Water to Water -- Geothermal High Efficiency Application

ATTENTION -- No incentive will be paid if the verification test is not properly completed! It is the homeowner's responsibility to ensure the contractor completes the performance testing. If you have questions, please contact City Clerk Erin Saathoff at (402)228-5211

☐ **Direct Incentive -OR-** ☐ **Low Interest Loan - Apply for one!**

1. **Name of HVAC Contractor:**_____Tax ID #: _____

   Address & City:_____Phone Number: _____

2. **Homeowner's Name:**_____Electric Utility: _____

   Homeowner's Address & City:_____Daytime Phone: _____

   Installation Address & City*:_____Acct or Meter #* _____

3. **Equipment Information:** Tonnage:_____Equipment Mfr.:_____Heat Pump Model No.: _____

   Ground Source HP: EER_____COP _____

   Type of Installation: New Construction ☐ , A/C to a Heat Pump ☐ , or Existing Heat Pump to New Heat Pump ☐

Verification Tip! Having the manufacturer's performance data, on site and at the time of verification testing, will be helpful. Also, test installation with hot water generator off.

4. **Measurements:** (Measure pressure difference (DP) to determine flow rate (gpm) from manufacturer's data)

   A) Entering Source Temp =_____°F Leaving Source Temp =_____°F Source Flow Rate =_____gpm

   B) Entering Load Temp = _____°F Leaving Load Temp =_____°F Load Flow Rate =_____gpm

5. **Manufacturer's Data at Conditions Measured Above:** (fill in the blanks below from mfr's data)

   A) Rated Total Cooling (TC) =_____Btuh --or-- Rated Heating Capacity (HC) =_____Btuh

   B) Rated Heat of Rejection (HR) =_____Btuh --or-- Rated Heat of Extraction (HE) =_____Btuh

6. **Quality Assurance Inspection Results:**

   A) TC or HC =_____gpm X_____TD X ☐ 485 (glycol) or ☐ 500 (water) =_____Btuh

   B) Difference between rated and measured capacity (measured-rated)/rated =_____% Passed (within 10%) or Failed

   C) If failed - reason_____?

   D) HE or HR =_____gpm X_____TD X ☐ 485 (glycol) or ☐ 500 (water) =_____Btuh

   E) Difference between rated and measured capacity (measured-rated)/rated =_____% Passed (within 10%) or Failed

   F) If failed - reason_____?

7. ☐ **Check box to signify that AHRI Certificate is attached** AHRI Cert. # _____

8. **I acknowledge that this installation is in compliance with the program guidelines.**

   Homeowner: _____ _____ _____

   Print Name Signature Date

   Inspection by: _____ _____ _____

   Print Name Signature Date

   NATE Certification #_____(NATE Certification is requested, but not mandatory for this application process)

9. **Submit this application to your local utility for approval and processing for payment**