North Central PPD High Efficiency Heat Pump Program – APPLICATION FORM

Applications will only be processed if information is provided in all 7 sections and only if homeowner and contractors signatures are completed on form. Complete 1 form for each residential or commercial (businesses) heat pump installation. For more information contact Linda Sokol, Energy Advisor at North Central PPD (402-358-5112) linda.sokol@ncppd.net.

1.	Name of HVAC Dealer:					
2.	Home Owner's Nan	ne:				
	Home owner's Address & City:					
	Installation Address	& City:		Acct or Meter	#:	
3.	Equipment Informa	tion: Tonnage:	_ SEER Rating:	HSPF:		
	Backup for Heat Pump: Electric, (kw) or Fossil Fuel (Btuh), if it's a Geothermal Heat Pump – the (EER)					ER)
	Equipment Mfr.: Furnace Model No					
	ID Coil No.: Heat Pump Model No					
	Type of Installation: New Construction, A/C to a Heat Pump, Existing Heat Pump to New Heat Pump					
4.	Determine CFM: (A or B)					
	A) Total External Static Pressure in inches of W.C.					
	Equivalent CFM (per equipment specifications and associated external static pressure)					
	B) Airflow check -	temperature rise met	nod with electric furnace (tes	st in emergency heat mode)		
	1)	Volts x	Amps =	Watts		
	2)	Wa	atts x 3.414 =	Btuh		
	3)	Supply Air °F (m	ninus) Return	Air °F = Temp	Difference (TD) °F	
	4) Btuh (divided by) 1.08 (divided by) (TD) °F = CFM					
5.	Measured Heat Pump Capacity Calculation (A or B)					
	A) Heating cycle (test in heat pump only mode)					
	1) Supply Air °F (minus) Return Air °F = (TD) °F					
	2) 1.08 x(TD) °F x			CFM (section 4) =	·	Btuh
	B) Cooling Cycle (run at least ten minutes)					
	1) Return – wet bulb temp = Enthalpy					
	2) Supply – wet bulb temp = Enthalpy					
	3) Enthalpy Difference =					
	4) 4.5 x	CF	M (section 4) x Enthalp	y Difference =	_ Btuh	
6.	Quality Assurance Inspection Results:					
	A) Measured Total CFM (section 4):		Outdoor Temp.:	Mfr's. Rated	I HP Capacity*:	Btuh
	B) Measured Heat F	Pump Capacity (section	n 5):	Btuh		
	C) Difference between rated and measured capacity (rated – measured) / rated) = % Passed (within 10%) or Failed					iled
	D) If failed – reason					
	E) Inspection Performed by:			NATE Certification #:		
7.	I acknowledge that	this installation is ir	compliance with the prog	ıram guidelines.		
	Homeowner:					
		Print Name		Signature	Date	
	Contractor:					
	Contractor:Print Name			Signature	Date	
		FORM TO – North Ce	entral PPD, Attn: Linda Soko	ol, PO Box 90, Creighton NE	68729	
	SPPD office use only: cation No:		Mbr Sen No):		
Am	ount of Rebate:\$		Dealer Rebate:\$	Check F	Request No.:	=