XCEL TX Standard Offer Program 2026 Field Data Collection Form

Date: 09/01/26 **Program:** ☐ **Residential** ■ **Hard-to-Reach**

Project Sponsor: Home Save Energy Phone: (214)-475-5144

Customer Name: Maria Gonzalez

Service address: 308 CHEROKEE ST

City: HEREFORD Zip: 79045

ESI ID: 300479232 Meter#: 000353081407

Home Phone: (806) 433-5621 Cell/Work Phone:

E-mail: Customers preferred method of contact: ☐ Email ■ Phone

Unable to verify/qualify as HTR: ☐ No Primary Measures Possible: ☐

Building Type: ■ Single family detached ☐ Duplex ☐ Fourplex

Type: ☐ Mobile home ☐ Apartment: ☐ Upper ☐ Lower ☐ Middle

# of Stories: 1 Sq. Ft. of Conditioned Space: 1419 # of Bedroom: 3

Home Type: ■ Site Built ☐ Manufactured Year Built: 1962

Heating type: ☐ Gas/Propane ■ Electric Resistance ☐ Heat Pump ☐ Space Heater (Electric or Gas)

Cooling type: ■ Central AC ☐ Heat Pump ☐ Window units & # of units:

■ Photos of indoor and outdoor unit & nameplate showing model & serial number

Water Heating Type: [x] Electric ☐ Heat Pump ☐ Gas ☐ Other:

Envelope Measures

■ **Attic Insulation** **photos required if existing insulation is below R-5 (panoramic of attic and ruler close-up)*

X Project Sponsor affirms that an installation certificate was permanently affixed near the attic opening

Attic Area #1

Insulation Type: ☐ None ■ Loose Fill Fiberglass/Rockwool ☐ Loose Fill Cellulose ☐ Fiberglass/Rockwool Batt

Approximate inches of existing insulation: 2 Existing Insulation R-Value: 4

Existing Insulation Condition: ☐ Good ☐ Fair ■ Poor

Square feet of ceiling insulated: 1419 Number of bags installed: 21 Final R-Value: 30

■ Pre Attic Floor Photo ■ Pre Ruler Photo ■ Post Attic Floor Photo ■ Post Ruler Photo

Attic Area #2

Insulation Type: ☐ None ☐ Loose Fill Fiberglass/Rockwool ☐ Loose Fill Cellulose ☐ Fiberglass/Rockwool Batt

Approximate inches of existing insulation: Existing Insulation R-Value: 0

Insulation Condition: ☐ Good ☐ Fair ☐ Poor

Square feet of ceiling insulated: Number of bags installed: Final R-Value:

☐ Pre Attic Floor Photo ☐ Pre Ruler Photo ☐ Post Attic Floor Photo ☐ Post Ruler Photo

Inputs for database if two attic areas are present:

Insulation Type: Condition:

Inches of Existing Insulation: Square feet of ceiling to be insulated:

☐ **Attic Encapsulation**

Base R-Value: R-Value of Installed Insulation:

Sq. Ft. of Insulation Installed Above Conditioned Space:

☐ Pre Photo of Attic (*required attachment*) ☐ Post Photo of Attic (*required attachment*)

☐ **Wall Insulation**

Net wall area insulated (gross wall area less window & door area), sq.ft.:

Wall cavity size : ☐ 2x4 ☐ 2x6 Insulation material: ☐ Fiberglass batt

Base wall insulation: ☐ Uninsulated ☐ R-4 ☐ Closed-cell foam

Final Insulation R-Value: Home type: ☐ Site built ☐ Manufactured

☐ **Floor Insulation**

Area above unconditioned space to be insulated (sq.ft.): Floor Insulation R-Value:

☐ Pre Photo of Floor (*required attachment*) ☐ Post Photo of Floor (*required attachment*)

☐ **Solar Screens**

Window area treated sq.ft.: ☐ Proof of purchase

Cooling, Heating, and Ventilation Measures

☐ **Duct Sealing** ☐ *Measure education left with customer (required)*

Duct Insulation: ☐ >R7 ☐ R4-R7 ☐ <R4 ☐ Pre & post photos of interventions taken

Duct location: ☐ >90 percent conditioned ☐ 50-90 percent conditioned ☐ <50 percent conditioned

Leakage characteristics: ☐ some observable leaks ☐ Substantial leaks ☐ Catastrophic leaks

☐ **Central and Mini-Split ACs and HPs**

Type installed: ☐ Central AC ☐ Central HP ☐ Dual-fuel HP ☐ Mini-split AC ☐ Mini-split HP ☐ DC inverter AC ☐ DC inverter HP

Existing Heating Type: ☐ Air Source Heat Pump ☐ Electric Resistance ☐ Gas

☐ Photo of Existing Condenser Nameplate (required)

Does the existing system still work? ☐ Yes ☐ No ☐ Photo demonstrating condenser functionality

If yes, provide the following:

Existing Condenser: Brand: _____ Model #: _____ Serial #: _____

Owner's motivation for replacement (check all that apply):

☐ Needs replacement soon ☐ Reduce energy bills

☐ Reduce maintenance costs ☐ Other: _____

If switching electric resistance heating: Brand: _____ Model #: _____ Serial #: _____

☐ Photo of heating unit Nameplate (required) Heating capacity (HP only) BTUH/tons: _____

New Unit Information: SEER2: _____ EER2: _____ HSPF2 (HP only): _____

Reference #: _____ ☐ AHRI ☐ DOE ☐ Other Circle one: AHRI/DOE/Other

New System cooling capacity BTUH/tons: _____ Heating capacity (HP only) BTUH/tons: _____

Compressor type ☐ Single stage ☐ Multi-stage ☐ Variable Speed

New Condenser: Brand: _____ Model #: _____ Serial #: _____

New Evaporator: Brand: _____ Model #: _____ Serial #: _____

☐ Proof of purchase or photo of installed unit

☐ Manual J load calculation (when rightsizing upward by more than 0.5 tons)

☐ **Energy Star Connected Thermostat** ☐ Energy Star Certificate (*attached*)

HVAC System Type: ☐ Air Conditioner ☐ Heat Pump Make: _____ Model: _____

Heating type: ☐ Gas ☐ Electric resistance ☐ Heat Pump

■ **Air Infiltration (Hard to Reach only)** *This measure requires photos of reduction (pre-CFM; post-CFM; scope of work)*

Wind shielding: ☐ Well-shielded ■ Normal ☐ Exposed

Pre-retrofit CFM_{50}: 5072 Post-retrofit CFM_{50}: 4449 CO test (ppm): 49.7 (post-installation carbon monoxide test required for homes with gas appliances)

Number of occupants: 3 Number of bedrooms: 3 Number of stories: 1

■ Representative photos of repairs (can include following measures and locations)

Number of Plumbing penetrations:

Bathroom #1: 1 Bathroom #2: 1 Bathroom #3: _____

Kitchen: 1 Utility Room: Other: _____

Caulking:

Windows: _____ Exterior door(s): _____ Other areas: _____

Gaskets:

Light switches: 10 Outlet gaskets: 10 Sealed light & fan penetrations: _____

Other air sealing measures (Describe): _____

Door weatherstripping:

Exterior door(s): 2 Water heater door: _____

Furnace closet door: _____ Attic access door: _____

☐ **AC and HP Tune-Ups** (Pre and Post tune-up photos showing condition change required)

Existing Condenser: Manufacturer: _____ Model #: _____ Serial #: _____

Condenser Type: ☐ Air Conditioner ☐ Heat Pump Refrigerant type: _____

Cooling Capacity of Installed Unit (Btu/hr): _____ Target subcooling: _____

Heating Capacity of Installed Unit (Btu/hr): _____ Target superheat: _____

Post tune-up superheat: _____ OR Post tune-up subcooling: _____

Amount of refrigerant added: _____ OR Amount of refrigerant removed: _____

Static pressure before (_____) and after tune-up (_____)

Return dry bulb temperature: _____ and Return wet bulb temperature: _____

Supply dry bulb temperature: and Supply wet bulb temperature:

Water Heating Measures

☐ **Low-flow showerheads** # installed: ____ Flow Rate: ☐ 2.0 GPM ☐ 1.75 GPM ☐ 1.5 GPM

☐ **Faucet Aerators** # installed: ____ Flow Rate: ☐ 1.0 GPM ☐ 1.5 GPM

☐ **Water Heater Replacement**

Existing Water Heater Type: ☐ Electric ☐ Heatpump

Replacement Water Heater Type: ☐ Electric Tankless ☐ Heatpump ☐ Gas Tankless ☐ Gas

Uniform Energy Factor: _____ Tank Size: _____ First Hour Rating: _____

Location of Replacement Water Heater: ☐ Conditioned Space ☐ Unconditioned Space

Conditioned Space Heating Type: ☐ Electric ☐ Gas ☐ Heat Pump

HPWH type ☐ Integrated HPWH ☐ Integrated HPWH 120v/15A circuit ☐ Split-system HPWH

☐ (post installation photo or invoice upload required)

☐ **Water Heater Tank Insulation**

Water Heater Type: ☐ Electric ☐ Heat Pump Insulation R-Value: _____

Water heater model number: _____ Year Water Heater Manufactured: _____

Water heater size (gal.): ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 80 ☐ 120

Water heater location: ☐ Conditioned space ☐ Unconditioned space

☐ **Water Heater Pipe Insulation**

Water Heater Type: ☐ Electric ☐ Heat Pump Insulation R-Value: _____

Pipe location: ☐ Conditioned space ☐ Unconditioned space

Wrapped length (ft.): *(6 ft. is maximum value)* Pipe Diameter: ☐ 1/2" ☐ 3/4" ☐ 1"

Other Measures

☐ **Advanced Power Strips**

System Type: ☐ Home Entertainment ☐ Home Office APS Tier: 1 ☐ 2 ☐ Quantity: 1

System Type: ☐ Home Entertainment ☐ Home Office APS Tier: 1 ☐ 2 ☐ Quantity: _____

☐ **Small Advanced Power Strips**

System Type: ☐ Home Entertainment ☐ Home Office APS Tier: 1 ☐ 2 ☐ Quantity: _____

☐ **General Service LEDs (Hard to Reach only)**

Model #	Location	Lumens	Wattage	Life (17,501 min.)	Quantity

☐ Removed Incandescent Bulb/s Photo ☐ Energy Star Certificate (*attached*)