Platte-Clay Electric Cooperative
A Touchstone Energy® Cooperative

Dear Member,

Thank you for your interest in the Platte-Clay energy audit program. The small air leaks in the home around the windows and doors can add up to big electric bills during the summer and winter months. Added all together, the leaks are about the same as leaving a window open all the time. A successful energy audit will show the homeowner how to reduce heating and air conditioning bills by purchasing more energy-efficient appliances, sealing openings so that outside air does not flow into the house and change its temperature, and where to add insulation.

Attached is the Residential Energy Audit form. Return this completed form and your $50 payment to Platte-Clay Electric. Once Platte-Clay receives this information, I will contact you to schedule the on-site visit. Also, if you complete 50% of the recommended improvements within six months of the audit, the $50 audit fee will be refunded, and you could be eligible for a rebate of up to 50% or $750 in matching dollars for improvements.

If you have any questions, please contact us at (816) 628-3121 or email mail@pcec.coop.

-Blower door test
-Infrared scan
-Walk through with recommendations for improvement
-Free home energy efficiency kit
-Matching dollars for improvements (50% cost share up to $750 max)

Description of Blower Door Testing: A blower door is a diagnostic tool designed to measure the air tightness of buildings and to help locate air leakage sites. A blower door consists of a calibrated fan for measuring an airflow rate and a pressure-sensing device to measure the air pressure created by the fan flow. The combination of pressure and fan flow measurements is used to determine the building air tightness. The air tightness of a building is useful knowledge when trying to increase energy conservation, decrease indoor air pollution, or control building pressures.

Description of Infrared Scan: The energy inspector also uses thermal imaging to audit the house. The auditor uses an infrared camera to view an image of each area in the house, which assigns colors to parts of the image based on how hot or cold they are. The thermal image shows where a space in a wall or window is letting in air from the outside, because the color will be different. Thermal imaging allows the auditor to see which specific areas are letting in outside air.

Audits are limited to eligible services (homes, lake homes, shops, barns, etc.) that purchase more than 6,000 kilowatt-hours of electricity from the Cooperative on an annual basis.

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Take Control & Save
A Cooperative Effort for Energy Efficiency

RESIDENTIAL ENERGY AUDIT FORM

Instructions for Member:
Prior to the audit, please complete the information in the first box below and the "EXISTING" column on all sections. The energy auditor will complete the "RECOMMENDATIONS" column after the audit.

Version 2.0 Sept. 8, 2009

Auditor name _____ Date of audit _____

Member name _____ Member account # _____

Member email address _____ Member phone # _____

Address of audit _____

City _____ State _____ Zip code _____

Type of dwelling (check one): Single-family home _____ Multi-family home _____ Manufactured home _____

Dwelling exterior: Brick _____ Aluminum _____ Vinyl _____ Wood _____ Age of home (yrs.) _____

Square footage of living space _____ Number of occupants _____

EXTERIOR

MEASURE	EXISTING	RECOMMENDATIONS
Wall insulation	Fiberglass___ Cellulose___ None___ Other (specify) _____ R-value_____	
Attic insulation	Fiberglass___ Cellulose___ None___ Other (specify) _____ R-value_____	
Joist-space insulation	Fiberglass___ Cellulose___ None___ Other (specify) _____ R-value_____	
Windows	Number _____ Storm window (#) _____	
Type of windows	Single pane___ Double ___ Other ___	
Exterior doors	Number _____	
Type of exterior doors	Metal __ Wood___ Other (specify) _____	
Additional comments		

FOUNDATION

MEASURE	EXISTING	RECOMMENDATIONS
Basement material	Poured ___ Brick ___ Stone___ Other ___	
Basement insulation	Fiberglass___ Cellulose___ None___ Other (specify) _____ R-value_____	
Floors (crawl space)	Fiberglass___ Cellulose___ None___ Other (specify) _____ R-value_____	
Additional comments		

AIR CONDITIONING

Type of cooling system	Central___ Window ___ Heat Pump ___None ___	
Percent sq. ft. cooled	_____%	
Window units	Age _____ Tons/BTU/Hr _____ Number_____ SEER_____	
Type of central unit	GSHP ___ DFHP ___ Standard A/C ___	
Central unit	Age _____ Tons/BTU/Hr _____ SEER _____	
Ducts in unconditioned areas	Sealed: Yes____ No____ Insulated: Yes____ No____	
Ceiling fans	Number _____	
Participates in Co-op interruptible program	Yes____ No____	
Additional comments		

LIGHTING

Incandescent bulbs	Number _____ Average Wattage _____	
Compact fluorescent bulbs	Number _____ Average Wattage _____	
Number of CFLs installed by auditor	Number _____ Average Wattage _____	
Occupancy sensors	Number _____	
Additional comments		

**MEMBER COMPLETES THE "EXISTING" COLUMN ON LEFT

SPACE HEATING		
MEASURE	**EXISTING**	**RECOMMENDATIONS**
Type of primary heating system	Forced air___ Baseboard ___Hot water ___	
Primary heating system	Age _____years BTU/Hr _____ Efficiency _____%	
Percent sq. ft. heated	_____%	
Fuel source	Gas ___ Propane ___ Electric ___ Wood ___ Oil ___	
Ducts in unconditioned areas	Sealed: Yes____ No____ Insulated: Yes___ No____	
Type of secondary heating system	Forced air___ Baseboard ___Hot water ___	
Secondary heating system	Age _____years BTU/Hr _____ Efficiency _____%	
Percent sq. ft. heated	_____%	
Fuel source	Gas ___ Propane ___ Electric ___ Wood ___ Oil ___	
Ducts in unconditioned areas	Sealed: Yes____ No____ Insulated: Yes____ No____	
Programmable thermostats	Yes____ No____ If yes: Run as: Manual adjust____ Constant temp_____ Program with setbacks_____	
Participates in Co-op interruptible program	Yes____ No____	
Additional comments		

WATER HEATING		
Type of water heating	Electric ___ Propane ___ Nat Gas ___ Solar ___	
Size/Age/Efficiency	_____ Gallons _____Years Efficiency _____%	
Low-flow shower heads	Yes___ No___ Number _____	
Faucet aerators	Yes___ No___ Number _____	
Additional comments		

**MEMBER COMPLETES THE "EXISTING" COLUMN ON LEFT

APPLIANCES

MEASURE	EXISTING	RECOMMENDATIONS
Primary refrigerator	Bottom freezer ___ Top freezer ___ Side by side ___ Age of unit: _____ years	
Secondary refrigerator	Bottom freezer ___ Top freezer ___ Side by side ___ Age of unit: _____ years	
Dishwasher	Yes____ No____ Energy saver mode: Yes___ No___ Age of unit: _____ years	
Clothes washer	Front loader ___ Top loader ___ Age of unit: _____ years	
Clothes dryer	Gas ___ Electric ___ Age of unit: _____ years	

Additional comments

ADDITIONAL APPLIANCES

Dehumidifier	Yes ___ No ___	
Pool heater/pump	Yes ___ No ___	
Sump pump	Yes ___ No ___	
Well pump	Yes ___ No ___	
Range/oven	Electric ___ Gas ___	
Extra freezer	Yes ___ No ___	
Jacuzzi/hot tub	Yes ___ No ___	
Aquarium	Yes ___ No ___	
Water bed heater	Yes ___ No ___	
Computer	Yes ___ No ___	
Phantom loads	TV ___ DVD ___ Cell ___ Cable box ___	
Home office	Yes ___ No ___	
Other	List _____ List _____ List _____ List _____	

Additional comments

**MEMBER COMPLETES THE "EXISTING" COLUMN ON LEFT