Duct Leakage Test Report

Residential Prescriptive, Performance or ERI Method Compliance
2020 Florida Building Code, Energy Conservation, 7th Edition

Jurisdiction:	Permit #:

Job Information

Builder:	Community:	Lot: NA
Address: NW Evergreen Ponds		
City: Lake City	State: FL	Zip: 32025

Duct Leakage Test Results

System 1	_____ cfm25
System 2	_____ cfm25
System 3	_____ cfm25
Sum of others	_____ cfm25
Total of all	_____ cfm25

_____ ÷ 3872 = _____Qn
Total of all systems / Total Conditioned Square Footage

☐ **PASS** ☐ **FAIL**

○ **Prescriptive Method** cfm25 (Total)

To qualify as "substantially leak free" Qn Total must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Qn Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.3.3.

Is the air handler unit installed during testing? ☐ YES ($^{=.04}_{Qn}$) ☐ NO ($^{=.03}_{Qn}$)

● **Performance/ERI Method** cfm25 (Out or Total)

To qualify using this method, Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2020 or R406-2020.

Leakage Type selected on Form R405-2020 (EnergyCalc) or R406-2020	*Qn specified on Form R405-2020 (EnergyCalc) or R406-2020*
Default Leakage	0.00

Duct tightness shall be verified by testing in accordance with ANSI/RESNET/ICC380 by either individuals 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), Florida Statutes.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above duct leakage testing results are in accordance with the Florida Building Code requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____

Envelope Leakage Test Report (Blower Door Test)
Residential Prescriptive, Performance or ERI Method Compliance
2020 Florida Building Code, Energy Conservation, 7th Edition

Jurisdiction:	Permit #:

Job Information

Builder:	Community:	Lot: NA
Address: NW Evergreen Ponds		
City: Lake City	State: FL	Zip: 32025

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 R405-2020 (Performance) or R406-2020 (ERI), section labeled as infiltration, sub-section ACH50.

ACH(50) specified on Form R405-2020-Energy Calc (Performance) or R406-2020 (ERI): 5.000

_____ x 60 ÷ 37688 = _____
CFM(50) Building Volume ACH(50)

☐ **PASS**

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

Method for calculating building volume:

○ Retrieved from architectural plans

● Code software calculated

○ Field measured and calculated

R402.4.1.2 Testing. 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 individuals as defined in Section 553.993(5) or (7), *Florida Statues.*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.*

During testing:
1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration controlmeasures.
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.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 2020 7th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above.

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____

FORM R405-2020

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 92

The lower the EnergyPerformance Index, the more efficient the home.

NW Evergreen Ponds,Lake City,FL,32025

1. New construction or existing		New (From Plans)
2. Single family or multiple family		Detached
3. Number of units, if multiple family		1
4. Number of Bedrooms		4
5. Is this a worst case?		No
6. Conditioned floor area above grade (ft²)		4012
Conditioned floor area below grade (ft²)		0
7. Windows**	Description	Area
a. U-Factor:	Sgl, U=0.55	733.50 ft²
SHGC:	SHGC=0.50	
b. U-Factor:	N/A	ft²
SHGC:		
c. U-Factor:	N/A	ft²
SHGC:		
Area Weighted Average Overhang Depth:		0.000 ft
Area Weighted Average SHGC:		0.500
8. Skylights	Description	Area
U-Factor:(AVG)	N/A	N/A ft²
SHGC(AVG):	N/A	

9. Floor Types	Insulation	Area
a. Slab-On-Grade Edge Insulation	R= 0.0	2980.00 ft²
b. Floor Over Other Space	R= 0.0	1032.00 ft²
c. N/A	R=	ft²

10. Wall Types(4458.0 sqft.)	Insulation	Area
a. Frame - Wood, Exterior	R=13.0	3748.00 ft²
b. Interior Frame - Wood, Interior	R=13.0	710.00 ft²
c. N/A	R=	ft²
d. N/A	R=	ft²

11. Ceiling Types(4012.0 sqft.)	Insulation	Area
a. Under Attic (Vented)	R=30.0	4012.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

12. Ducts, location & insulation level	R	ft²
a. Sup: 2nd Floor, Ret: 2nd Floor, AH 2	6	2004.66666666667
b. Sup: 2nd Floor, Ret: 2nd Floor, AH 2	6	2004.66666666667
c. 1 additional duct system(s)		(see details)

13. Cooling Systems	kBtu/hr	Efficiency
a. Central Unit	9.1	SEER:15.00
b. Central Unit	17.7	SEER:15.00
c. Central Unit	11.7	SEER:15.00

14. Heating Systems	kBtu/hr	Efficiency
a. Electric Heat Pump	14.1	HSPF:8.50
b. Electric Heat Pump	24.4	HSPF:8.50
c. Electric Heat Pump	12.5	HSPF:8.50

15. Hot Water Systems	
a. Electric	Cap: 50 gallons
	UEF: 1.285
b. Conservation features	
	None
16. Credits	CF, Pstat

I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: NW Evergreen Ponds City/FL Zip: Lake City,FL,32025

*Note: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida Energy Rating. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

**Label required by Section R303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

FORM R405-2020

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name:	Green Residence	Builder Name:	
Street:	NW Evergreen Ponds	Permit Office:	
City, State, Zip:	Lake City, FL, 32025	Permit Number:	
Owner:		Jurisdiction:	
Design Location:	FL, Gainesville	County:	Columbia(Florida Climate Zone 2)

1. New construction or existing	New (From Plans)
2. Single family or multiple family	Detached
3. Number of units, if multiple family	1
4. Number of Bedrooms	4
5. Is this a worst case?	No
6. Conditioned floor area above grade (ft²)	3872
Conditioned floor area below grade (ft²)	0

7. Windows(733.5 sqft.)	Description	Area
a. U-Factor:	Sgl, U=0.55	733.50 ft²
SHGC:	SHGC=0.50	
b. U-Factor:	N/A	ft²
SHGC:		
c. U-Factor:	N/A	ft²
SHGC:		
Area Weighted Average Overhang Depth:		0.000 ft
Area Weighted Average SHGC:		0.500

8. Skylights	Description	Area
U-Factor:(AVG)	N/A	N/A ft²
SHGC(AVG):	N/A	

9. Floor Types	Insulation	Area
a. Slab-On-Grade Edge Insulation	R= 0.0	2840.00 ft²
b. Floor Over Other Space	R= 0.0	1032.00 ft²
c. N/A	R=	ft²

10. Wall Types(4458.0 sqft.)	Insulation	Area
a. Frame - Wood, Exterior	R=13.0	3748.00 ft²
b. Interior Frame - Wood, Interior	R=13.0	710.00 ft²
c. N/A	R=	ft²
d. N/A	R=	ft²

11. Ceiling Types(3872.0 sqft.)	Insulation	Area
a. Under Attic (Vented)	R=30.0	3872.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

12. Ducts, location & insulation level	R	ft²
a. Sup: 2nd Floor, Ret: 2nd Floor, AH	6	267.46666666666667
b. Sup: 2nd Floor, Ret: 2nd Floor, AH	6	267.46666666666667
c. 1 additional duct system(s)		(see details)

13. Cooling Systems	kBtu/hr	Efficiency
a. Central Unit	9.1	SEER:15.00
b. Central Unit	17.7	SEER:15.00
c. Central Unit	11.7	SEER:15.00

14. Heating Systems	kBtu/hr	Efficiency
a. Electric Heat Pump	14.1	HSPF:8.50
b. Electric Heat Pump	24.4	HSPF:8.50
c. Electric Heat Pump	12.5	HSPF:8.50

15. Hot Water Systems	
a. Electric	Cap: 50 gallons UEF: 1.285
b. Conservation features	None
16. Credits	CF, Pstat

Glass/Floor Area: 0.189

Total Proposed Modified Loads: 99.08

Total Baseline Loads: 106.56

PASS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: _____

DATE: _____

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with R403.3.2.1.

- Default duct leakage does not require a Duct Leakage Test Report.

- Compliance requires an Air Barrier and Insulation Inspection Checklist in accordance with R402.4.1.1 and this project requires a PERFORMANCE envelope leakage test report with envelope leakage no greater than 5.00 ACH50 (R402.4.1.2).

FORM R405-2020

INPUT SUMMARY CHECKLIST REPORT

PROJECT

Title:	Green Residence			Address type:	Street Address
Building Type:	User	Bedrooms:	4	Lot #:	---
Owner:		Conditioned Area:	3872	Block/SubDivision:	---
		Total Stories:	2	PlatBook:	---
Builder Name:		Worst Case:	No	Street:	NW Evergreen Ponds
Permit Office:		Rotate Angle:	0	County:	Columbia
Jurisdiction:		Cross Ventilation:		City, State, Zip:	Lake City,
Family Type:	Detached	Whole House Fan:			FL, 32025
New/Existing:	New (From Plans)	Terrain:	Suburban		
Year Construct:		Shielding:	Suburban		
Comment:					

CLIMATE

√	Design Location	Tmy Site	Design Temp 97.5%	Design Temp 2.5%	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily temp Range
___	FL, Gainesville	FL_GAINESVILLE_REGIONA	32	92	70	75	1305.5	51	Medium

BLOCKS

√	Number	Name	Area	Volume
___	1	Block1 Master	1200	12000
___	2	Block2 1st Floor	1640	16400
___	3	Block3 2nd Floor	1032	9288

SPACES

√	Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated
___	1	Master Bedroom	1200	12000	No	1	1	Yes	Yes	Yes
___	2	1st Floor	1640	16400	Yes	1	1	Yes	Yes	Yes
___	3	2nd Floor	1032	9288	No	2	2	Yes	Yes	Yes

FLOORS (Total Exposed Area = 2840 sq.ft.)

√	#	Floor Type	Space	Exposed Perim	Perimeter	R-Value	Area	U-Factor	Joist R-Value	Tile	Wood	Carpet
___	1	Slab-On-Grade Edge Ins	Master Bedroom	103	0		1200 ft	0.473	---	0.00	1.00	0.00
___	2	Slab-On-Grade Edge Ins	1st Floor	154	0		1640 ft	0.473	---	0.00	1.00	0.00
___	3	Floor Over Other Space	2nd Floor	---	---		1032 ft	0.220		0.00	1.00	0.00

ROOF

√	#	Type	Materials	Roof Area	Gable Area	Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
___	1	Hip	Composition shingles	3697 ft²	0 ft²	Medium	N	0.96	No	0.9	No	30	39.81

ATTIC

√	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
___	1	Full attic	Vented	300	2840 ft²	N	N

FORM R405-2020

INPUT SUMMARY CHECKLIST REPORT

CEILING (Total Exposed Area = 3872 sq.ft.)

√	#	Ceiling Type	Space	R-Value	Ins. Type	Area	U-Factor	Framing Frac.	Truss Type
	1	Under Attic(Vented)	Master Bedroom	30.0	Blown	1200.0ft²	0.030	0.11	Wood
	2	Under Attic(Vented)	1st Floor	30.0	Blown	1640.0ft²	0.030	0.11	Wood
	3	Under Attic(Vented)	2nd Floor	30.0	Blown	1032.0ft²	0.030	0.11	Wood

WALLS (Total Exposed Area = 3748 sq.ft.)

√	#	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	Width In	Height Ft	Height In	Area sq.ft.	U-Factor	Sheath R-Value	Frm. Frac.	Solar Absor.	Below Grade
	1	S	Exterior	Frame - Wood	Master Bedroom	13.0	30.0	0	10.0	0	300.0	0.084		0.23	0.75	0 %
	2	W	1st Floor	Interior Fr. Wood	Master Bedroom	13.0	29.0	0	10.0	0	290.0	0.085		0.23	0.75	0 %
	3	N	Exterior	Frame - Wood	Master Bedroom	13.0	30.0	0	10.0	0	300.0	0.084		0.23	0.75	0 %
	4	E	Exterior	Frame - Wood	Master Bedroom	13.0	29.0	0	10.0	0	290.0	0.084		0.23	0.75	0 %
	5	N	Exterior	Frame - Wood	1st Floor	13.0	49.0	0	10.0	0	490.0	0.084		0.23	0.75	0 %
	6	W	Exterior	Frame - Wood	1st Floor	13.0	42.0	0	10.0	0	420.0	0.084		0.23	0.75	0 %
	7	S	Exterior	Frame - Wood	1st Floor	13.0	49.0	0	10.0	0	490.0	0.084		0.23	0.75	0 %
	8	E	Master Bedroo	Interior Fr. Wood	1st Floor	13.0	42.0	0	10.0	0	420.0	0.085		0.23	0.75	0 %
	9	N	Exterior	Frame - Wood	2nd Floor	13.0	50.0	0	9.0	0	450.0	0.084		0.23	0.75	0 %
	10	W	Exterior	Frame - Wood	2nd Floor	13.0	31.0	0	9.0	0	279.0	0.084		0.23	0.75	0 %
	11	S	Exterior	Frame - Wood	2nd Floor	13.0	50.0	0	9.0	0	450.0	0.084		0.23	0.75	0 %
	12	E	Exterior	Frame - Wood	2nd Floor	13.0	31.0	0	9.0	0	279.0	0.084		0.23	0.75	0 %

DOORS (Total Exposed Area = 192 sq.ft.)

√	#	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	Width In	Height Ft	Height In	Area
	1	E	Exterior	Insulated	Master Bedroom	None	0.46	3.00	0	8.00	0	24.0ft²
	2	N	Exterior	Insulated	1st Floor	None	0.46	3.00	0	8.00	0	24.0ft²
	3	W	Exterior	Insulated	1st Floor	None	0.46	3.00	0	8.00	0	24.0ft²
	4	S	Exterior	Insulated	1st Floor	None	0.46	3.00	0	8.00	0	24.0ft²
	5	S	Exterior	Insulated	1st Floor	None	0.46	6.00	0	8.00	0	48.0ft²
	6	S	Exterior	Insulated	1st Floor	None	0.46	6.00	0	8.00	0	48.0ft²

WINDOWS (Total Exposed Area = 734 sq.ft.)

√	#	Ornt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Imp	Storm	Total Area (ft²)	Same Units	Width (ft)	Height (ft)	--Overhang-- Depth (ft)	Sep. (ft)	Interior Shade	Screen
	1	S	1	Vinyl	Low-E Single	Y	0.55	0.50	N	N	90.0	6	2.50	6.00	0.0	0.0	Drapes/blinds	None
	2	N	3	Vinyl	Low-E Single	Y	0.55	0.50	N	N	45.0	3	2.50	6.00	0.0	0.0	Drapes/blinds	None
	3	E	4	Vinyl	Low-E Single	Y	0.55	0.50	N	N	45.0	3	2.50	6.00	0.0	0.0	Drapes/blinds	None
	4	N	5	Vinyl	Low-E Single	Y	0.55	0.50	N	N	135.0	9	2.50	6.00	0.0	0.0	Drapes/blinds	None
	5	W	6	Vinyl	Low-E Single	Y	0.55	0.50	N	N	90.0	6	2.50	6.00	0.0	0.0	Drapes/blinds	None
	6	S	7	Vinyl	Low-E Single	Y	0.55	0.50	N	N	126.0	7	3.00	6.00	0.0	0.0	Drapes/blinds	None
	7	N	9	Vinyl	Low-E Single	Y	0.55	0.50	N	N	135.0	9	2.50	6.00	0.0	0.0	Drapes/blinds	None
	8	W	10	Vinyl	Low-E Single	Y	0.55	0.50	N	N	15.0	1	3.00	5.00	0.0	0.0	Drapes/blinds	None
	9	S	11	Vinyl	Low-E Single	Y	0.55	0.50	N	N	22.5	1	7.50	3.00	0.0	0.0	Drapes/blinds	None
	10	E	12	Vinyl	Low-E Single	Y	0.55	0.50	N	N	30.0	2	3.00	5.00	0.0	0.0	Drapes/blinds	None

INFILTRATION

√	#	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)
	1	Wholehouse	Proposed ACH(50)	0.00031	3141	172.31	323.49	0.1398	5.0	All

FORM R405-2020

INPUT SUMMARY CHECKLIST REPORT

MASS

√	#	Mass Type	Area	Thickness	Furniture Fraction	Space
	1	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Master Bedroom
	2	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	1st Floor
	3	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	2nd Floor

HEATING SYSTEM

√	#	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	----Geothermal Heat Pump---- Entry	Power	Volt	Current	Ducts	Block
	1	Electric Heat Pump	None/Single		HSPF: 8.50	14.1		0.00	0.00	0.00	sys#1	1
	2	Electric Heat Pump	None/Single		HSPF: 8.50	24.4		0.00	0.00	0.00	sys#2	2
	3	Electric Heat Pump	None/Single		HSPF: 8.50	12.5		0.00	0.00	0.00	sys#3	3

COOLING SYSTEM

√	#	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	Air Flow cfm	SHR	Duct	Block
	1	Central Unit	None/Single		SEER:15.0	9.1	270	0.85	sys#1	1
	2	Central Unit	None/Single		SEER:15.0	17.7	360	0.85	sys#2	2
	3	Central Unit	None/Single		SEER:15.0	11.7	360	0.85	sys#3	3

HOT WATER SYSTEM

√	#	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixture Flow	Pipe Ins.	Pipe length
	1	Electric	Heat Pump	1st Floor	0.95 (1.29)	50.00 gal	70 gal	120 deg	Standard	None	99

		Recirculation System	Recirc Control Type	Loop length	Branch length	Pump power	DWHR	Facilities Connected	Equal Flow	DWHR Eff	Other Credits
	1	No		NA	NA	NA	No	NA	NA	NA	None

DUCTS

√	Duct #	Supply Location	Supply R-Value	Supply Area	Return Location	Return R-Value	Return Area	Leakage Type	Air Handler	CFM 25 TOT	CFM 25 OUT	QN	RLF	HVAC # Heat	HVAC # Cool
	1	2nd Floor	6.0	267 ft²	2nd Floor	6.0	67 ft²	Default Leakage	2nd Floor	(Default)	(Default)			1	1
	2	2nd Floor	6.0	267 ft²	2nd Floor	6.0	67 ft²	Default Leakage	2nd Floor	(Default)	(Default)			2	2
	3	2nd Floor	6.0	267 ft²	2nd Floor	6.0	67 ft²	Default Leakage	2nd Floor	(Default)	(Default)			3	3

MECHANICAL VENTILATION

√	Type	Supply CFM	Exhaust CFM	HRV	Fan	Run Time	Heating System	Cooling System
	Fans/ERV	0.0	50.0	0.0	15.0 W	5 %	1 - Electric Heat Pump	1 - Central Unit
	Fans/ERV	0.0	100.0	0.0	30.0 W	5 %	2 - Electric Heat Pump	2 - Central Unit
	Fans/ERV	0.0	100.0	0.0	30.0 W	5 %	3 - Electric Heat Pump	3 - Central Unit

FORM R405-2020

INPUT SUMMARY CHECKLIST REPORT

TEMPERATURES

Programable Thermostat: Y Ceiling Fans: N

Cooling	[ ] Jan	[ ] Feb	[ ] Mar	[ ] Apr	[ ] May	[X] Jun	[X] Jul	[X] Aug	[X] Sep	[ ] Oct	[ ] Nov	[ ] Dec
Heating	[X] Jan	[X] Feb	[X] Mar	[ ] Apr	[ ] May	[ ] Jun	[ ] Jul	[ ] Aug	[ ] Sep	[ ] Oct	[X] Nov	[X] Dec
Venting	[ ] Jan	[ ] Feb	[X] Mar	[X] Apr	[ ] May	[ ] Jun	[ ] Jul	[ ] Aug	[ ] Sep	[X] Oct	[X] Nov	[ ] Dec

√ Thermostat Schedule: HERS 2006 Reference

Schedule	Type	Hours 1	2	3	4	5	6	7	8	9	10	11	12
___ Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
___ Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
___ Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
___ Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66