

INPUT SUMMARY CHECKLIST REPORT

PROJECT

Title:	Willie Mosley	Bedrooms:	2	Address type:	Street Address
Building Type:	User	Conditioned Area:	1001	Lot #:	—
Owner:	Willie Mosley	Total Stories:	1	Block/SubDivision:	—
Builder Home ID:		Worst Case:	No	PlatBook:	—
Builder Name:	Florida Homes, Inc.	Rotate Angle:	0	Street:	189 S.W. Thames Street
Permit Office:	Columbia	Cross Ventilation:	No	County:	Columbia
Jurisdiction:	221000	Whole House Fan:	No	City, State, Zip:	Fort White, FL, 32038
Family Type:	Detached	Terrain:	Suburban		
New/Existing:	New (From Plans)	Shielding:	Suburban		
Year Construct:	2025				
Comment:					

CLIMATE

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

BLOCKS

✓ Number	Name	Area	Volume
___ 1	Entire House	1001	8008 cu ft

SPACES

✓ Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated
___ 1	Bedroom #2	150	1200	No	1	1	Yes	Yes	Yes
___ 2	Bedroom #1	170	1360	No	2	1	Yes	Yes	Yes
___ 3	Utility	65	520	No	0		Yes	Yes	Yes
___ 4	Bathrm	82	656	No	0		Yes	Yes	Yes
___ 5	Kitchen/Dining	205	1640	Yes	0		Yes	Yes	Yes
___ 6	Living Room	329	2632	No	0		Yes	Yes	Yes

FLOORS

(Total Exposed Area = 1000 sq.ft.)

✓ #	Floor Type	Space	Exposed Perim(ft)	Area	R-Value Perim.	U-Factor Joist	Slab Insul. Vert/Horiz	Tile	Wood	Carpet	
___ 1	Slab-On-Grade Edge Ins	Bedroom #2	26	149.5 sqft	0.0	—	0.473	2 (ft)/0 (ft)	0.00	1.00	0.00
___ 2	Slab-On-Grade Edge Ins	Bedroom #1	27.5	169.8 sqft	0.0	—	0.473	2 (ft)/0 (ft)	0.00	1.00	0.00
___ 3	Slab-On-Grade Edge Ins	Utility	6.5	65 sqft	0.0	—	0.473	2 (ft)/0 (ft)	0.00	1.00	0.00
___ 4	Slab-On-Grade Edge Ins	Bathrm	5.5	82.3 sqft	0.0	—	0.473	2 (ft)/0 (ft)	0.00	1.00	0.00
___ 5	Slab-On-Grade Edge Ins	Kitchen/Dining	30.5	205 sqft	0.0	—	0.473	2 (ft)/0 (ft)	0.00	1.00	0.00
___ 6	Slab-On-Grade Edge Ins	Living Room	34	328.5 sqft	0.0	—	0.473	2 (ft)/0 (ft)	0.00	1.00	0.00

ROOF

✓ #	Type	Materials	Roof Area	Gable Area	Framing. Fract.	Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
___ 1	Hip	Composition shingles	1054 ft²	0 ft²	0.11	Medium	N	0.9	No	0.9	No	0	18.43

INPUT SUMMARY CHECKLIST REPORT

ATTIC															
✓ #	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC									
___ 1	Full attic	Vented	150	1000 ft²	N	N									
CEILING (Total Exposed Area = 1001 sq.ft.)															
✓ #	Ceiling Type	Space	R-Value	Ins. Type	Area	U-Factor	Framing Frac.	Truss Type							
___ 1	Flat ceiling under attic(Vented)	Bedroom #2	38.0	Blown	150.0ft²	0.049	0.10	Wood							
___ 2	Flat ceiling under attic(Vented)	Bedroom #1	38.0	Blown	170.0ft²	0.049	0.10	Wood							
___ 3	Flat ceiling under attic(Vented)	Utility	38.0	Blown	65.0ft²	0.049	0.10	Wood							
___ 4	Flat ceiling under attic(Vented)	Bathrm	38.0	Blown	82.0ft²	0.049	0.10	Wood							
___ 5	Flat ceiling under attic(Vented)	Kitchen/Dining	38.0	Blown	205.0ft²	0.049	0.10	Wood							
___ 6	Flat ceiling under attic(Vented)	Living Room	38.0	Blown	329.0ft²	0.049	0.10	Wood							
WALLS (Total Exposed Area = 1040 sq.ft.)															
✓ #	Ormt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft In	Height Ft In	Area sq.ft.	U-Factor	Sheath R-Value	Frm. Frac.	Solar Absor.	Below Grade		
___ 1	N	Exterior	Frame - Wood	Bedroom #2	13.0	13.0 0	8.0 0	104.0	0.095	0	0.25	0.23	0.0 %		
___ 2	W	Exterior	Frame - Wood	Bedroom #2	13.0	13.0 0	8.0 0	104.0	0.095	0	0.25	0.23	0.0 %		
___ 3	S	Exterior	Frame - Wood	Bedroom #1	13.0	15.0 6	8.0 0	124.0	0.095	0	0.25	0.23	0.0 %		
___ 4	W	Exterior	Frame - Wood	Bedroom #1	13.0	12.0 0	8.0 0	96.0	0.095	0	0.25	0.23	0.0 %		
___ 5	N	Exterior	Frame - Wood	Utility	13.0	6.0 6	8.0 0	52.0	0.095	0	0.25	0.23	0.0 %		
___ 6	S	Exterior	Frame - Wood	Bathrm	13.0	5.0 6	8.0 0	44.0	0.095	0	0.25	0.23	0.0 %		
___ 7	N	Exterior	Frame - Wood	Kitchen/Dining	13.0	20.0 6	8.0 0	164.0	0.095	0	0.25	0.23	0.0 %		
___ 8	E	Exterior	Frame - Wood	Kitchen/Dining	13.0	10.0 0	8.0 0	80.0	0.095	0	0.25	0.23	0.0 %		
___ 9	E	Exterior	Frame - Wood	Living Room	13.0	15.0 0	8.0 0	120.0	0.095	0	0.25	0.23	0.0 %		
___ 10	S	Exterior	Frame - Wood	Living Room	13.0	19.0 0	8.0 0	152.0	0.095	0	0.25	0.23	0.0 %		
DOORS (Total Exposed Area = 40 sq.ft.)															
✓ #	Ormt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft In	Height Ft In	Area						
___ 1	N	Exterior	Insulated	Kitchen/Dining	Metal	0.29	3.00 0	6.00 8	20.0ft²						
___ 2	S	Exterior	Insulated	Living Room	Metal	0.29	3.00 0	6.00 8	20.0ft²						
WINDOWS (Total Exposed Area = 76 sq.ft.)															
✓ #	Ormt	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	N	1	Vinyl	Low-E Double	Y 0.47	0.31	N	N	15.0	1	3.00	5.00	1.0 0.8	Drapes/blinds	Ex. 50%
___ 2	S	3	Vinyl	Low-E Double	Y 0.47	0.31	N	N	15.0	1	3.00	5.00	1.0 0.8	Drapes/blinds	Ex. 50%
___ 3	N	7	Vinyl	Low-E Double	Y 0.47	0.31	N	N	9.0	1	3.00	3.00	1.0 0.8	Drapes/blinds	Ex. 50%
___ 4	N	7	Vinyl	Low-E Double	Y 0.47	0.31	N	N	7.4	1	2.33	3.17	1.3 0.8	Drapes/blinds	Ex. 50%
___ 5	E	9	Vinyl	Low-E Double	Y 0.47	0.31	N	N	15.0	1	3.00	5.00	1.0 0.8	Drapes/blinds	Ex. 50%
___ 6	S	10	Vinyl	Low-E Double	Y 0.47	0.31	N	N	15.0	1	3.00	5.00	1.0 0.8	Drapes/blinds	Ex. 50%
INFILTRATION															
✓ #	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)	Infiltration Test Volume					
___ 1	Wholehouse	Proposed ACH(50)	0.00026	686	37.64	70.66	0.1007	5.1	All	8008 cu ft					

INPUT SUMMARY CHECKLIST REPORT

MASS													
<input checked="" type="checkbox"/> #	Mass Type	Area	Thickness	Furniture Fraction	Space								
<input type="checkbox"/> 1	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Bedroom #2								
<input type="checkbox"/> 2	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Bedroom #1								
<input type="checkbox"/> 3	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Utility								
<input type="checkbox"/> 4	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Bathrm								
<input type="checkbox"/> 5	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Kitchen/Dining								
<input type="checkbox"/> 6	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Living Room								

HEATING SYSTEM										
<input checked="" type="checkbox"/> #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	—Geothermal HeatPump—			Ducts	Block
						Entry	Power	Volt	Current	
<input type="checkbox"/> 1	Electric Heat Pump	Split/Single		HSPF2: 7.50	22.6		0.00	0.00	0.00	sys#1 1

COOLING SYSTEM									
<input checked="" type="checkbox"/> #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	Air Flow cfm	SHR	Duct	Block
<input type="checkbox"/> 1	Central Unit	Split/Single		SEER2:15.0	22.6	800	0.70	sys#1	1

HOT WATER SYSTEM											
<input checked="" type="checkbox"/> #	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixt. Flow	Trap	Pipe Ins.	Pipe length
<input type="checkbox"/> 1	Electric	None	Utility	0.92 (0.92)	40.0 gal	61 gal	120 deg	Low	Yes	None	73
	Recirculation System	Recirc Control Type	Loop length	Branch length	Pump power	DWHR	Facilities Connected	Equal Flow	DWHR Eff	Other Credits	
<input type="checkbox"/> 1	No		NA	NA	NA	No	NA	NA	NA	None	

DUCTS												
<input checked="" type="checkbox"/> #	Duct Location	Supply R-Value	Supply Area	Return Location	Return R-Value	Return Area	Leakage Type	AHU Location	CFM 25 TOT OUT	QN OUT	AHU SEALED	HVAC # Heat Cool
<input type="checkbox"/> 1	Attic	6.0	112 ft²	Attic	6.0	39 ft²	Default Leakage	Utility	(Default)	(Default)		1 1

TEMPERATURES													
Programable Thermostat: Y							Ceiling Fans: N						
Cooling	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	
Heating	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec	
Venting	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input type="checkbox"/> Dec	
<input checked="" type="checkbox"/>	Thermostat Schedule: HERS 2006 Reference												
	Schedule Type	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	Cooling (WD)	AM 78	PM 80	78	78	78	78	78	78	78	80	80	80
<input type="checkbox"/>	Cooling (WEH)	AM 78	PM 78	78	78	78	78	78	78	78	78	78	78
<input type="checkbox"/>	Heating (WD)	AM 66	PM 68	66	66	66	68	68	68	68	68	68	68

INPUT SUMMARY CHECKLIST REPORT

TEMPERATURES(Continued)

___ 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

