



# Orangeburg County Duct Leakage Affidavit

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Job Address: \_\_\_\_\_ TMS# \_\_\_\_\_

Cond. Floor Area (sq ft): \_\_\_\_\_ Source (circle one): Plans      Estimated      Measured

Air Handler in conditioned space? \_Yes\_\_\_ No Air Handler present during test? \_\_\_yes\_\_\_ No

Circle Test Method:      Leakage to outside      Total Leakage

Maximum Duct Leakage:

**Post Construction, Total Duct Leakage:** (floor area x .12) = \_\_\_\_\_ CFM @ 25 Pa

**Post Construction, Leakage to Outdoors:** (floor area x .08) = \_\_\_\_\_ CFM @ 25 Pa

**Rough-In, Total Duct Leakage, Air Handler Installed:** (floor area x .06) = \_\_\_\_\_ CFM @ 25 Pa

**Rough-In, Total Duct Leakage, Air Handler not Installed:** (floor area x .04) = \_\_\_\_\_ CFM @ 25 Pa

**Test Result:** \_\_\_\_\_ CFM @ 25 Pa

Ring (circle one if applicable):      Open      1      2      3

Duct Tester Location: \_\_\_\_\_ Pressure Tap Location: \_\_\_\_\_

**I certify that these duct leakage rates are accurate and determined using standard duct testing protocol.**

Company Name: \_\_\_\_\_ Technician: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_