| INST   | TALLATION CERTIFICATE   |                      |                   |                  |               | CF-61           | R-MECH-08          |  |
|--|---|----------------------|-------------------|------------------|---------------|-----------------|--------------------|--|
| _  | torage Air Conditioning (ISAC)  | <mark>I Inits</mark> |                   |                  |               |                 | (Page 1 of 2)      |  |
|  |   |                      |                   |                  |               | Permit Numl     | , 0                |  |
|  |   |                      |                   | 0                |               |                 |                    |  |
|  |   |                      | •                 |                  | •             |                 |                    |  |
|  | Storage Air Conditioning (ISAC) L   |                      | C 4 :             | . 11 1 1 1       |               | C .1            | 1                  |  |
|  | the specification information from the onents in the table below.   | e CEC databa         | se for the in     | stalled condensi | ng unit and i | for the install | ed system          |  |
| comp   | onents in the table below.  | # of                 |                   | Duct             |               | Cooling         | Cooling            |  |
|  |   | Identical            |                   | Location         | Duct          | Load            | Capacity           |  |
|  | Name and Model Number <sup>1</sup>  | Systems              | SEER <sup>1</sup> | (attic, etc.)    | R-value       | (Btu/hr)        | (Btu/hr)           |  |
|  |   |                      |                   |                  |               |                 |                    |  |
|  |   |                      |                   |                  |               |                 |                    |  |
|  |   |                      |                   |                  |               |                 |                    |  |
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|  |   |                      |                   |                  |               |                 |                    |  |
|  |   |                      |                   |                  |               |                 |                    |  |
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|  |   |                      |                   |                  |               |                 |                    |  |
|  |   |                      |                   |                  |               |                 |                    |  |
|  |   | •                    |                   |                  |               | <b>-</b>        | 0 110              |  |
| The s  | ystem complies with all eligibility crit  | eria:                |                   |                  |               | ☐ Syste         | ☐ System Qualifies |  |
| Thon   | nodel number of the installed unit mate   | shoe the mode        | al numbar u       | ead for complian | aca cradit    | ☐ Yes           | s 🗆 No             |  |
| THE  | loder number of the histaned unit man   | lies the mout        | ei iiuiiibei u    | sed for compitan | ice credit.   |                 | 5   1110           |  |
| The s  | ystem complies with all eligibility crit  | eria:                |                   |                  |               | □ Syste         | m Qualifies        |  |
| THE S  | e system complies with all eligibility criteria: ☐ System Qualifies  Verify that building cooling is controlled by a standard indoor HVAC thermostat and not by                         |                      |                   |                  |               |                 |                    |  |
| factory installed controls.                                    |   |                      |                   |                  | □ Ye          | s 🗆 No          |                    |  |
| 2  | Verify that ice Making is not controlled by the thermostat.   |                      |                   |                  |               |                 |                    |  |
| 3  | Verify that the water tank is filled to the proper level as specified by the manufacturer.  |                      |                   |                  |               |                 |                    |  |
| 4  | Verify that the correct model number  |                      |                   | •                |               | me              |                    |  |
| is installed. Certify the installed model number on the CF-1R. |   |                      |                   |                  |               |                 | ☐ Yes ☐ No         |  |
|  | Force the controls to indicate no dem   |                      |                   |                  |               |                 |                    |  |
| 5  | time period and simulate that the tan   | □ Ye                 | s 🗆 No            |                  |               |                 |                    |  |
|  | properly in the Ice-Making mode (i.e cooling to the building).  |                      |                   |                  |               |                 |                    |  |
|  | Force the controls to indicate no demand for cooling, set the time to be within the nighttime   |                      |                   |                  |               |                 |                    |  |
| _  | time period, and simulate the tank be   |                      |                   |                  |               |                 |                    |  |
| 6  | properly in the Idle mode (i.e., the co   | ☐ Ye                 | s 🔲 No            |                  |               |                 |                    |  |
|  | provided).  |                      |                   |                  |               |                 |                    |  |
| _  | Force the controls to indicate a dema   |                      |                   |                  |               |                 |                    |  |
| 7  | time period. Verify that the system of discharging and that the compressor  | ☐ Ye                 | s 🔲 No            |                  |               |                 |                    |  |
|  |   | ing                  |                   |                  |               |                 |                    |  |
| 8  | Force the controls to indicate a demand for cooling and set the time to be within the morning shoulder time period. Verify that the system operates properly in the Direct Cooling mode |                      |                   |                  |               |                 | s 🗆 No             |  |
|  | (i.e., the system is providing cooling with the compressor).  |                      |                   |                  |               |                 |                    |  |

| INSTALLATION CERTIFICATE CF-6R-MECH-08                  |  |                |        |  |  |  |  |
|---|--|----------------|--------|--|--|--|--|
| Ice Storage Air Conditioning (ISAC) Units (Page 2 of 2) |  |                |        |  |  |  |  |
| Site A  | Address: Enforcement Agency:   | Permit Number: |        |  |  |  |  |
|   |  |                |        |  |  |  |  |
| 9   | Force the controls to indicate no cooling load, and set the time to be within the daytime time period. Verify that the system operates properly in the Idle mode (i.e., it does not provide cooling to the building, and the compressor is off). |                | □No    |  |  |  |  |
| 10  | Force the controls to indicate a demand for cooling and set the time to be within the night time period. Verify that the cooling is provided by the compressor.  | □Yes           | □ No   |  |  |  |  |
|   | Pass if: Yes in lines 1 -  | 10 □ Pass      | ☐ Fail |  |  |  |  |
|   |  |                |        |  |  |  |  |

□ Ducts are required to be tested and sealed in all Ice Storage Air Conditioner installations, and the duct sealing must be verified by a HERS rater.

## **DECLARATION STATEMENT**

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.

| Company Name: (Installing Subcontractor or General Contractor or Builder/Owner) |              |                                 |  |  |  |  |  |
|---|--------------|---------------------------------|--|--|--|--|--|
| Responsible Person's Name:  |              | Responsible Person's Signature: |  |  |  |  |  |
| CSLB License:   | Date Signed: | Position With Company (Title):  |  |  |  |  |  |