Calculation Date/Time: 09:59, Fri, Apr 12, 2019

Calculation Description: TDSv30 V13R01 EAA 1665ft2 R38 Verified Wall R11

Input File Name: EAA Test File.ribd19

GENER	AL INFORMATION											
01	Project Name	2019 Prototype EAA 1665ft2 R38 Verified Wa	II R11									
02	Calculation Description	Post WWII Era										
03	Project Location	1516 Ninth Street	16 Ninth Street									
04	City	Sacramento	mento 05 Standards Version Compliance 2020									
06	Zip Code	95814	07	Compliance Manager Version	BEMCmpMgr 2019.0.11 Alpha (1301)							
08	Climate Zone	CZ12	09	Software Version	CBECC-Res 2019.0.11 Alpha (1068)							
10	Building Type	Single Family	11	Front Orientation (deg/Cardinal)	0							
12	Project Scope	Addition and/or Alteration	13	Number of Dwelling Units	1							
14	Total Cond. Floor Area (ft <sup>2</sup> )	1665	15	Number of Zones	2							
16	Slab Area (ft²)	1665	17	Number of Stories	1							
18	Addition Cond. Floor Area (ft <sup>2</sup> )	225	19	Natural Gas Available	Yes							
20	Addition Slab Area (ft <sup>2</sup> )	225	21	Glazing Percentage (%)	13.1%							

COMPLIANCE RES	ULTS
01	Building Complies with Computer Performance
02	This building incorporates features that require field testing and/or verification by a certified HERS rater under the supervision of a CEC-approved HERS provider.
03	This building incorporates one or more Special Features shown below

	ENERGY USE SUMMARY											
04	05	06	07	08								
Energy Use (kTDV/ft <sup>2</sup> -yr)	Standard Design	Proposed Design	Compliance Margin	Percent Improvement								
Space Heating	48.15	44.20	3.95	8.2%								
Space Cooling	131.01	115.55	15.46	11.8%								
IAQ Ventilation	0.00	0.00	0.00	0.0%								
Water Heating	19.49	19.49	0.00	0.0%								
Photovoltaic Offset		0.00	0.00									
Compliance Energy Total	198.65	179.24	19.41	9.8%								

## **REQUIRED SPECIAL FEATURES**

The following are features that must be installed as condition for meeting the modeled energy performance for this computer analysis.

CF1R-PRF-01 Page 2 of 9

Project Name: 2019 Prototype EAA 1665ft2 R38 Verified Wall R11 Calculation Date/Time: 09:59, Fri, Apr 12, 2019

Calculation Description: TDSv30 V13R01 EAA 1665ft2 R38 Verified Wall R11 Input File Name: EAA Test File.ribd19

## HERS FEATURE SUMMARY

The following is a summary of the features that must be field-verified by a certified HERS Rater as a condition for meeting the modeled energy performance for this computer analysis. Additional detail is provided in the building components tables below.

## **Building-level Verifications:**

· Verified Existing Conditions

Cooling System Verifications:

- Minimum Airflow
- Verified Refrigerant Charge
- · Refrigerant Charge verification required if a refrigerant containing component is altered
- Fan Efficacy Watts/CFM

**HVAC Distribution System Verifications:** 

- Duct Sealing
- Duct Sealing required if a duct system component, plenum, or air handling unit is altered Domestic Hot Water System Verifications:
- -- None --

BUILDING - FEATURES INFORMA	TION								
01	03	04	05	06	07				
Project Name Conditioned Floor Area (ft <sup>2</sup> )		Number of Dwelling Units	Number of Bedrooms	Number of Zones	Number of Ventilation Cooling Systems	Number of Water Heating Systems			
2019 Prototype EAA 1665ft2 R38 Verified Wall R11	1665	1_0	3	2	0	1			

ZONE INFORMATION		<u> </u>				
01	02	03	04	05	06	07
Zone Name	Zone Type	HVAC System Name	Zone Floor Area (ft <sup>2</sup> )	Avg. Ceiling Height	Water Heating System 1	Water Heating System 2
Existing	Conditioned	Existing HVAC System	1440	8	Existing DHW System	n/a
Addition	Conditioned	New HVAC System	225	8	Existing DHW System	n/a

Registration Number:

Registration Date/Time:
Report Version - CF1R-Invalid Version-1301

HERS Provider:

Calculation Date/Time: 09:59, Fri, Apr 12, 2019

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Input File Name: EAA Test File.ribd19

OPAQUE SURFACES										
01	02	03	04	05	06	07	08	09	10	11
Name	Zone	Construction	Azimuth	Orientation	Gross Area (ft <sup>2</sup> )	Window & Door Area (ft <sup>2</sup> )	Tilt (deg)	Wall Exception	Status	Verified Existing Condition
Existing Wall Front	Existing	Wall R11	0	Front	320	76	90	n/a	Altered	n/a
Existing Wall Left	Existing	Wall R11	90	Left	288	48	90	n/a	Altered	n/a
Existing Wall Back	Existing	Wall R11	180	Back	200	56	90	n/a	Altered	n/a
Existing Wall Right	Existing	Wall R11	270	Right	288	30	90	n/a	Altered	n/a
Wall Between Existing and Addition	Existing>>Addition	Interior Wall R0		9	120	0		n/a	New	n/a
Existing Ceiling	Existing	Ceiling R38			1440			n/a	Altered	Yes
Addition Wall Left	Addition	Wall R13	90	Left	120	16	90	n/a	New	n/a
Addition Wall Back	Addition	Wall R13	180	Back	120	16	90	n/a	New	n/a
Addition Wall Right	Addition	Wall R13	270	Right	120	16	90	n/a	New	n/a
Addition Ceiling	Addition	Ceiling R38			225			n/a	New	n/a

ATTIC											
01	01 02		04	05	06	07	08	09	10		
Name	Name Construction		Roof Rise	Roof Reflectance	Roof Emittance	Radiant Barrier	Cool Roof	Status	Verified Existing Condition		
Existing Attic	Existing Shingle Roof	Ventilated	5	0.1	0.85	No	No	Existing	No		
Addition Attic	Addition Attic Addition Shingle Roof		5	0.1	0.85	No	No	New	No		

HERS Provider:

Calculation Date/Time: 09:59, Fri, Apr 12, 2019

Calculation Description: TDSv30 V13R01 EAA 1665ft2 R38 Verified Wall R11

Input File Name: EAA Test File.ribd19

FENESTRATION / GLAZING	ENESTRATION / GLAZING											
01	02	03	04	05	06	07	08	09	10	11		
Name	Surface (Orientation-Azimuth)	Width (ft)	Height (ft)	Multiplier	Area (ft²)	U-factor	SHGC	Exterior Shading	Status	Verified Existing Condition		
Existing Window Front 1	Existing Wall Front (Front-0)			1	24.0	1.28	0.80	Insect Screen (default)	Existing	No		
Existing Window Front 2	Existing Wall Front (Front-0)			1	32.0	1.28	0.80	Insect Screen (default)	Existing	No		
Existing Window Left 1	Existing Wall Left (Left-90)			1	24.0	1.28	0.80	Insect Screen (default)	Existing	No		
Existing Window Left 2	Existing Wall Left (Left-90)			1	24.0	1.28	0.80	Insect Screen (default)	Existing	No		
Existing Window Back 1	Existing Wall Back (Back-180)			1	30.0	1.28	0.80	Insect Screen (default)	Existing	No		
Existing Window Back 2	Existing Wall Back (Back-180)			1	6.0	1.28	0.80	Insect Screen (default)	Existing	No		
Existing Window Right 1	Existing Wall Right (Right-270)			1	6.0	1.28	0.80	Insect Screen (default)	Existing	No		
Existing Window Right 2	Existing Wall Right (Right-270)			1	24.0	1.28	0.80	Insect Screen (default)	Existing	No		
Addition Window Left 1	Addition Wall Left (Left-90)			1	16.0	0.32	0.25	Insect Screen (default)	New	n/a		
Addition Window Back 1	Addition Wall Back (Back-180)			1	16.0	0.32	0.25	Insect Screen (default)	New	n/a		
Addition Window Right 1	Addition Wall Right (Right-270)		<b>Y</b>	1	16.0	0.32	0.25	Insect Screen (default)	New	n/a		

OPAQUE DOORS					
01	02	03	04	05	06
Name	Side of Building	Area (ft <sup>2</sup> )	U-factor	Status	Verified Existing Condition
Existing Door Front	Existing Wall Front	20.0	0.50	Existing	No
Existing Door Back	Existing Wall Back	20.0	0.50	Existing	No

Calculation Date/Time: 09:59, Fri, Apr 12, 2019

Calculation Description: TDSv30 V13R01 EAA 1665ft2 R38 Verified Wall R11

Input File Name: EAA Test File.ribd19

OPAQUE SURFACE CONSTRU	ICTIONS			_			_				
01	02	03		04		05	06			07	
Construction Name	Surface Typ	e Construction Type		Framing		Total Cavity R-value	Winter D U-fact		Ass	embly Laye	rs
Existing Shingle Roof	Attic Roofs	Wood Framed Ceiling	2x4 Top Cho	ord of Roof Trus in. O.C.	ss @ 24	none	0.64	• R	avity / Frame: oof Deck: Woo oofing: Light F	od Siding/she	athing/decking
Addition Shingle Roof	Attic Roofs	Wood Framed Ceiling	2x4 Top Cho	ord of Roof Trus in. O.C.	ss @ 24	none	0.64	• R	<ul> <li>Cavity / Frame: no insul. / 2x4 Top Chrd</li> <li>Roof Deck: Wood Siding/sheathing/deck</li> <li>Roofing: Light Roof (Asphalt Shingle)</li> </ul>		
Wall R0	Exterior Wall	ls Wood Framed Wall	2x4	@ 16 in. O.C.		none	0.30	• C	side Finish: G avity / Frame: xterior Finish: ding/sheathin	no insul. / 2x Wood	
Ceiling R11	Ceilings (belo attic)	w Wood Framed Ceiling	2x4 Bottom	2x4 Bottom Chord of Truss @ 24 in. O.C.			0.08	• c	<ul> <li>Inside Finish: Gypsum Board</li> <li>Cavity / Frame: R-9.1 / 2x4 Btm Chrd</li> <li>Over Ceiling Joists: R-1.9 insul.</li> </ul>		
Wall R13	Exterior Wall	ls Wood Framed Wall	2x4	@ 16 in. O.C.		R 13	0.09	• C	side Finish: G avity / Frame: xterior Finish: ding/sheathin	R-13 / 2x4 Wood	1
Wall R11	Exterior Wall	ls Wood Framed Wall	2x4	@ 16 in. O.C.		R 11	0.10	• C	side Finish: G avity / Frame: xterior Finish: ding/sheathin	R-11 / 2x4 Wood	l
Ceiling R38	Ceilings (belo	w Wood Framed Ceiling	2x4 Bottom	Chord of Truss in. O.C.	s @ 24	R 38	0.02	• c	side Finish: G avity / Frame: ver Ceiling Jo	., R-9.1 / 2x4 E	8tm Chrd
Interior Wall R0	Interior Walls	s Wood Framed Wall	2x4	@ 16 in. O.C.		none	0.27	· c	side Finish: G avity / Frame: ther Side Finis	no insul. / 2x	4
SLAB FLOORS											
01		02	03	04		05		06	07	08	09
Name	*	Zone	Area (ft <sup>2</sup> )	Perimeter (ft)	E	dge Insul. R-valu	ıe	Carpeted Fraction	Heated	Status	Verified Existing Condition
Existing Slab		Existing	1440	137		None		0.8	No	Existing	No
Addition Slab		Addition	225	45		None		0.8	No	New	No

Calculation Date/Time: 09:59, Fri, Apr 12, 2019

Calculation Description: TDSv30 V13R01 EAA 1665ft2 R38 Verified Wall R11

Input File Name: EAA Test File.ribd19

BUILDING ENVELOPE - HERS VERIFICATION										
01	02	03	04							
Quality Insulation Installation (QII)	Quality Installation of Spray Foam Insulation	Building Envelope Air Leakage	CFM50							
Not Required	Not Required	Not Required	n/a							

WATER HEATING SYSTEMS	WATER HEATING SYSTEMS											
01	02	03	04	05	06	07	08					
Name	System Type	Distribution Type	Water Heater	Number of Heaters	Solar Fraction (%)	Status	Verified Existing Condition					
Existing DHW System	DHW	Standard	Existing Water Heater	1	n/a	Existing	No					

WATER HEATERS											
01	02	03	04	05	06	07	08	09	10	11	12
Name	Heater Element Type	Tank Type	Number of Units	Tank Volume (gal)	Uniform Energy Factor / Energy Factor / Efficiency	Input Rating / Pilot / Thermal Efficiency	Tank Insulation R-value (Int/Ext)	Standby Loss / Recovery Eff	First Hour Rating / Flow Rate	NEEA Heat Pump Brand / Model	Tank Location or Ambient Condition
Existing Water Heater	Gas	Small Storage	1	50	0.6 EF	<= 75 kBtu/hr	0	n/a	n/a	n/a	n/a

SPACE CONDITIONING SYSTEMS										
02	03	04	05	06	07	08				
System Type	Heating Unit Name	Cooling Unit Name	Fan Name	Distribution Name	Status	Verified Existing Condition				
Other Heating and Cooling System	Existing Furnace	Existing AC	Existing HVAC Fan	Existing Ducts	Existing	No				
Other Heating and Cooling System	New Furnace	New AC	New HVAC Fan	New Ducts	New	No				
	System Type Other Heating and Cooling System Other Heating and Cooling	Other Heating and Cooling System Other Heating and Cooling System Other Heating and Cooling New Furnace	Other Heating and Cooling System  Other Heating and Cooling System  Other Heating and Cooling System  New Furnace  New AC	O2     O3     O4     O5       System Type     Heating Unit Name     Cooling Unit Name     Fan Name       Other Heating and Cooling System     Existing Furnace     Existing AC     Existing HVAC Fan       Other Heating and Cooling     New Furnace     New AC     New HVAC Fan	O2     O3     O4     O5     O6       System Type     Heating Unit Name     Cooling Unit Name     Fan Name     Distribution Name       Other Heating and Cooling System     Existing Furnace     Existing AC     Existing HVAC Fan     Existing Ducts       Other Heating and Cooling System     New Furnace     New AC     New HVAC Fan     New Ducts	02     03     04     05     06     07       System Type     Heating Unit Name     Cooling Unit Name     Fan Name     Distribution Name       Other Heating and Cooling System     Existing Furnace     Existing AC     Existing HVAC Fan     Existing Ducts     Existing       Other Heating and Cooling System     New Furnace     New AC     New HVAC Fan     New Ducts     New Ducts				

HVAC - HEATING UNIT TYPES			
01	02	03	04
Name	System Type	Number of Units	Efficiency
New Furnace	CntrlFurnace	1	80 AFUE

CF1R-PRF-01 Page 7 of 9

**Project Name:** 2019 Prototype EAA 1665ft2 R38 Verified Wall R11

Calculation Date/Time: 09:59, Fri, Apr 12, 2019

Calculation Description: TDSv30 V13R01 EAA 1665ft2 R38 Verified Wall R11

Input File Name: EAA Test File.ribd19

HVAC - COOLING UNIT TYPES							
01	02	03	04	05	06	07	08
			Efficiency				
Name	System Type	Number of Units	EER	SEER	Zonally Controlled	Compressor Type	HERS Verification
New AC	SplitAirCond	1	11.3	14	Not Zonal	Single Speed	New AC-hers-cool

HVAC COOLING - HERS VERIFICA	TION				
01	02	03	04	05	06
Name	Verified Airflow	Airflow Target	Verified EER	Verified SEER	Verified Refrigerant Charge
New AC-hers-cool	Required	350	Not Required	Not Required	Required

HVAC - DISTRIBUTIO	N SYSTEMS								
01	02	03	04	05	06	07	08	09	10
Name	Туре	Duct Leakage	Insulation R-value	Supply Duct Location	Return Duct Location	Bypass Duct	Status	Verified Existing Condition	HERS Verification
Existing Ducts	Ducts located in attic (Ventilated and Unventilated)	Existing (not specified)	2.1	Attic	Attic	None	Existing	No	n/a
New Ducts	Ducts located in attic (Ventilated and Unventilated)	Sealed and tested	8.0	Attic	Attic	None	New	No	New Ducts-hers- dist

<b>HVAC DISTRIBUTION - HERS VERIF</b>	ICATION						
01	02	03	04	05	06	07	08
	Duct Leakage	Duct Leakage	Verified Duct	Verified Duct	Buried	Deeply Buried	Low-leakage
Name	Verification	Target (%)	Location	Design	Ducts	Ducts	Air Handler
New Ducts-hers-dist	Required	5.0	Not Required	Not Required	Not Required	Not Required	n/a

HVAC - FAN SYSTEMS & HERS VERIFICATION										
01		02	03	04						
Name		Туре	Fan Power (Watts/CFM)	HERS Verification						
New HVAC Fan		Single Speed PSC Furnace Fan	0.45	Required						

Calculation Date/Time: 09:59, Fri, Apr 12, 2019

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Input File Name: EAA Test File.ribd19

IAQ (Indoor Air Quality) FANS					
01	02	03	04	05	06
Dwelling Unit	IAQ CFM	IAQ Watts/CFM	IAQ Fan Type	IAQ Recovery Effectiveness(%)	HERS Verification
SFam IAQVentRpt	0	0.25	Default	0	Not Required

## HERS RATER VERIFICATION OF EXISTING CONDITIONS

OPAQUE SURFACES - VERIFIED & ALTERED		6	7		
01	02		03	04	05
Name	Zone	7	Existing Construction	Surface Type	Total Cavity R-value
Existing Ceiling	Existing		Ceiling R11	Wood Framed Ceiling	R 11

CF1R-PRF-01 Page 9 of 9

Project Name: 2019 Prototype EAA 1665ft2 R38 Verified Wall R11

Calculation Date/Time: 09:59, Fri, Apr 12, 2019

Calculation Description: TDSv30 V13R01 EAA 1665ft2 R38 Verified Wall R11

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT 1. I certify that this Certificate of Compliance documentation is accurate and complete. Documentation Author Signature: Documentation Author Name: Company: Signature Date: Address: CEA/HERS Certification Identification (If applicable): City/State/Zip: Phone: RESPONSIBLE PERSON'S DECLARATION STATEMENT certify the following under penalty of perjury, under the laws of the State of California: I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design identified on this Certificate of Compliance. I certify that the energy features and performance specifications identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application. Responsible Designer Name: Responsible Designer Signature: Company: Date Signed: Address: License:

Phone:

City/State/Zip: