ENERGYWISE
Use less. Spend less. Do more.

Irrigation Pump Test Form

Customer Name _____   Date _____

Daytime Phone Number _____   Customer Tax ID# _____

Electric Utility _____   Account Number _____

Pump Location (Legal Description)

Township # _____   Range # _____   Section # _____

County _____   DNR Reg. No. _____

Irrigation System Type   Pivot _____   Flood _____   Other _____

System gpm _____   System psi # _____   **Acres irrigated** _____

Pre-Improvement Test Values		Post-Improvement Test Values
	Static Water Level (ft.)	
_____	+	_____
_____	Pumping Level Drawdown (ft.)	_____
	+	
_____	Pressure (psi) x 2.31	_____
	+	
_____	Friction Losses (ft.)	_____
	=	
_____	Total Dynamic Head (ft.)	_____
	x	
_____	Flow (gpm)	_____
	÷	
_____	3,960	_____
	=	
_____	Water horsepower output (hp)	_____
_____	Voltage (v)	_____
	x	
_____	Amperes (A)	_____
	x	
_____	1.732	_____
	x	
_____	Power Factor (pf %)	_____
	÷	
_____	1,000	_____
	=	
_____	**Electric demand (kW)**	_____
	x	
_____	1.341	_____
	÷	
_____	motor efficiency (%)	_____
	=	
_____	pumping horsepower input (hp)	_____

water horsepower output ÷ pumping horsepower input

=

Operating Plant Eff. (OPE %) _____

(> 70% = excellent, 60% to 70% = good, 50% to 60% = fair, < 50% = poor)

Average annual use: (Specify gallons, hours, acre-inches per acre) _____

Average annual utility costs (Including energy & connection/hp charges) _____

Suggested Improvements (description) _____

_____

_____

Estimated cost of improvements (not a binding quote) $ _____

Estimated annual savings with improvements $ _____

Payback on improvements (# of years) _____ yrs.

Estimated electrical demand reduction (kW) with improvements _____ kW

Actual improvements (if different from Suggested Improvements above): _____

_____

_____

Completed only by local utility

Incentive available if estimated electrical demand reduction is achieved: $ _____

Utility Representative
Signature _____ Date: _____

Actual incentive provided after implementation of improvements: $ _____

Utility Representative
Signature _____ Date: _____

☐ Check if Pre-Installation Test Incentive applies   Enter actual amount $ _____
                                                                              (up to $350.00)

The actual incentive provided to the customer will be adjusted to reflect the actual electrical demand
reduction achieved with the implementation of improvements to this irrigation system and verified by the
actual kW demand value measured during the Post-Improvement Pumping Test.

Pump Testing   Pump Testing
Company (Name) _____   Technician (Name) _____

Testing Company
Phone number _____   Signature _____

All Program Guidelines, Terms, and Conditions Apply *(See local utility for copy)*