atbec ltd
air tightness & building energy consultants ltd

207 Cushendall Road
Ballymena
Co Antrim
BT43 6PP

Tel: 028 2568 9108
web:www.atbecltd.com
NI603535

Information required for As Built SAP and EPC Calculation

Client | **Front Facing Orientation**

Project | **Site/Unit No**

Postal No | **Street Name** | **Postcode**

I/We confirm the information provided and on drawings reflects what has been built on Site:

Print | **Sign** | **Date**

Email | **Telephone Number**

Construction

Has the building been constructed in accordance with drawings and specifications provided?

Yes / No

If No, please specify full details on page 3

Windows – (Please forward copy of Certificate)

Manufacturers Name | **Window Name/ Model**

U Value (Window + Frame Combined)

Doors – Solid (Please forward copy of Certificate)

Manufacturers Name | **Window Name/ Model**

U Value

Doors – Half Glazed (Please forward copy of Certificate)

Manufacturers Name | **Window Name/ Model**

U Value (Window + Frame Combined)

Doors – Full Glazed (Please forward copy of Certificate)

Manufacturers Name | **Window Name/ Model**

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U Value (Window + Frame Combined)

Roof lights (Please forward copy of Certificate)

Manufacturers Name _____ **Window Name/ Model** _____

U Value (Window + Frame Combined) _____

Conservatory

Is there a conservatory _____

If Yes: is it thermally Separated _____

Draught Proofing

Enter Percentage Draft Proofing _____ **100% required**

Accredited Construction Details

Accredited Construction Details used: **Yes / No**

If Yes, Please complete attached Document

Air Pressure Test

Enter Value _____ **m3/hr.m2@50Pa**

Ventilation

Is there a ventilation System installed: **Yes / No**

Type:
- ☐ Natural ventilation with intermittent Extract Fans
- ☐ Natural ventilation with passive stack Ventilators
- ☐ Balanced whole house mechanical ventilation without heat recovery
- ☐ Balanced whole house mechanical ventilation with heat recovery
- ☐ Positive input ventilation from outside
- ☐ Positive input ventilation from loft
- ☐ Mechanical whole house extract ventilation
- ☐ Decentralised mechanical whole house extract ventilation

Manufacturers Name _____ **Name/ Model** _____

_____

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Wet Rooms (Excluding Kitchen) **Insulated Ducts:** **Yes / No**

Lighting

No. of Fixed Outlets ☐ **No. of Low Energy Fittings** ☐

Floor

Floor constructed to drawings and specifications provided: **Yes / No**

If No, please provide details and thicknesses:

Also provide details of any floor other than Ground Floor (e.g. Floor Above Garage)

Wall

Walls constructed to drawings and specifications provided: **Yes / No**

If No, please provide details and thicknesses:

Also provide details of any wall other than Main Wall (e.g. Dormer Cheek, Garage wall)

Roofs

Roof constructed to drawings and specifications provided: **Yes / No**

If No, please provide details and thicknesses:

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Also provide details of any Roofs other than specified above(e.g. Plane, Flat, Pitched….)

Primary heating System

Manufacturer's details:

Model Name: **Sedbuk 2009 Efficiency %:**

Type : Condensing ☐ **Yes** ☐ **No** **- Combi** ☐ **Yes** ☐ **No**

Fuel: ☐ **Oil** ☐ **Gas** **Other**

Heating Controls:

- ☐ Time and Temperature Zone Control
- ☐ Programmer + Roomstat + TRV's
- ☐ Programmer, No Thermostat
- ☐ Room Thermostat
- ☐ Programmer + TRV's +Bypass

Is the System Pumped: ☐ **Yes** ☐ **No**

If Yes, is the pump in heated space ☐ **Yes** ☐ **No**

Delayed Start Stat ☐ **Load or Weather Compensator** ☐ **Interlock** ☐

- ☐ Radiators
- ☐ Underfloor, Pipes in Concrete Slab
- ☐ Underfloor, Pipes in Insulated Timber Floor
- ☐ Underfloor, Pipes in Screed Above Insulation

Secondary heating System

Manufacturer's details:

Model Name:

Description:

Declared Manufacturers Efficiency %:

HETAS Approved **Yes** ☐ **No** ☐ **- Combi** **Yes** ☐ **No** ☐

Fuel: ☐ **Oil** ☐ **Gas** **Other**

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BS Test Method: (Please provide a copy of the Manufactures Certificate)

☐ BS EN 13229 ☐ BS EN 13240 ☐ BS EN 14785 ☐ BS EN 13278 ☐ OFS A102

Domestic Hot Water

Source: ☐ **From Primary Heating System**

Other _____

Is there an Immersion - Yes ☐ **No** ☐ **if Yes, Single** ☐ **Dual** ☐

Is the primary Pipes insulated - **Yes** ☐ **No** ☐

Solar Hot Water Panels: **Yes** ☐ **No** ☐ **If Yes,**

Manufacturer: _____ **Model:** _____

Aperature Panel Area (m2) _____ **Zero Loss collector efficiency** _____

Collector Heat Loss Co-efficient _____ **Declared Solar Storage** _____

Separate Solar Cylinder ☐ **Yes** ☐ **No** **Solar Powered Pump:** ☐ **Yes** ☐ **No**

Type: **Evacuated Tube** ☐ **Flat Plate Glazed** ☐ **Flat Plate Glazed** ☐

Orientation: ☐ **South** ☐ **SE/SW** ☐ **East/West** ☐ **NE/NW** ☐ **North**

Elevation: ☐ **Horizontal** ☐ **30°** ☐ **45°** ☐ **60°** ☐ **Vertical**

Shading: ☐ **Heavy** ☐ **Significant** ☐ **Modest** ☐ **Little to None**

Domestic Hot Water Cylinder

Cylinder Present: **Yes** ☐ **No** ☐ **If Yes,**

Manufacturer: _____ **Model:** _____

Volume (L) _____ **Manufacturers Declared Heat Loss/24hrs** _____

Insulation Type: ☐ **Foam** ☐ **Jacket** **Thickness (mm)** _____

Cylinder Stat: ☐ **Yes** ☐ **No** **Boiler Feed:** ☐ **Yes** ☐ **No**

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Electricity Tariff

Standard ☐ 7hr Off Peak ☐ 10hr Off Peak ☐ 24hr Tariff ☐

Electric Photovoltaic Panels

Panels Present: Yes ☐ No ☐ If Yes,

Manufacturer: _____ Model: _____

Peak KW _____

Orientation: ☐ South ☐ SE/SW ☐ East/West ☐ NE/NW ☐ North

Elevation: ☐ Horizontal ☐ 30° ☐ 45° ☐ 60° ☐ Vertical

Shading: ☐ Heavy ☐ Significant ☐ Modest ☐ Little to None

Additional Information