Cleco Power Wise Field Data Collection Form

Power Wise[®]

Project #: _____

roject Sponsor/Market Actor: Email Address: ustomer Name: Zip: Parish: ervice address: Zip: Parish: oome Phone: Cell/Work Phone: uilding Type: Single family detached Duplex Multi-family (5 or Mobile home Apartment: Upper oundation Type: Slab Crawl Space/Basement Income lumber of stories: Sq. Ft. of Conditioned Space: lumber of bedrooms: Number of occupants: eating type: Gas Electric Resistance Heat Pump Cooling /ater Heating Type: Gas WH Electric WH Heat pump WH Gas app Attic Insulation Project Sponsor offirms that an insulation certificate was permanently affixed in Insulation Type : None Loose-fill fiber glass Loose-fill Loose-fill mineral fiber Number of bags inst Insulation Condition : Good Fair Poor Existing Base R-value of insulation: Pre install insu Post Install Final R-value: Post install insu By checking this box, Project Sponsor affirms that an insulation installation affixed near the attic opening *project sponsor is required to document pre blower door reading if performance	Lower Middle Qualified: Yes No type: AC None ances: Yes No ar the attic opening cellulose /rock wool batt
roject Sponsor/Market Actor: Email Address: ustomer Name: Zip: Parish: ervice address: Zip: Parish: oome Phone: Cell/Work Phone: uilding Type: Single family detached Duplex Multi-family (5 or Mobile home Apartment: Upper oundation Type: Slab Crawl Space/Basement Income lumber of stories: Sq. Ft. of Conditioned Space: lumber of bedrooms: Number of occupants: eating type: Gas Electric Resistance Heat Pump Cooling /ater Heating Type: Gas WH Electric WH Heat pump WH Gas app Attic Insulation Project Sponsor offirms that an insulation certificate was permanently affixed in Insulation Type : None Loose-fill fiber glass Loose-fill Loose-fill mineral fiber Number of bags inst Insulation Condition : Good Fair Poor Existing Base R-value of insulation: Pre install insu Post Install Final R-value: Post install insu By checking this box, Project Sponsor affirms that an insulation installation affixed near the attic opening *project sponsor is required to document pre blower door reading if performance	more units) Lower Middle Qualified: Yes No type: AC None fances: Yes No ar the attic opening cellulose /rock wool batt
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Mobile home Apartment: Upper Foundation Type: Slab Crawl Space/Basement Income Number of stories: Sq. Ft. of Conditioned Space: Number of bedrooms: Number of occupants: Heating type: Gas Electric Resistance Heat Pump Cooling Vater Heating Type: Gas WH Electric WH Heat pump WH Gas app Attic Insulation Project Sponsor affirms that an insulation installation certificate was permanently affixed in Insulation Type : None Insulation Type : None Loose-fill fiberglass Loose-fill Square feet of ceiling to be insulated : Number of bags installation Pre install insulation Insulation Condition : Good Fair Poor Existing Base R-value of insulation: Pre install insulation installation installation affixed near the attic opening. Post install insulation installation affixed near the attic opening.	Lower Middle Qualified: Yes No type: AC None ances: Yes No ar the attic opening cellulose /rock wool batt
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Water Heating Type: Gas WH Electric WH Heat pump WH Gas app Attic Insulation Project Sponsor affirms that an insulation installation certificate was permanently affixed no Insulation Type : None Loose-fill fiberglass Loose-fill Loose-fill mineral fiber Fiberglass Square feet of ceiling to be insulated : Number of bags installation certificate was permanently affixed no Insulation Condition : Good Fair Poor Existing Base R-value of insulation: Pre install insulation Pre install insulation Post Install Final R-value: Post install insulation installation affixed near the attic opening. Project sponsor affirms that an insulation installation Air Infiltration *project sponsor is required to document pre blower door reading if performance in the attic opening.	ances: Yes No
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	ation depth ("): llation depth ("): certificate was permanently
Wind shielding level: Well-shielded Normal Expose Pre-retrofit CFM ₅₀ : Post-retrofit CFM ₅₀ :	d ed (ppm)
Duct Sealing Cooling Btuh: Heating Btuh: SEER/HSPF	Pre: Post:
□ HVAC 1: □ HVAC 2: □ HVAC 3: □ HVAC 4:	
Faucet Aerators (existing aerators must be at least 2.5 gallons per minute to Number of Aerators: Bath Flow Rate Kitchen Flow Rate	qualify)
Shower Heads (existing shower heads must be at least 2.5 gallons per minut Number of shower heads:	_