



# WALTON COUNTY BUILDING DEPARTMENT

## ENVELOPE LEAKAGE TEST REPORT BLOWER DOOR TEST

Permit: \_\_\_\_\_

Contractors Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Air Leakage Test Results**    Passing results must be 7 ACH (50) or less

The building thermal envelope shall be constructed to limit air leakage in accordance with Sections R402.4.1 through R402.4.4 of the Florida Energy Code. 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 Zone 1 and 2. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals).

|  |   |
|--|---|
| $\frac{\text{CFM (50)}}{\text{Building Volume}} \times 60 \div \text{ACH (50)} = \text{ACH (50)}$                                      | Method for calculating building volume:<br><input type="checkbox"/> Retrieved from architectural plans<br><input type="checkbox"/> Code software calculated<br><input type="checkbox"/> Field measured and calculated |
| <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b>  |   |
| <input type="checkbox"/> When ACH (50) is less than 3, Mechanical Ventilation installation must be verified by the Building Department |   |

### **Testing Company**

I hereby certify that the above test results demonstrate compliance with energy code requirements in accordance with 2017 (6<sup>th</sup> Edition) Florida Building Energy Conservation Code:

\_\_\_\_\_  
Printed Name of Certified Person Performing Test

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Test

\_\_\_\_\_  
License/Certification Number

**This form must be on file with the Building Department before requesting C/O inspection.**