energy right® Program

Water Heater Plan Work Completion Form

OMB	No.	3316-0019
Exnires:	M	//DD/YYYY

1.	Power Distributor:			
2.	Work ID Number: (Work ID Number is assigned by <i>energy right</i> Information System)			
3.	Inspection Open Date: (mm/dd/yyyy)			
4.	Legal 911 Address of Property:			
	Street Address City, State, Zip Code			
5.	Structure: Single Family Business			
6.	Number of Dwellings/Businesses at this Address:			
7.	Type System Replaced: Electric Resistance Fossil-Fuel New Load Other			
8.	3. Enter Number of Water Heaters Invoiced For: Standard Water Heaters			
	Advanced Water Heaters			
	Water Heaters for DLC Switch			
9.	Total Storage Capacity: (gallons)			
or Dis	stributor Records (Complete the following where required by distributor):			
1.	Date Passed TVA Requirements: (mm/dd/yyyy)			
2.	Subdivision or Customer Name:			
3.	Account (or Meter) Number:			
4.	Total Heating Capacity: (kW)			
5.	Water Heater Brand 1: Water Heater Brand 2:			
6.	Retailer Name:			
7.	Lifetime Warranty: Yes No			
8.	Average Energy Factor Rating:			
9.	Installed by:			
10.	Inspector:			
11.	Date Passed Local Standards:			
12.	Incentive Paid: \$ Retained MVP: \$			
13.	Natural Gas Available? Yes No			
14.	Contractor Paid? Yes No			
15.	Comments:			