

PERMIT #

000043665

Blower Door Test Services 904-209-7201

1093 A1A Beach Blvd #305 St. Augustine, Florida 32080

BLOWER DOOR TEST FORM

Job Information

Jurisdiction -

Builder: BILL THEIN / BLAIR THEIN
 Community: _____ Lot #: _____
 Address: 251 S.E. OAK RIDGE CT. Unit #: _____
 City, State, Zip: High Springs, FL

Air Infiltration Test Results

CFM(50) = 331 Volume = 6397
 ACH(50) = CFM(50) x 60 / Volume = 3.10

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

☒ Pass

☐ Fail

Passing results must be 7 ACH(50) or less

Certification of Test Results

R402.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.103(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*.

Authorized Third Party

I hereby certify the above results and that I hold the below certification:

_____ Class A or B A/C contractor or Mechanical contractor License No. _____
 _____ RESNET approved HERS Rater or Residential Field Inspector Certification No. _____
X BPI approved Building Analyst, Energy Auditor & IDL Certification No. 5061012
 _____ Professional Engineer License No. _____

Mechanical ventilation has been added: Yes _____ No _____

Signature: [Signature] Date: 12/30/22

Printed Name: Richard Job