

Irrigation Pump Test Form

Customer Name _____ Date _____
 Daytime Phone # _____ Customer Tax ID # _____
 Electric Utility _____ Account # _____

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	_____
_____	x 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: _____

Completed W-9 Form attached (check box)

NOTE: Incentive will not be processed unless W-9 Form is properly completed and attached.

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)

If applicable, 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. Other incentives may require a full season of operation after improvements are implemented to calculate an incentive value.

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

Testing Company Phone number _____ Signature _____

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