

Mail to: 303 North Park Ave, PO Box 39 Grundy Center, IA 50638 For more information: 319-824-5251 or 800-390-7605 www.grundycountyrecia.org

Geothermal and Air Source Heat Pump Check-Up Rebate

For Office Use Only

Total Rebate	
Amount [.]	

Program Criteria - ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE - This rebate can be submitted every three years. - Contractor must complete and sign the rebate checklist for the type of system checked. - By signing below, the contractor certifies that the items on the checklist were examined and adjusted as required to provide optimal system performance. Member or Account **Business Name** Number 1. Existing Heat Pump Unit Type 3. Geothermal System Type Geothermal with electric resistance backup \$50/unit Open Closed loop 4. Gas Back-Up Geothermal with gas backup\$ 50/unit Switchover Temperature (°F) 5. Check List Sheet Used by Contractor Air source with electric resistance backup \$50/unit **Contractor Checklist** REC Checklist Air source with gas back-up \$50/unit (Attach Completed List) (Attach Completed List) 7. Water Heater Type Mini split or hotel type ductless air source \$50/unit Electric Natural gas/propane 2. Heat Pump Unit Specifications Make Model Serial No. Auxiliary Resistance (kW)

Contractor Signature	Date

DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED. Member certifies that the service in this application has been performed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member Signature

Date



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Total Rebate Amount:

Program Criteria

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- Complete this form along with the specific product rebate form.

Membe	er Information
Member Name	Address
City - State - Zip	Account Number
Phone (include area code: sample - 999-999-9999)	Email
Rehate Unit In	stallation Information
Please answer questions based or	n the location where the unit was installed.
Location Installed	Structure Type
Same as above Other	Single Family Residence
(complete below)	Farm Outbuilding
Address	Business
City - State - Zip	Multi-Family Unit: apt/condo/duplex/etc.
	Rebate Unit Installed In
Install (Service) Date	New Construction Existing Structure
	Ownership
	Owned Leased
Installer (if applic	cable) or Purchased From
Business Name	Contact Name
City - State - Zip	Phone



Memb	er/Customer Name					
Memb	er/Customer Address					
Make	Model # Serial #					
Contra	actor Name	I	Servi	ce Date	e Auxiliary Resistance (kW)	
Check Off If Done	If any item cannot be checked or recorded, please provide an explanation. (For example, "No temperature/pressure Pete's plugs in loop piping.")					
	Check air filter and change if required.					
	Check relays and contactors and for loose electrical connections.					
	Calibrate thermostats.					
	Clean outdoor coil.					
	Check outdoor fan for proper operation, or damage, and lubricate as required.					
	Clean Indoor coil.					
	Check drain pan and trap for blockage or leaks. Flush the condensate drain.					
	Check blower assembly for proper operation	ation, or damage, and lubricate as requi	red.			
	Check static air pressure and record.					in. WC
	Check air supply temperature in heating temperature difference.	g mode and record. Calculate supply – re	eturn		۴	Sup-Ret Δ °F
	Check air return temperature in heating manufacturer specifications.	mode and record. Compare temperatu	re differ	ence to	۴F	Mfg. Spec. Δ °F
	Check air supply temperature in cooling temperature difference.	mode and record. Calculate supply – re	turn		۴	Sup-Ret Δ °F
	Check air return temperature in cooling manufacturer specifications.	mode and record. Compare temperatur	re differ	ence to	۴F	Mfg. Spec. Δ °F
	Compare static pressure and temperatures to manufacturer specifications and adjust blower speed settings if required and record final pressure and temperatures.					
	If air temperature deltas are not per manufacturer specifications, measure refrigerant levels and charge as required. Recheck and record temperatures if charged.					
	Measure compressor volts and record. (Compare to manufacturer specifications	•		Volts	Mfg. Spec. Volts
	Measure compressor amps and record.	Compare to manufacturer specifications	s.		Amps	Mfg. Spec. Amps
	Check back-up resistance heat staging.					
	Check air supply temperature in back-up temperature difference.	o heating mode and record. Calculate su	ıpply – r	eturn	۴	Supply-Return Δ °F
	Check air return temperature in in back- difference to manufacturer specificatior		temper	ature	۴	Mfg. Spec. Δ °F

Check and record cut-out or switch over temperature if applicable.	۴
If humidifier, clean, check control and adjust as required.	