



**COUNTY OF LOUISA  
COMMUNITY DEVELOPMENT**

(540) 967-3430

Fax (540) 967-3486

*www.louisacounty.com*

**Duct Leakage Affidavit (New Construction)**

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

House address or Lot number: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Cond. Floor Area (ft<sup>2</sup>): \_\_\_\_\_ Source: 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. Ducts located in crawl spaces do not qualify for this exception.

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 .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 .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 #: \_\_\_\_\_