

**IMBALANCE @ TVCC (Total Ventilation Capacity Condition)  
for systems with more exhaust than supply @ TVCC**

**W-3A  
line #**

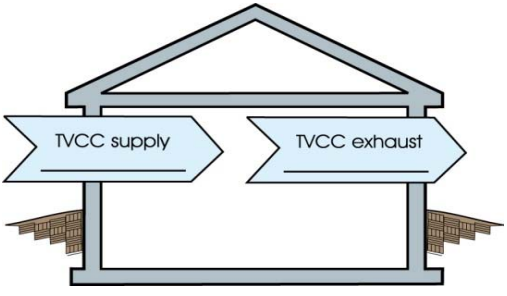
<b>1. FLOOR AREA</b> (total heated floor area including basement; count crawl space at 1/2 actual area)	<b>Total Floor Area</b> _____ ft <sup>2</sup>	301
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<b>2. ASSUMED AIR CHANGES PER HOUR AT 50 PASCAL'S</b> Tight R-2000 0.5 ACH    Typical R-2000 1.0 ACH    Prairies/North (new) 1.0 ACH Atlantic (new) 1.5 ACH    Other provinces (new) 1.4 ACH    Older homes 2.5 ACH or actual test _____	<b>House ACH50</b> _____	302
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<b>3. COMBUSTION APPLIANCE DEPRESSURIZATION LIMIT</b> If spillage susceptible, = -5pa.                      flow factor = 0.022 If non-spillage susceptible, = -10pa                flow factor = 0.037	<b>Depressurization Limit @ TVCC</b> _____ <b>pa</b>	303
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<b>Flow Factor</b> _____		304
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<b>4. ALLOWABLE NET EXHAUST</b> Floor Area (301) _____ ft <sup>2</sup> x ACH50 (302) _____ x Flow Factor (304) _____ = _____	<b>Allowable Net Exhaust @ TVCC</b> _____ cfm	305
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<b>5. ACTUAL NET EXHAUST</b>		
 <p>The diagram shows a cross-section of a house with a gabled roof. Two blue arrows represent air flows: one labeled 'TVCC supply' pointing into the house from the left, and another labeled 'TVCC exhaust' pointing out of the house to the right. The house is shown with a basement and a main floor.</p>	TVCC Exhaust _____ cfm	306
	- minus _____	
	TVCC Supply _____ cfm	307
	= equals _____	
	<b>Actual Net Exhaust @ TVCC</b> _____ cfm	308
Note: If supply is greater than exhaust, use worksheet #W-3B		

<b>6. REQUIRED MAKE-UP AIR FLOW</b>		
<b>Note:</b> If <b>Actual</b> Net Exhaust is <b>less</b> than <b>Allowable</b> Net Exhaust <b>no action</b> is required.	Actual Net Exhaust @ TVCC (line 308) _____ cfm	
	- minus _____	
	Allowable Net Exhaust @ TVCC (line 305) _____ cfm	309
	= equals _____	
	<b>Required Make-Up Airflow @ TVCC</b> _____ cfm	
<b>At Depressurization Limit (line 303)</b> _____ pa		

<b>7. DESCRIPTION OF MAKE-UP AIR SYSTEM</b>		

<b>8. ON-SITE TEST DEPRESSURIZATION TEST</b>	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required	310
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Prepared By:	HRAI #:	Job Name:	
Signature:	Date:	Job #:	Official Use: