



Spring Hill Codes Department  
5000 Northfield Ln Suite 520  
Spring Hill, TN 37174

Email Form to:  
permits@springhilltn.org

This completed form is required for all New 1 & 2 Family Dwellings, Townhouses and all mechanical projects that include installing and or replacing duct systems for the same type of dwellings.

Lot# \_\_\_\_\_ Subdivision \_\_\_\_\_ Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Conditioned Floor Area (sq.ft): \_\_\_\_\_ Source: \_\_\_ Plans \_\_\_ Measured \_\_\_ Provided by builder

**DUCT LEAKAGE TESTING VERIFICATION**

Choose option used for compliance: Per 2018 IECC Section R403.3.4, system tested@ **25 Pascals** across, including the manufacturer's air handler enclosure.

**Unit #1**

Rough-In Test Option duct leakage \_\_\_\_\_ CFM (Max 4 CFM with air handler)

Rough-In Test Option duct leakage \_\_\_\_\_ CFM (Max 3 CFM without air handler)

Post Construction Option duct leakage \_\_\_\_\_ (Max 4 CFM)

**Unit #2**

Rough-In Test Option duct leakage \_\_\_\_\_ CFM (Max 4 CFM with air handler)

Rough-In Test Option duct leakage \_\_\_\_\_ CFM (Max 3 CFM without air handler)

Post Construction Option duct leakage \_\_\_\_\_ (Max 4 CFM)

I certify that I have conducted a duct blaster test and It has passed the requirements of the 2018 International Energy Conservation Code. I further certify that I am qualified to perform duct testing leakage testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, and have not installed the HVAC system; nor am I employed or have any financial interest in the company that constructs the structure.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Passed

Signature of Testing Technician: \_\_\_\_\_

Failed

Printed Name of Testing Technician: \_\_\_\_\_

Compliance requirements: Per 2018 International Energy Conservation Code Section R402.4.1.2, building thermal envelope tested@ 50 Pascals in accordance with RESNET/ICC 380, ASTM E 779 or ASTM E1827 to verify air leakage.

Building Thermal Envelope Leakage Testing: Results of test: \_\_\_\_\_ air changes per hour. (**4 ACH max**) As Amended

I certify that I have conducted an air leakage test and It has passed the requirements of the 2018 International Energy Conservation Code. I further certify that I am qualified to perform air infiltration testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, nor am I employed or have any financial interest in the company that constructs the structure.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Testing Technician: \_\_\_\_\_

Passed

Printed Name of Testing Technician: \_\_\_\_\_

Failed

**Postconstruction Test:** Total leakage shall not be less than or equal to **4 cubic feet per minute per 100 square feet** of conditioned Floor area.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ Passed

Signature of Testing Technician: \_\_\_\_\_

\_\_\_ Failed

Printed Name of Testing Technician: \_\_\_\_\_

