



## CITY OF SIMPSONVILLE

### DUCT TIGHTNESS COMPLIANCE CERTIFICATE

Date	Tax Map No	Residential Permit Number		
Job Address		City	State	Zip
Subdivision Name		Lot	Phone	

(All relevant fields are required to be completed upon submission)

### Duct Tightness Verification

**Choose option used for compliance:** per 2009 IECC Section 403.2.2 tested @ 25 Pa across system, including the manufacturer's air handler enclosure.

☐ **Post Construction Option**

Leakage to outdoors shall be less than or equal to 8 cfm (226.5 L/Min) per 100 ft<sup>2</sup> (9.29 m<sup>2</sup>) of conditioned floor area or a total leakage less than or equal to 12 cfm (12 L/min) per 100 ft<sup>2</sup> (9.29 m<sup>2</sup>) of conditioned floor area when tested at a pressure differential of 0.1 inches w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. All register boots shall be taped or otherwise sealed during the test.

**Results of Test:** \_\_\_\_\_ CFM.

☐ **Rough-in Test Option**

Total leakage shall be less than or equal to 6 cfm (169.9 L/min) per 100 ft<sup>2</sup> (9.29 m<sup>2</sup>) of conditioned floor area when tested at a pressure differential of 0.1 inches w.g. (25 Pa) across the roughed in system, including the manufacturer's air handler enclosure. All register boots shall be taped or otherwise sealed during the test. If the air handler is not installed at the time of the test, total leakage shall be less than or equal to 4 cfm (113.3 L/min) per 100 ft<sup>2</sup> (9.29 m<sup>2</sup>) of conditioned floor area.

**Results of Test:** \_\_\_\_\_ CFM.

☐ **All Ductwork in a Conditioned Space Option**

Project is exempt from Duct Tightness Verification per IECC section 403.2.2 Exception. (All ductwork is located in a conditioned space)

I do hereby certify that I have conducted a **duct blaster test and it has passed the requirements of the 2009 International energy Conservation Code**. I further certify that I am a certified HERS Rater or Rated Field Inspector by RESNET or Performance Verification Technician, or other certifications as may be approved by the Building Official

_____ <b>Signature</b>	_____ <b>Printed Name</b>	_____ <b>Date</b>
_____ <b>Certification Number</b>	_____ <b>Agency</b>	

118 Northeast Main Street ♦ Simpsonville, SC 29681  
Ph. (864) 967-9526 ♦ Fax (864) 967-9530