



**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 (ft²): _____ 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 #: _____