



Inspection checklist

geo check

Member: _____ Address: _____

Checked by: _____ Date _____
URE Cooperative employee

GEOHERMAL REBATE DETAILS

New home Existing home

Select one: Closed loop water to air Open loop water to air DGX

Closed loop: ≥ 17.1 EER and ≥ 3.6 COP Open loop: ≥ 21.1 EER and ≥ 4.1 COP DGX 16.0 SEER; 3.6 COP

Geothermal Manufacturer: _____ Model or Series number: _____

Size (tons): _____ Model or Series EER rating: _____ Model or Series COP rating : _____

Loop type: Horizontal Pond Open Well Pump & Dump Vertical

Type of system replaced: Geo Heat Pump Dual Fuel Propane Natural Gas

Oil Other Electric New Home

Heating backup: Oil Natural Gas Propane Electric _____ Other _____

KW of backup electric unit

Geothermal Water heating option: Supplemental On demand Not applicable

NON-GEOHERMAL WATER HEATER

Water heating: Propane Solar Other Electric- see below

• Electric water heater: _____ gallon, 1 Phase, _____ Volts Number in service: _____

Manufacturer: _____ Model #: _____ S/N: _____

Elements: Upper - _____ Watts, Lower - _____ Watts, Total - _____ Watts

• On -Demand: _____ gallon, 1 Phase, _____ Volts Quantity _____

Manufacturer: _____ Model #: _____ S/N: _____

Total Watts: _____

GEOHERMAL UNIT SPECIFICS

Manufacturer: _____ Model name: _____ Model #: _____

Full load: EER= _____ COP= _____ values are greater than minimum for energy part load

• Verified: Yes No

• Blower option: Manufacturer: _____ Model #: _____ S/N: _____

Number of motors _____ Blower HPs _____ FLAs _____

• Loop pump: Yes No _____ Watts _____ FLAs



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OPTIONAL GEOTHERMAL HOT WATER ASSIST DETAILS:

Electric water heater: _____ gallon, 1 Phase, _____ Volts Number in service: _____

Manufacturer: _____ Model #: _____ S/N: _____

Elements: Upper - _____ Watts, Lower - _____ Watts, Total - _____ Watts

Notes:

1. The Geothermal unit must be fully operational. Yes No

2. Installation Contractor: _____ Contact person: _____
 Installation date: _____ Phone: _____

3. The system shall be wired in compliance with the National Electric Code, Ohio Electric Code and/or local requirements. The system must be inspected by the responsible governmental agency.

4. Existing home inspection tag number: _____ Date: _____

5. New home inspection tag number: _____ Date: _____
 Occupancy permit number: _____ Phone: _____

6. Member has owners manual and other documentation. Yes No

 Equipment shall be **rated by ARI** (Air-Conditioning & Refrigeration Institute) test standards and **certified by ARI or CSA** (Canadian Standards Association) or other nationally recognized testing organizations.

 The complete system, including any necessary supplemental devices, shall be listed by Underwriters Laboratories or other nationally recognized testing organizations in accordance with U.L. standards.