

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY
for design and performance of residential ventilation systems to OBC 2012 Div. B 9.3

RESET



LOCATION	1. Location Township: <u>Dundas</u> Civic Address: <u>688 Crooks Hollow Rd</u>	<input type="checkbox"/> HRV <input type="checkbox"/> Central Exhaust <input checked="" type="checkbox"/> Building Division 3. TVC System
	2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	
DESIGNER	3. Designer Name: <u>S Clarke-Johnson</u> Address: <u>3215 Grassie Rd.</u> Postal Code: <u>L0R 1M0</u> City: <u>Grassie</u> Ph: <u>905-309-6444</u> Fax: <u>905-309-6333</u> Firm BCIN: <u>24790</u> Designer BCIN: <u>24790</u> HRAI#: <u>00195</u>	Reviewed for Ontario Building Code Compliance Subject to Corrections Note on Plans and Field Inspections. 10. Principal Exhaust Fan Fan 1 Location <u>Ensuite</u> Manufacturer <u>Broan</u> Model <u>EG50</u> Permit: <u>1104272 000 00</u> Design Airflow High <u>50</u> CFM Low _____ CFM Date: <u>05/19/21</u> If Using HRV/ERV: _____ % Sensible Efficiency @ _____°C % Sensible Efficiency @ -25°C _____ Approved by: <u>Laurie Smith</u>
	4. Heating Systems <input checked="" type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other	
HEATING SYSTEM COMBUSTION APPLIANCES	5. Combustion Appliances 9.32.3.1 (1) <input checked="" type="checkbox"/> a) Direct Vent <input type="checkbox"/> b) Induced Draft <input type="checkbox"/> c) Natural Draft <input type="checkbox"/> d) Solid Fuel Appliances <input type="checkbox"/> e) No combustion appliances	12. Additional Equipment Fan 2 Location <u>Laundry</u> <u>2.5</u> Sones Manufacturer/Model <u>Broan EG50</u> <input checked="" type="checkbox"/> TVC Design airflow <u>50</u> CFM Fan 3 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM Fan 4 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM
	6. Type of House 9.32.3.1 (2) <input checked="" type="checkbox"/> Type 1 a) or b) type appliances only <input type="checkbox"/> Type 2 a) or b) type appliances with a d) type appliance <input type="checkbox"/> Type 3 any type c) appliance = part 6 design <input type="checkbox"/> Type 4 electric space heat	
HOUSE TYPE	7. System Design Option <input checked="" type="checkbox"/> Exhaust only forced air system/coupled <input type="checkbox"/> HRV with extended exhaust or simplified coupled <input type="checkbox"/> HRV full ducting/not coupled to forced air <input type="checkbox"/> Part 6 design	8. TVC Capacity OBC 9.32.3.3 Bsmt & Master bedroom <u>2</u> @ 21.2 CFM (10 L/S) <u>42.4</u> CFM Other Bedrooms <u>0</u> @ 10.6 CFM (5 L/S) <u>0</u> CFM Bathrooms & Kitchen <u>1</u> @ 10.6 CFM (5 L/S) <u>10.6</u> CFM Other Habitable Rooms <u>1</u> @ 10.6 CFM (5 L/S) <u>10.6</u> CFM Total Ventilation Capacity (TVC) <u>63.6</u> CFM
	8. TVC Capacity OBC 9.32.3.3	

Conversion Note: 1 L/S = 2.118 CFM

