DOCKETED	
Docket Number:	01-AFC-17C
Project Title:	Inland Empire Energy Center Project Compliance
TN #:	240591
Document Title:	7386 EVANS STREET RIVERSIDE
Description:	N/A
Filer:	Rahul Bhayani
Organization:	Rahul Bhayani
Submitter Role:	Applicant
Submission Date:	11/13/2021 3:33:48 AM
Docketed Date:	11/13/2021

Project Name: 7386 EVEN ST.

Calculation Description: 1 STORY

Calculation Date/Time: 2021-11-13T15:29:55+05:30

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Input File Name: 7386 EVEN STREET RIVERSIDE, CA 92504 2021_11_13.ribd22

GENER	AL INFORMATION				
01	Project Name	7386 EVEN ST.			
02	Run Title	1 STORY			
03	Project Location	7286 EVEN ST.			
04	City	RIVERSIDE,CALIFORNIA	05	Standards Version	2022
06	Zip code	92504	07	Software Version	CBECC-Res 2022.0.5 RV
08	Climate Zone	10	09	Front Orientation (deg/ Cardinal)	90
10	Building Type	Single family	11	Number of Dwelling Units	1
12	Project Scope	NewConstruction	13	Number of Bedrooms	4
14	Addition Cond. Floor Area (ft ²)	0	15	Number of Stories	1
16	Existing Cond. Floor Area (ft ²)	n/a	17	Fenestration Average U-factor	0.3
18	Total Cond. Floor Area (ft ²)	1690	19	Glazing Percentage (%)	12.07%
20	ADU Bedroom Count	n/a	21	ADU Conditioned Floor Area	n/a
22	Is Natural Gas Available?	Yes			
COMPL					
	01 Building Complies with Computer	Performance			
	D2 This building incorporates feature	s that require field testing and/or verification	n by a ce	rtified HERS rater under the supervision of a	CEC-approved HERS provider.
	This building incorporates one or	more Special Features shown below			

ates one or more Special reasons

Registration Date/Time:

HERS Provider:

CA Building Energy Efficiency Standards - 2019 Residential Compliance

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Energy Des	ign Ratings	Compliance	e Margins
Efficiency ¹ (EDR)	Total ² (EDR)	Efficiency ¹ (EDR)	Total ² (EDR)
52.3	36.3	ľ	
43.7	22	8.6	14.3
RESULT: ^{3:}	COMPLIES	· · · ·	
e and more efficient equipment such as photovoltaic (PV) systems ns are greater than or equal to zer			
	Efficiency ¹ (EDR) 52.3 43.7 RESULT: ^{3:} e and more efficient equipment such as photovoltaic (PV) systems	52.3 36.3 43.7 22 RESULT: ^{3:} COMPLIES e and more efficient equipment such as photovoltaic (PV) systems and batteries	Efficiency ¹ (EDR) Total ² (EDR) Efficiency ¹ (EDR) 52.3 36.3 43.7 22 8.6 RESULT: ^{3:} COMPLIES e and more efficient equipment such as photovoltaic (PV) systems and batteries

	ENERGY L	ISE SUMMARY		
Energy Use (kTDV/ft ² -yr)	Standard Design	Proposed Design	Compliance Margin	Percent Improvement
Space Heating	11.19	6.2	4.99	44.6
Space Cooling	25.97	18.73	7.24	27.9
IAQ Ventilation	4.2	4.2	0	0
Water Heating	24.8	26.17	-1.37	-5.5
Self Utilization/Flexibility Credit	n/a	0	0	n/a
Compliance Energy Total	66.16	55.3	10.86	16.4

REQUIRED PV SYS	TEMS - SIMPLIFIED										
01	02	03	04	05	06	07	08	09	10	11	12
DC System Size (kWdc)	Exception	Module Type	Array Type	Power Electronics	CFI	Azimuth (deg)	Tilt Input	Array Angle (deg)	Tilt: (x in 12)	Inverter Eff. (%)	Annual Solar Access (%)
3	NA	Premium	Fixed	Microinverters	false	170	Degre es	22.62	5	96	100

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ENERGY DESIGN RATING BATTE	RY INPUTS				
01	02	03	04	05	06
Control	Capacity (kWh)	Charging Efficiency	Rate (kW)Rate (kW)	Discharging Efficiency	Rate (kW)Rate (kW)
Basic	5	0.95	n/a	0.95	n/a

REQUIRED SPECIAL FEATURES

The following are features that must be installed as condition for meeting the modeled energy performance for this computer analysis.

aple tot

- PV System: 3 kWdc
- PV module type: Premium
- PV power electronics: Microinverters
- Battery System: 5 kWh
- Cool roof
- Insulation above roof deck
- Window overhangs and/or fins
- Slab Edge Insulation

HERS FEATURE SUMMARY

The following is a summary of the features that must be field-verified by a certified HERS Rater as a condition for meeting the modeled energy performance for this computer analysis. Additional detail is provided in the building tables below. Registered CF2Rs and CF3Rs are required to be completed in the HERS Registry

Building-level Verifications:

- Building air leakage/reduced infiltration
- Indoor air quality ventilation
- Kitchen range hood
- High R-value Spray Foam Insulation
- Cooling System Verifications:
- Minimum Airflow
- Verified SEER
- Verified Refrigerant Charge
- Fan Efficacy Watts/CFM
- Heating System Verifications:
- -- None --
- HVAC Distribution System Verifications:
- Duct leakage testing

Domestic Hot Water System Verifications:

Compact distribution system expanded credit

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01		02		03			04		05		06	07
Project Name		Conditioned Floor	Area (ft ²)	Number of Dw Units	ber of Dwelling Units Numb		of Bedrooms Nu		umber of Zones	Nu	mber of Ventilation Cooling Systems	Number of Water Heating Systems
7386 EVEN ST.		1690		1			4	1			0	1
ONE INFORMATION												
01		02		03		04			05		06	07
Zone Name		Zone Type	HV	AC System Name	z	one Floor A	rea (ft ²)	Avg.	. Ceiling Height	Wate	er Heating System 1	Water Heating System 2
CONDITONED		Conditioned		HVAC System		1690	6		8		DHW System	N/A
PAQUE SURFACES												
01		02		03		04	05		06		07	08
Name		Zone	Cons	truction	Az	imuth	Orienta	tion	Gross Area (ft ²)	Window and Door Area (ft2)	Tilt (deg)
FRONT	СС	ONDITONED	R15/4 E	xterior Wall	~	90	Fron	t	270		61	90
RIGHT	CC	ONDITONED	R15/4 E	xterior Wall	0	0	Righ	t	550		79	90
ВАСК	CC	ONDITONED	R15/4 E	xterior Wall	2	270	Back		270		53	90
LEFT	CC	ONDITONED	R15/4 E	xterior Wall		180	Left		550		95	90
Ceiling (below attic)	СС	ONDITONED	R38	Ceiling		n/a	n/a		1690		n/a	n/a

ΑΤΤΙΟ							
01	02	03	04	05	06	07	08
Name	Construction	Туре	Roof Rise (x in 12)	Roof Reflectance	Roof Emittance	Radiant Barrier	Cool Roof
Attic	Tile Roof	Ventilated	2	0.2	0.85	No	Yes
Registration Number:	400	5	Dogistantis	n Date/Time:		HERS Provider	

Registration Number:

Registration Date/Time:

HERS Provider:

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FENESTRATION / GLAZING													
01	02	03	04	05	06	07	08	09	10	11	12	13	14
Name	Туре	Surface	Orientation	Azimuth	Width (ft)	Height (ft)	Mult.	Area (ft ²)	U-factor	U-factor Source	SHGC	SHGC Sourc e	Exterior Shading
N-Window	Window	FRONT	Front	90	5	4	1	20	0.3	NFRC	0.23	NFRC	Bug Screen
N-Window -2	Window	FRONT	Front	90	5	4	1	20	0.3	NFRC	0.23	NFRC	Bug Screen
W-Window	Window	RIGHT	Right	0	5	4	1	20	0.3	NFRC	0.23	NFRC	Bug Screen
W-Window -2	Window	RIGHT	Right	0	5	4	1	20	0.3	NFRC	0.23	NFRC	Bug Screen
W-Window -3	Window	RIGHT	Right	0	3	4	1	12	0.3	NFRC	0.23	NFRC	Bug Screen
S-Window	Window	ВАСК	Back	270	2	4	1	8	0.3	NFRC	0.23	NFRC	Bug Screen
E-Window	Window	LEFT	Left	180	5	4	1	20	0.3	NFRC	0.23	NFRC	Bug Screen
W-Window -4	Window	RIGHT	Right	0	3	2	1	6	0.3	NFRC	0.23	NFRC	Bug Screen
S-Window-2	Window	ВАСК	Back	270	2	4	1	8	0.3	NFRC	0.23	NFRC	Bug Screen
S-Window-3	Window	ВАСК	Back	270	2	4	1	8	0.3	NFRC	0.23	NFRC	Bug Screen
S-Window-4	Window	ВАСК	Back	270	2	4	1	8	0.3	NFRC	0.23	NFRC	Bug Screen
E-Window -2	Window	LEFT	Left	180	2	4	1	8	0.3	NFRC	0.23	NFRC	Bug Screen
E-Window -3	Window	LEFT	Left	180	3	2	1	6	0.3	NFRC	0.23	NFRC	Bug Screen
E-Window -4	Window	LEFT	Left	180	5	4	1	20	0.3	NFRC	0.23	NFRC	Bug Screen
E-Window -5	Window	LEFT	Left	180	2	4	1	8	0.3	NFRC	0.23	NFRC	Bug Screen
E-Window -6	Window	LEFT	Left	180	4	3	1	12	0.3	NFRC	0.23	NFRC	Bug Screen
OPAQUE DOORS													
01		02				0	3				0	4	
Name						Area	(ft ²)				U-fa	ctor	
MAIN DOOR	MAIN DOOR FROM					2	1				0.	.2	
LAUNDRY DOOI	LAUNDRY DOOR RIGH					2	1			0.2			
BACK DOOR		ВАСК		21						0.2			
KITCHEN & DINING I	DOOR	LEFT				2	1				0.	.2	

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01	02	03	04	05	06		07	08
Name	Zone	Area (ft ²)	Perimeter (ft)	Edge Insul. R-value and Depth	Edge Insul. R-va and Depth	lue Ca	rpeted Fraction	Heated
Slab On Grade	CONDITONED	1690	185	R-15	24		100%	No
PAQUE SURFACE CONS	TRUCTIONS							
01	02	03	04	05	06	07		08
Construction Name	Surface Type	Construction Type	Framing	Total Cavity R-value	Interior / Exterior Continuous R-value	U-factor	Asser	nbly Layers
R15/4 Exterior Wall	Exterior Walls	Wood Framed Wall	2x4 @ 24 in. O. C.	R-0	R-15 / R-3	0.048	Sheathing / Insu Cavity / Frar Sheathing / Insu	h: Gypsum Board lation: R-15 Sheathin ne: no insul. / 2x4 Ilation: R-3 Sheathin ish: 3 Coat Stucco
Tile Roof	Attic Roofs	Wood Framed Ceiling	2x4 Top Chord of Roof Tr @ 24 in. O. C.	uss R-0	None / R-19	0.038	Tile Gap: EN Above Deck Insu Roof I Siding/she	n Hybrid Roofing Tile ISOPRO insulation lation: R-19 Sheathi Deck: Wood eathing/decking to insul. / 2x4 Top Ch
R38 Ceiling	Ceilings (below attic)	Wood Framed Ceiling	2x4 Bottom Chord of Tru @ 24 in. O. C.	ISS R-38	None / None	0.025	Cavity / Frame:	Joists: R-28.9 insul. R-9.1 / 2x4 Btm Chr h: Gypsum Board

 BUILDING ENVELOPE - HERS VERIFICATION

 01
 02
 03
 04

 Quality Insulation Installation (QII)
 High R-value Spray Foam Insulation
 Building Envelope Air Leakage
 CFM50

 Not Required
 Required
 Required
 991.5

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WATER HEATING SYST	EMS														
01		02		03			0	4		C)5		06		07
Name		System Type	Dis	tributio	n Type	Wat	er Heat	er Nam	e (#)	Solar Heat	ing System	stem Compact Distrib		tion	HERS Verification
DHW System	Doi	mestic Hot Water (DHW)	Stand	lard Dis Syster	tributio m	n v	Water H	eater (1)	n	/a		None		DHW System -hers-dhw
WATER HEATERS															
01	02	03		04	05	06	0	7	08	09	1	LO	11		12
Name	Heatir Eleme Type	nt Tank	уре	# of Units	Tank Vol. (gal)	Energy Factor or Efficiency		Rating Pilot	Tank Insulation R-value (Int/Ext)	Standby or Recov Eff	ery 1st Hr.			t Pump Model	Tank Location or Ambient Conditior
Water Heater	Gas Residential-Duty Commercial 1 29 Storage				0.71-UEF	0.71-UEF 76000- Btu/Hr 0			90	90 51 g		n/a		n/a	
WATER HEATING - CO	MPACT DI	STRIBUTION					, ·						-		
01		02				03			04			05			06
Dwelling Unit t	уре	Water Heating	System Na	ame		er Bath distance est fixture to Wa Heater (ft)			en distance o re to Water H			hird furt Iter Hea	hest fixture ter (ft)	н	ERS Verification
Dwelling		DHW S	rstem			n/a			n/a			n/a		E	xpanded Credit
WATER HEATING - HE		CATION													
01		02	4	03	,	04			05		06		07		08
Name	Pip	e Insulation	Parall	el Pipin	g	Compact Distril	bution	Comp	act Distribut Type	ion Recirc	ulation Cont	rol	Central DH Distributio		Shower Drain Water Heat Recovery
DHW System - 1/1	No	ot Required	Not F	Required	k	Required			None	No	ot Required		Not Requir	ed	Not Required
Registration Number		40	J				Registra	tion Dat	te/Time:			н	ERS Provider:		

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Name System Type Heating Onix Name Cooling Onix Name Fan Name Distribution Name Thermostat Type Status Existing Condition Equipment Count Equipment System System Syste	01		02		03	04	05	06	07	08	09	10	11
HVAC System Other FURNACE System System Setback New NA 1 IVAC System Other System System System System New NA 1 IVAC System Type 03 04 Other System Type Number of Units Heating Efficiency FURNACE Central gas furnace 1 AFUE-96 IVAC - COOLING UNIT TYPES O1 02 03 04 05 06 07 08 Name System Type Number of Units Efficiency EER/CEER Efficiency SEER Zonally Controlled Multi-speed Compressor HERS Verific Cooling System Central split AC 1 13 16 Not Zonal Single Speed Cooling System - hers-co 01 02 03 04 05 06 Cooling System -hers-co Name Verified Airflow Airflow Target Verified EER Verified SEER Verified Refrigerant Cooling System -hers-cool Required 400 Not Required Required Required	Name		System ⁻	Гуре	-		Fan Name		Thermostat	Status	Existing	Equipment	Cooling Equipment Count
01 02 03 04 Name System Type Number of Units Heating Efficiency FURNACE Central gas furnace 1 AFUE-96 VAC - COOLING UNIT TYPES VAR 02 03 04 05 06 07 08 Name System Type Number of Units Efficiency EER/CEER Efficiency SEER Zonally Controlled Mulit-speed Compressor HERS Verifie Cooling System Central split AC 1 13 16 Not Zonal Single Speed Cooling System - hers-cool O1 02 03 04 05 06 07 08 Verified Airflow Airflow Target Verified EER Zonally Controlled Mulit-speed Compressor HERS Verified Refrigerant O1 02 03 04 05 06 06 Name Verified Airflow Airflow Target Verified EER Verified SEER Verified Refrigerant Cooling System -hers-cool Required 400 Not Required Required Required	HVAC System				FURNAC		Fan System		Setback	New	NA	1	1
Name System Type Number of Units Heating Efficiency FURNACE Central gas furnace 1 $AFUE-96$ NARC - COOLING UNIT TYPES VAC - COOLING UNIT TYPES Of 02 03 04 05 06 07 08 Name System Type Number of Units Efficiency EER/CEER Efficiency SEER Zonaly Controlled Mulit-speed Compressor HERS Verifie Cooling System Central split AC 1 13 16 Not Zonal Single Speed Cooling System - Verified Airflow Airflow Target Verified EER Verified SEER Verified Refrigerant Cooling System -hers-col Required 400 Not Required Required Required	IVAC - HEATING UNIT T	YPES					0						
FURNACE Central gas furnace 1 AFUE-96 NAC - COOLING UNIT TYPES 01 02 03 04 05 06 07 08 Name System Type Number of Units Efficiency EER/CEER Efficiency SEER Zonally Controlled Multi-speed Compressor HERS Verifie Cooling System Central split AC 1 13 16 Not Zonal Single Speed Cooling System/-hers-cool 01 02 03 04 05 06 Of Of Of Cooling System/-hers-cool Required Aftiflow Target Verified EER Verified SEER Verified Refrigerant Cooling System -hers-cool Required 400 Not Required Required Required	0	1			02	2	G	03				04	
VAC - COOLING UNIT TYPES VAC - COOLING UNIT TYPES 01 02 03 04 05 06 07 08 Name System Type Number of Units Efficiency EER/CEER Efficiency SEER Zonally Controlled Multi-speed Compressor HERS Verific Cooling System Certral split AC 1 13 16 Not Zonal Single Speed Cooling System - hers-co VAC COOLING - HERS VERIFICATION O1 02 03 04 05 06 07 08 O1 02 03 04 Not Zonal Single Speed Cooling System - hers-co Verified EER 04 05 06 07 06 O1 02 03 04 05 06 </td <td>Na</td> <td>me</td> <td></td> <td></td> <td>System</td> <td>і Туре</td> <td></td> <td>Number of</td> <td>Units</td> <td></td> <td>He</td> <td>eating Efficien</td> <td>cy .</td>	Na	me			System	і Туре		Number of	Units		He	eating Efficien	cy .
$\begin{array}{c c c c c c c } \hline 01 & \hline 02 & \hline 03 & \hline 04 & \hline 05 & \hline 06 & \hline 07 & \hline 08 \\ \hline Name & System Type & Number of Units & Efficiency EER/CEER & Efficiency SEER & Zonally Controlled & Mulit-speed Compressor & HERS Verified Compressor & Single Speed & 1 & 13 & 16 & Not Zonal & Single Speed & Cooling System VAC COOLING - HERS VERIFICATION & \hline 02 & \hline 03 & \hline 04 & \hline 05 & \hline 06 & \hline Name & Verified Airflow Target & Airflow Target & Verified EER & Verified SEER & Verified SEER & Verified Refrigerant & Cooling System -hers-cool & Required & 400 & Not Required & Required & Required & Required & Cooling Speed & Required & Cooling Speed & Required &$	FURI	NACE		Central gas furnace 1								AFUE-96	
NameSystem TypeNumber of UnitsEfficiency EER/CEEREfficiency SEERZonally ControlledMulit-speed CompressorHERS Verified Single SpeedCooling SystemCentral split AC11316Not ZonalSingle SpeedCooling System - hers-coVAC COOLING - HERS VERIFICATIONVAC COOLING - HERS VERIFICATIONO10203040506NameVerified AirflowAirflow TargetVerified EERVerified SEERVerified RefrigerantCooling System -hers-colRequired400Not RequiredRequiredRequiredRequired	VAC - COOLING UNIT	TYPES											
Name System Type Number of Units Efficiency EER/CEER Efficiency SEER Zonally Controlled Compressor HERS verified Cooling System Central split AC 1 13 16 Not Zonal Single Speed Cooling System VAC COOLING - HERS VERIFICATION Verified Airflow O3 O4 O5 O6 Name Verified Airflow Airflow Target Verified EER Verified SEER Verified Refrigerant Cooling System -hers-col Required 400 Not Required Required Required Required	01		02	03		04)5	06		07		08
Cooling System Central spirt AC I IS IS IS Single Speed -hers-coling - hers-coling IVAC COOLING - HERS VERIFICATION 01 02 03 04 05 06 Name Verified Airflow Airflow Target Verified EER Verified SEER Verified Refrigerant Cooling System - hers-cool Required 400 Not Required Required Required	Name	Sy	ystem Type	Number o	f Units	Efficiency EER/CEE	R Efficier	Efficiency SEER		led			
Name Verified Airflow Airflow Target Verified EER Verified SEER Verified Refrigerant Cooling System -hers-cool Required 400 Not Required Required Required	Cooling System	Cei	ntral split AC	1		13		16	Not Zonal		Single Speed		oling System -hers-cool
Name Verified Airflow Airflow Target Verified EER Verified SEER Verified Refrigerant Cooling System - hers-cool Required 400 Not Required Required Required	IVAC COOLING - HERS	VERIFIC	ATION	-						1			
Cooling System -hers-cool Required 400 Not Required Required Required	01		0	2		03		04		05		(06
	Name	Name Verified Airflow Airflow Target						erified EER	<u>۱</u>	/erified SE	ER	Verified Refr	igerant Charge
	Cooling System -hers-cool Required 400					400	N	ot Required		Required		Req	uired
			, °	5									

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01	02	03	04	05	06	0)7	08	09	10	11	12
•		!	Duct Ins	. R-value	Duct L	ocatio	n	Surf	ace Area		•	•
Name	Туре	Design Type	Supply	Return	Supply	Ret	turn	Supply	Return	Bypass Duct	Duct Leakag	e HERS Verificatio
Distribution System	Unconditioned atti	c Non-Verified	R-8	R-8	Attic	At	ttic	n/a	n/a	No Bypass Duct	Sealed and Tested	Distributio System -hers-dist
IVAC DISTRIBUTION	- HERS VERIFICATION					0						
01	02	03	04		05			06	07		08	09
Name	Duct Leakage Verification	Duct Leakage Target (%)	Verified Duct Location		Verified Duc Design	ct Buried Ducts		ied Ducts	Deeply Buried Ducts	Low-leakage Air Handler		Low Leakage Ducts Entirely in Conditioned Space
Distribution System -hers-dist	Yes	5.0	Not Required		Not Required	d	Not Required		Credit not taken	Not R	equired	No
IVAC - FAN SYSTEMS	3		(0								
	01			02					03			04
Name			Туре				Fan Power (Watts/CFM)			Name		
Fan System HVAC Fa			HVAC Far				0.34		Fan System -hers-fan			
IVAC FAN SYSTEMS	- HERS VERIFICATION											
	01				02						03	
	Name		Verified Fan Watt Draw				Required Fan Efficacy (Watts/CFM)					
Fan System -hers-fan				Required			0.34					

Registration Number:

Registration Date/Time:

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IAQ (INDOOR AIR QUALITY) FANS						
01	02		04	05	06	
Dwelling Unit	IAQ CFM	IAQ Watts/CFM	IAQ Fan Type	IAQ Recovery Effectiveness (%)	IAQ Recovery Effectiveness - SREIAQ Recovery Effectiveness - SRE	
SFam IAQVentRpt	87	0.35	Default		n/a	

Kotuseable total and the second

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Compliance documentation is accurate and comple	ite.
Documentation Author Name:	Documentation Author Signature:
Company:	Signature Date:
Address:	CEA/ HERS Certification Identification (If applicable):
City/State/Zip:	Phone:
RESPONSIBLE PERSON'S DECLARATION STATEMENT	
	Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations. e of Compliance are consistent with the information provided on other applicable compliance documents, worksheets,
Responsible Designer Name:	Responsible Designer Signature:
Company:	Date Signed:
Address:	License:
City/State/Zip:	Phone:
Registration Number:	
Registration Number:	Registration Date/Time: HERS Provider: