CITY OF SOUTH LYON

A2L Refrigerant Compliance Affidavit

Permit Number:_____ Property Address:_____

Contractor & System Information:

Company Name: _____

Mechanical License Number:_____

Technician's Full Name:_____

Technician EPA Certification Number:_____

Equipment Information:

Equipment Brand: _____ Model: _____

Refrigerant Type (e.g. R-32/R454B): _____ Total System Charge Lbs.: _____

Testing (testing was performed in accordance with ASHRAE 15 and UL60335-240, manufacture installation instructions and chapter 11 of the 2021 Michigan Mechanical Code).

Pressure Test: A nitrogen pressure test was conducted to a minimum of 500-600 PSI or to manufacture design pressure as listed on component labels.

Manufactures Listed Maximum Design Pressure:_____

Actual Test Pressure:_____

Results: The system found to be free of leaks
Vacuum Test: A vacuum test was performed, a vacuum was held less than 1500 Microns for duration of 10 minutes
Visual Inspection: All joints were checked for leaks
Detection System (if applicable): The Refrigerant Detection System (RDS) was tested and is operational per manufactures guidelines

Affirmation: All above information is true and accurate.
I understand that this affidavit is a requirement for final inspection and approval of the HVAC system

Signature of Responsible Technician:_____

Signature of Company Mechanical License Holder:_____

335 S Warren, South Lyon, MI 48178
248-437-1735
www.southlyonmi.org