

2010 CONNECTICUT

GEOHERMAL HEAT PUMP RETROFIT **PREQUALIFICATION** APPLICATION



**Connecticut
Light & Power**

The Northeast Utilities System

EMS6607-5 REV. 2-10

The Connecticut Light and Power Company
P.O. Box 270
Hartford, CT 06141-0270
Tel: 877-WISE-USE (877-947-3873)



**CONNECTICUT
ENERGY EFFICIENCY FUND**

www.CTEnergyInfo.com



The United Illuminating Company

The United Illuminating Company
157 Church Street, MS 1-6B
New Haven, CT 06510
Tel: 877-WISE-USE (877-947-3873)

This is a prequalification application—not a rebate form

CUSTOMER CONTACT INFORMATION

First Name		Last Name	
Street Address		City	State Zip
Mailing Address (if different from above)		City	State Zip
Telephone Number	Fax Number	E-mail Address	

PROJECT / HOME INFORMATION

Year Built	Current Heating Equipment <input type="checkbox"/> OIL <input type="checkbox"/> PROPANE <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> ELECTRIC BASEBOARD OR PANELS <input type="checkbox"/> ELECTRIC HEAT PUMP <input type="checkbox"/> OTHER (SPECIFY) _____		
Current Cooling Equipment <input type="checkbox"/> CENTRAL A/C <input type="checkbox"/> WINDOW A/C <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE		ELECTRIC UTILITY <input type="checkbox"/> CL&P <input type="checkbox"/> UI	
Home Square Footage (Total Conditioned Area)	Home Square Footage (To Be Conditioned By Geothermal)	No. of Bedrooms	

GEOHERMAL INFORMATION

INSTALLATION CONTRACTOR

HVAC / Geothermal Company Name		Installer	
Address		City	State Zip
Telephone Number		E-mail Address	

PROPOSED SYSTEM

	Make	Model	Tonnage
Unit 1			
Unit 2			
Unit 3			

Loop Size (Example: single 400' etc.)	Type* <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> DX <i>*No Open Loops Will Be Accepted</i>
Estimated Install Date	Estimated Completion Date

Purpose: The 2010 Geothermal Heat Pump Retrofit Prequalification Application has been created to:

1. Verify existing homes meet required energy efficiency levels to maximize benefit to customers
2. Reserve incentive dollars for the proposed project
3. Notify Connecticut Clean Energy Fund (CCF) of a new geothermal project

Application: This application must be filled out completely, truthfully and accurately. The customer must sign the form and submit the completed application to:

CL&P Customers

Tammy Wilson, Geothermal Project Coordinator
Connecticut Light & Power
66 Curtis Street
New Britain, CT 06052
Fax: (860) 832-4700
wilsofn@nu.com

UI Customers

Patrick Burns, Program Administrator
The United Illuminating Company
157 Church Street MS 1-6B
New Haven, CT 06506
Fax: (203) 499-2800
patrick.burns@uinet.com

The Home Energy Solutions Geothermal Eligibility Inspection Report must be completed by a Home Energy Solutions inspector or HERS Rater. Incomplete inspection reports will not be accepted.

You will be notified within three business days if your geothermal project has been approved. Once pre-approval is obtained, you have six months to complete the project and submit the Verification of Installed Performance (VIP) spreadsheet.

HOME ENERGY SOLUTIONS GEOTHERMAL ELIGIBILITY INSPECTION REPORT

(To be completed by Home Energy Solutions inspector at time of inspection)

Current Insulation – Meets Requirements		Current Insulation Values
- Roof/attic insulation (must be \geq R-30)	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
- Floor over basement (must be \geq R-19)	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
- Framed floor over ambient air/garage (must be \geq R-30)	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
- Above grade exterior walls (must be \geq R-13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
Windows		Current Window Type/U Value
- Double pane or U-value \leq .40 or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
Air Leakage		Current CFM50/sq. ft.
- Tested cfm50/sq. ft. conditioned floor area (must be \leq 1cfm50/sq. ft conditioned floor area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____

Signature of Inspector / Printed Name	Date
Company Name	

If any of the above requirements are not met at the time of inspection, applicant must submit receipt or other documentation that deficient items have been corrected.

Inspection previously performed? Yes Date: _____

To Participate in Home Energy Solutions, Call 1-877-WISE-USE (1-877-947-3873)

For CL&P customers: <https://www.cl-p.com/forms/HomeEnergySolution.aspx>

For UI Customers: www.uinet.com, Your Home, Products & Services, Home Energy Solutions

Customer Signature	Date
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