

PROJECT DATA SHEET

COMMERCIAL SOLAR HOT WATER SYSTEMS

(Please fill out both pages of this form as best you can)

YOUR INFORMATION

Company Name _____
 Contact Person _____
 Heliodyne Sales Rep _____

Address _____
 City, State, Zip _____
 Phone _____ Email _____

PROJECT INFORMATION

Project Name _____
 Address _____
 City, State Zip _____
 Budget _____ Target Solar Fraction _____ %
 Estimated Installation Date _____

Installation Type:

New Build Retrofit Replacement

Building Type:

Food/Bev Processing Firehouse Hotel
 Industrial Processing Laundry Nursing home
 Restaurant Hospital School
 Office Other _____

Does the building have available wi-fi?

Yes No Unsure

WATER USAGE

Approx gal. hot water used daily (high season) _____

Incoming water temp. _____ °F Hot water usage temp. _____ °F

Load Information:

(Hospital/Nursing home) No. of Beds _____ (Restaurant) No. of meals served _____ (Laundry) Lbs of wash daily _____
 (Health Club) No. of showers/sinks _____ (Apt/Dorm) No. of tenants _____ (Apt/Dorm) No. of units _____

Average Seasonal Load Distribution

Using the graph below, fill in the appropriate circles representing the DHW load throughout the year to indicate highs and lows of hot water usage.



ROOF INFORMATION

Roof Material Type:

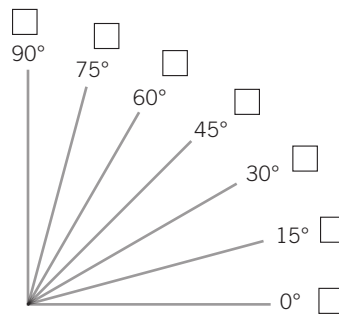
Composition Tar & Gravel Flat Tile Metal Currogated
 S-Tile Metal Standing Seam Other _____

Roof Structure:

Concrete Steel Frame Wood Frame

Number of Stories _____

Approx. Roof Pitch:



Available Surface Area For Collectors H _____ ft W _____ ft

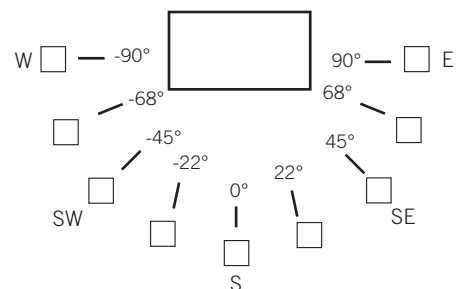
Proposed Collector Location:

Roof Ground mount Wall mount

Estimated Distance From

Collectors to Solar Storage _____ ft

Roof Orientation:



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EXISTING WATER HEATING

Fuel Type:

- Natural Gas Propane Electricity Oil
 Wood Other _____

Tank(s) Size _____gal. No. of Tanks _____

Total Tank Volume _____gal. Storage Temp. _____°F

Tank Type Direct Fire Indirect Fire

Boiler Output _____GPM Boiler Capacity _____Btu/hr

Boiler Efficiency _____ Boiler Age _____yrs

Does the building have a recirc line?

- Yes No Unsure

If so, are the pipes insulated?

- Yes No Unsure

Approx. how many fixtures are tied to the recirc line? _____

MECHANICAL ROOM

Door Height _____ft Door Width _____ft

Room Height _____ft

Available Floor Space for Solar Storage & HCOM _____ft²

Estimated pipe run from solar storage to DHW _____ft

SHW pipes will be installed:

- Inside the bldg Outside the bldg Unsure

Is a double wall heat exchanger required for this project?

- Yes No Unsure

ADDITIONAL COMMENTS

Use the space below for additional comments or concerns for this specific project.

PAYBACK INFORMATION

Current Energy Type:

- Natural Gas Propane Electricity
 Wood Fired Oil Other _____

Unit of Measurement:

- Therm kWh Other _____

Average Regional Unit Cost (in \$) _____

Estimated Annual Energy Inflation Rate _____%

Sales Tax _____% Fed Tax _____%

Corporate Income Tax Rate _____%

Depreciation Rate _____% Cost of Capital \$ _____

Estimated Labor Costs \$ _____

Local/City Incentive _____

State Incentive _____

Federal Incentive _____

ATTACHMENTS

Mark appropriate boxes to indicate which attachments you are providing

- Roof Photo Building Photo Mech. Room Photo
 Collector Layout Existing Hot Water Sys. Photo
 Hydraulic Diagram Past Utility Bills
 Other _____

SUBMISSION AUTHORIZATION

By signing below, you acknowledge that the preceding project data sheet submitted has been filled out accurately to the best of your knowledge and are aware that Heliodyne will use said data as a reliable base for their estimated calculations. Heliodyne will not be held responsible for errors or inaccuracies due to false or unreliable data submitted by customer.

Date of Submission _____

Submitted By (print name) _____