

Return Form To:  
Utility Name  
Address  
City/State/Zip  
Email

## GROUND SOURCE HEAT PUMP DATA COLLECTION TOOL

*Unless requested by the utility, submission of this form is not required.*

All fields must be completed. Work must be performed by one or more technicians with an International Ground Source Heat Pump Association (IGSHPA) certification. Multiple technicians may be employed to meet these certification requirements, but all must be present at the time of the install.

- 1) Enter all data into the data collection tool below. If you have any questions, please email BPA at [reseeprogram@bpa.gov](mailto:reseeprogram@bpa.gov) or contact the customer's electric utility.
- 2) Submit the data collection tool and any additional required documents to the customer utility.

|  |                             |  |                         |                 |
|--|-----------------------------|--|-------------------------|-----------------|
| <b>Site Information</b>  |                             | <b>Install Date</b>  | <b>Electric Utility</b> |                 |
| <b>Company Name</b>  | <b>Tech Name (optional)</b> | <b>IGSHPA Tech Name</b>  |                         | <b>IGSHPA #</b> |
| <b>Installation Site Address</b>   |                             | <b>Site City</b>   | <b>Site State</b>       | <b>Site Zip</b> |
| <b>Home Type:</b> <input type="checkbox"/> Existing Site Built <input type="checkbox"/> New Construction Site Built <input type="checkbox"/> Manufactured: # of Sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  |                             |  |                         |                 |
| <b>Heated Area: Sq Ft</b>  |                             | <b>Foundation Type (Site Built):</b> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Full Basement <input type="checkbox"/> Half Basement <input type="checkbox"/> Slab |                         |                 |
| <b>Existing Primary Heating System Being Replaced (If new home, indicate heating system installed):</b><br><input type="checkbox"/> Electric Forced Air w/out AC <input type="checkbox"/> Electric Forced Air w/ AC <input type="checkbox"/> Electric Zonal <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Ground Source Heat Pump<br><input type="checkbox"/> Natural Gas Furnace (Gas Company: _____) <input type="checkbox"/> Other Non-Electric Space Heating: _____ |                             |  |                         |                 |
| <b>Back up Heat:</b> <input type="checkbox"/> None <input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Electric Zonal <input type="checkbox"/> Natural Gas Furnace <input type="checkbox"/> Non-Electric Space Heating _____   |                             |  |                         |                 |

### New Heat Pump Equipment Data \*BPA requires GSHPs to be Energy Star qualified. Visit [www.energystar.gov/products/geothermal\\_heat\\_pumps](http://www.energystar.gov/products/geothermal_heat_pumps)

|  |              |  |  |  |
|--|--------------|--|--|--|
| <b>*Equipment is Energy Star</b> [check box] Y N   | <b>AHRI#</b> | <input type="checkbox"/> Closed Loop<br><input type="checkbox"/> Open Loop <input type="checkbox"/> Pond | <input type="checkbox"/> Vertical Loop<br><input type="checkbox"/> Horizontal Loop | <input type="checkbox"/> Water-Water<br><input type="checkbox"/> Water-Air |
| <b>Heat Pump Make</b>  |              | <b>Capacity (tons)</b>   |  |  |
| <b>Heat Pump Model #</b>   |              | With Desuperheater? No   |  | Yes  |
| <b>For Closed Loop Systems</b><br>Total external loop length: _____ ft   |              | <b>For Horizontal ground loop</b><br>Average in-ground loop depth: _____ ft.                             |  | <b>For Vertical Loop</b><br>No. _____ and depth _____ ft. of boreholes     |
| <b>For Open Loop Systems</b> Supply side depth (elevation difference between water source and heat pump): _____ ft.<br>Return water: Re-injected into ground. Re-injection depth (elevation difference between heat pump and re-injection point): _____ ft.<br>Discharged onto the surface. Specify surface: _____ |              |  |  |  |

### Auxiliary Heating System

Auxiliary (strip) heat lockout does not engage at outdoor temperatures above 30 deg:  Yes  No  Other (specify): \_\_\_\_\_

### Notes

|  |
|--|
|  |
|--|