STATE OF CALIFORNIA

## SUPPLY DUCT COMPLIANCE CREDITS – LOCATION; SURFACE AREA; R-VALUE

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		Revised 08/09)		ORNIA ENERGY COMMISSION
CERTIFI	CATI	E OF FIELD VERIFICATION AND D	IAGNOSTIC TESTING	CF-4R-MECH-29
		mpliance Credits - Location; Surface		(Page 1 of 3
Site Addres	s:		<b>Enforcement Agency:</b>	Permit Number:
Enter the D	ouct Sys	stem Name or Identification/Tag:		
Enter the D	ouct Sys	stem Location or Area Served:		
Note: Subr	mit one	Installation Certificate for each duct system	that must demonstrate compl	iance in the dwelling.
Credit is av spaces.	vailable F <b>HAN</b>	T LOCATION COMPLIANCE CI for supply duct systems entirely in condition 12 LINEAR FEET OF SUPPLY DUCT Of iled duct design is not required for compliance	ed space or with reduced sur	ED SPACE COMPLIANCE
		his measure.	e with this measure. HERS	reflection to required for
	lNo	Less than 12 linear feet of supply duct outsi	de of conditioned space.	
l		** *	2 / 4	□ Pass ✓ □ Fail
		TTS LOCATED IN CONDITIONED SPACE ompliance with this measure. HERS verificat		
	] No	Ducts are located within the conditioned volume		e will this measure.
l		Yes to this compl	iance credit is a pass	□ Pass ✓ □ Fail
Credit is available for supply duct systems with reduced surface area in unconditioned space with varying combinations of higher performance insulation. In order to claim these credits a detailed duct system design is required to be documented on the plans approved by the enforcement agency, and the installation must be certified to be consistent with the approved plans by the installer, and the installation must be verified by a HERS rater. The size, R-value, and location of each duct segment in an unconditioned space including details describing if ducts are buried in attic insulation must be shown in the design drawings approved by the enforcement agency, entered into the compliance software, and shown on the CF-1R for the building. Procedures for field verification and diagnostic testing for this group of compliance credits are described in Reference Residential Appendix RA3.1				
	l No	T SURFACE AREA REDUCTION COM  Prescriptive Cooling Coil Airflow compliance ha		
	No A	The building's duct system design was approved in the special features section of the CF-1R approximation.	by the enforcement agency, and	the duct system design is detailed
□Yes □	] No	The installed duct system does not have severely operating airflow.		
□Yes □	] No	The installed duct system layout, including duct system design plans approved by the enforcement Verified Duct Design specified in Reference Res	it agency, and the installed duct	system meets the requirements for
			Yes to all is a pass	✓ 🗆 Pass 🗸 🗆 Fail
Registration	Numbe	r:Registration i	Date/Time:	HERS Provider:

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CEC-CF-4R-MECH-29 (Revised 08/09)

CALIFORNIA ENERGY COMMISSIO

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		E OF FIELD VERIFICATION AND I		CF-4R-MECH-29
		ompliance Credits - Location; Surface		(Page 2 of 3)
Site Addr		,	Enforcement Agency:	Permit Number:
In order the approved	to claim ci ved duct d duct desig	CTS ON THE CEILING R-VALUE COMING the condition of the ceiling, the condition of the duct system of the duct system. Also, the duct system must meet prescriptive Lon requirements.	s for the Supply Duct Surface Area tem are "Buried", and the installed Duct Leakage test requirements and	duct system must conform to the the building must meet Quality
□Yes	The duct design passes the Supply Duct Surface Area Reduction compliance credit, buried ducts are shown on the approved duct design and on the approved CF-1R, and the installed duct system is consistent with the approved duct design drawings.			
□Yes	□ No	Meets Verified Duct Leakage requirements		
□Yes	□No	Meets Verified Quality Insulation Installation re	quirements	
			Yes to all is a pa	ss ✓ 🗆 Pass ✓ 🗆 Fail
the appro-	ved duct d o the appr	redit for buried ducts on the ceiling, the condition.  lesign must identify which portions of the duct system to every duct design. Also, the duct system must meetion Installation requirements.  The duct design passes the Supply Duct Surface approved duct design and on the approved CF-1 design drawings.	tem are "Deeply Buried", and the in the prescriptive Duct Leakage test red Area Reduction compliance credit,	astalled duct system must quirements and the building must buried ducts are shown on the
□Yes	□No	Meets Verified Duct Leakage requirements	11	<u> </u>
□Yes		Meets Verified Quality Insulation Installation re	equirements	
			Yes to all is a pass	s ✓ □ Pass ✓ □ Fail
<ul> <li>DECLARATION STATEMENT</li> <li>I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.</li> <li>I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).</li> <li>The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.</li> <li>The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.</li> </ul>				
		r information as shown on the Installation Cert installing Subcontractor or General Contractor or I		
		<u> </u>		
Responsib	ole Person'	s Name:	CSLB License:	
		ata Registry Information		
Sample G	roup # (if	applicable):	☐ tested/verified dwelling	☐ not-tested/verified dwelling in a HERS sample group
HERS Ra				
HERS Ra	ter Compa	any Name:		
Responsib	ole Rater's	Name	Responsible Rater's Signature	

\_ Registration Date/Time: \_\_\_\_\_

\_\_ HERS Provider: \_

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CERTIFICATE OF FIELD VERIFICATION AND I	CF-4R-MECH-29	
<b>Supply Duct Compliance Credits - Location; Surface</b>	(Page 3 of 3)	
Site Address:	Enforcement Agency:	Permit Number:
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:	



Registration Number:	Registration Date/Time:	HERS Provider: