

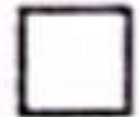
Envelope Leakage Test Report (Blower Door Test)Residential Prescriptive, Performance or ERI Method Compliance
2023 Florida Building Code, Energy Conservation, 8th EditionJurisdiction: **Columbia County**Permit Number: **50706****Job Information**Builder: **Javier Leal**

Community:

Lot:

Address: **1405 NW Suwannee Valley Rd**

Unit:

City: **Lake City**State: **Florida**Zip: **32055****Air Leakage Test Results***Passing results must meet either the Performance, Prescriptive, or ERI Method.***PRESCRIPTIVE METHOD**

The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 pascals) in Climate Zones 1 and 2.

**PERFORMANCE or ERI METHOD**

The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on FORM R405-2023 (Performance) or R406-2023 (ERI), section labeled as Infiltration, sub-section ACH50.

ACH(50) specified on Form R405-2023-Energy Calc (Performance) or R406-2023 (ERI): **7**

$$\frac{769}{\text{CFM}(50)} \times 60 + \frac{7680}{\text{Building Volume}} = \frac{6.01}{\text{ACH}(50)}$$

**PASS**Adjusted Volume: _____
for spray foamed attics**Method for calculating building volume:**

- ☐ Retrieved from architectural plans
- ☒ Code software calculated
- ☐ Field measured and calculated



When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.

R402.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate not exceeding seven air changes per hour in Climate Zones 1 and 2, and three air changes per hour in Climate Zones 3 through 8. Dwelling units with an air leakage rate less than three air changes per hour shall be provided with whole-house mechanical ventilation in accordance with Section R403.6.1 of this code and M1507.3 of the Florida Building Code, Residential. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 pascals). Testing shall be conducted by either individual as defined in Section 553.993(5) or (7), Florida Statutes, or individuals licensed as set forth in Section 489.105(3)(f), (g) or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

Exception: Testing is not required for additions, alterations, renovations, or repairs, of the building thermal envelope of existing buildings in which the new construction is less than 85 percent of the building thermal envelope.

During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures.
2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures.
3. Interior doors, if installed at the time of the test, shall be open.
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed.
5. Heating and cooling systems, if installed at the time of the test, shall be turned off.
6. Supply and return registers, if installed at the time of the test, shall be fully open.
7. If an attic is both air sealed and insulated at the roof deck, interior access doors and hatches between the conditioned space volume and the attic shall be opened during the test and the volume of the attic shall be added to the conditioned space volume for purposes of reporting an infiltration volume and calculating the air leakage of the home.

Testing CompanyCompany Name: **FL Blower Door**Phone: **904-559-6989**

I hereby verify that the above Air Leakage results are in accordance with the 2023 8th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above.

Signature of Tester: _____

Date of Test: **02/03/26**Printed Name of Tester: **Christian Hernandez**License/Certification #: **5020420**Issuing Authority: **BPI**