



Local Roots, Global Reach

ISLE OF WIGHT COUNTY, VIRGINIA

Duct Leakage Testing Affidavit (New &/or Total Replacement HVAC Systems)

Permit #: _____ Address: _____
City: _____ Zip: _____ Parcel: _____

Conditioned Floor Area (ft²): _____

Source (check one): Plans Estimated Measured

Duct tightness testing is not required. The total leakage test is not required for ducts and air handlers located entirely within the building thermal envelope. (R403.3.3 VECC)

Air Handler in conditioned space? Yes No Air Handler present during test? Yes No

Test Method: Leakage to Outside Total Leakage

Maximum duct leakage: (check one)

Post Construction, total duct leakage: (floor area x .04) = _____ CFM@25 Pa

Post Construction, leakage to outdoors: (floor area x .04) = _____ CFM@25 Pa

Rough-In, total duct leakage with air handler installed: (floor area x .04) = _____ CFM@25 Pa

Rough-In, total duct leakage with air handler not installed: (floor area x .03) = _____ CFM@25 Pa

Test Result: _____ CFM@25Pa - total duct leakage **PASS** **FAILED**

Ring (check 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 in accordance with the Virginia Residential Code and the Virginia Energy Conservation Code.

Company Name: _____ Technician: _____

Technician Signature: _____ DPOR License #: _____

Date: _____ Phone Number: _____

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