piping >= 3/4 inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

Faucets & Shower Heads:

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

Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)

- All hot water piping in main circulating loop is insulated to requirements of §150(j)
Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

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 (Handwritten signature and date 1/10/06)

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner (Handwritten: Law-Ann Plumbing)

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

THIS FORM IS TYPICAL FOR PLANS 1-4 Residential Compliance Forms

March 2005

INSTALLATION CERTIFICATE

L.F. 003

Ryland Homes Liberty lane

LOT PLAN

4216 PROMENADE

0600435

Permit Number

Site Address

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	Carrier 58STX070-12	1	80%	ATTIC	R-8	30,258	70,000	Plan 1
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-8	30,704	70,000	Plan 2
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	32,246	70,000	Plan 3
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-8	24,627	70,000	Plan 4

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	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	15,758	25,900	Plan 1
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	18,690	25,900	Plan 2
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	19,068	25,900	Plan 3
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	13,496	25,900	Plan 4

* = TXV valve installed as part of coil

(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] 11/1/05
Signature, Date

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