

HOMEOWNER \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**BLOWING WOOL**

	R-VALUE	THICKNESS	COVERAGE AREA	NUMBER OF BAGS USED
Ceilings		in.	sq. ft.	
		in.	sq. ft.	
Walls		in.	sq. ft.	
		in.	sq. ft.	
Floors		in.	sq. ft.	
		in.	sq. ft.	

**CLIMATE PRO CAVITY WALL (SIDEWALL) COVERAGE CHART**

THERMAL RESISTANCE To obtain insulation resistance of:	MINIMUM THICKNESS Installed insulation shall not be less than:	DENSITY OF INSULATION Installed insulation shall not be less than:	MAXIMUM COVERAGE Contents of the bag shall not cover more than:	MINIMUM WEIGHT Weight should not be less than:
R-VALUE	INCHES	lb/ft <sup>3</sup>	ft <sup>2</sup>	lb/ft <sup>2</sup>
14	3.5	1.20	90.0	0.350
15	3.5	1.45	74.5	0.438
15	3.5	1.50	72.0	0.438
22	5.5	1.20	57.3	0.550
23	5.5	1.35	50.9	0.642
23	5.5	1.40	49.1	0.642
24	5.5	1.75	39.3	0.825
24	5.5	1.80	38.2	0.825
31	7.25	1.60	32.6	0.967
39	9.25	1.50	27.2	1.156
40	9.25	1.80	22.7	1.388

The manufacturer recommends that the insulation be installed at these minimum thicknesses and maximum coverages to provide the levels of insulation thermal resistance (R-value) shown.

\*This is coverage of unframed areas. Framing correction based on 16"oc=9% framing; 24"oc=6% framing.

INSULATION CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOME BUILDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_