

Company name and address

Email completed form to the CITY OF HAYDEN at permits@cityofhaydenid.us
PRIOR TO scheduling the final inspection

PROJECT ADDRESS: _____ Hayden, ID

1. Duct Leakage certification.

Conditioned Floor Area from Approved Plans: _____ sq ft

Flow Ring(s) Used in Test: Open 1 2 3

Duct Tester Location: _____ Pressure Tap Location: _____

TEST METHOD AND MAXIMUM DUCT LEAKAGE:

- Post Construction, total duct leakage: (floor area X .12) = _____ CFM @ 25 Pa
- Post Construction, duct leakage to outdoors: (floor area X .08) = _____ CFM @ 25 Pa
- Rough-in, total duct with air handler installed: (floor area X .06) = _____ CFM @ 25 Pa
- Rough-in, total duct with air handler not installed: (floor area X .04) = _____ CFM @ 25 Pa

Amount of Duct Leakage Recorded in Test: _____ CFM @ 25 Pa

DUCT LEAKAGE TEST RESULT: PASS FAIL

I certify that these duct leakage rates are accurate and measured using standard testing protocol.

Print Name:		Date:	
Signature:		Phone:	

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2. Air balance certification

Test instrument used		Date of balance test	
Equipment Information			
Furnace/Blower BTU output		Outdoor Unit rated tons	
Indoor coil rated tons			
Measured Performance			
Design total static pressure		Design total CFM	
Measured total static pressure		Measured total CFM	

I declare for the above mentioned address the load calculations, equipment selection, and duct design were rigorously performed in accordance with ACCA Manual J or other approved heating and cooling calculation methods.

I declare for the above mentioned address the duct sizing shall be installed in accordance with ACCA Manual D or other approved methods.

Print Name:		Date:	
Signature:		Phone:	
Company:		Certification #	