Solar Thermal Site Analysis & Project Form

This form can be used to evaluate a new project, keep track of a current job or can be completely filled out and submitted to Apricus for computer modeling. Please fill in as much information as possible, missing portions could lead to a delay in response. Fax to (203)-488-8572 or email inquiry-usa@apricus.com

1. General Information

Project Coordinator or Representative:

Company: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Project Information

Project Name _____

Address _____

City _____

State _____ Zip _____

Closest Major City _____

(The closest major city will be used for modeling to give the most accurate simulation possible.)

2. Solar Thermal System Information

Building Type: Residential Commercial

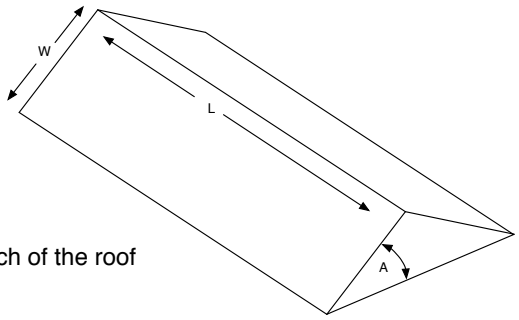
System Type: (check all that apply):

☐ Hot Water Preheat ☐ Pool Heating ☐ Space Heat ☐ Space Cooling ☐ HVAC Support

If the system has been designed please attach specifications or drawings.

3. Collector Location

Available Area (see image right):



L: _____ W: _____ A: _____ ° / ____ / 12 (enter 0 for flat)

Enter desired mounting angle if known: _____ °

If items (chimney, roof top unit, etc) may obstruct solar collectors please provide a sketch of the roof including building orientation (N-S).

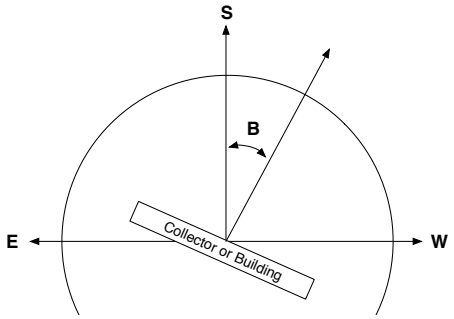
Roof Material:

☐ Composite ☐ Tile ☐ Metal ☐ Standing Seam ☐ Membrane ☐ Other

Orientation:

How far does the building or collector location deviate from south:

B: _____ ° ☐ E ☐ W



Shading:
Are there any large objects or buildings that could shade the collectors?

☐ No ☐ Yes (please provide Pathfinder or SunEye report)

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4. Hot Water Heating

Temperatures: Usage Temperature _____ °F Summer Cold Temperature _____ °F

Daily Usage Amount*: _____ gallons per day

* - The usage amount should be the **average** usage per day. Submitted information such as the fixture count or peak demand will not help in the project evaluation. This number can be determined through utility bills, estimation or metering. If you do not have sufficient information please fill out the information below and Apricus will assist in the estimate.

Application Type (select one from below):

Single Family Home:	# of occupants	____	Is this their primary residence? ☐Y / ☐N
Multifamily Building:	# of units	____	Average occupancy per unit ____
Hotel:	# of rooms	____	Average occupancy: ____ rooms or _____ %
Nursing Home:	# of beds	____	Average occupancy: ____ people or _____ %
Car Wash:	# of washes daily	____	
Food Service:	# of meals served daily	____	
Laundry:	# of loads per day	____	Capacity of washing machines _____
Hospital:	# of beds	____	

Other: Please describe as best you can the domestic hot water usage or enter any other relevant information.

Usage Pattern: Is the usage the same year round? ☐Y / ☐N

If not please enter months were there is no usage or the usage is reduced:

Current Hot Water Equipment:

How is the water currently heated?:

Tank Input or Boiler Rating: 4.5 kW _____ btu/hr

Tank Size: Tank Storage Setting: Number of Tanks:

Desired Solar Contribution: _____ % If no percentage is entered the optimal system for the application will be used.

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5. Pool Heating

Pool Information:

Pool Location: Indoor Outdoor

Pool Size: Length ____ ft Width _____ ft Depth _____ ft

Usage Information:

Pool Opening Day: _____ Pool Closing Day: _____ Number of Hours Open: _____ hours per day

Is a pool cover used? _____ (Pools that do not use covers lose a large amount of heat from the surface)

Heating Information:

Is the cool currently being heated: ____ Yes ____ No What is the desired temperature? _____ °F

If yes what is the energy type: _____

For Indoor Pools:

What is the temperature of the room? ____ °F What is the relative humidity? _____ °F

6. Space Heating Supplement

Size of the heated space: _____ ft^2 Specific Heating Demand: _____ $Btu/hr/ft^2$

Heating Set Point Temperature: ____°F

____ High Temp Heating Design Temp: ___ °F Percentage of Home: ____ %

____ Low Temp Heating Design Temp: ___ °F Percentage of Home: ____ %

If the system is a retrofit please provide a schematic as well as the boiler output: _____ btu/hr

7. HVAC or Cooling Supplement

Average System Consumption: _____ Btu/hr Hours of System Operation: _____ hrs/day

System Flow Rate: _____ gallons per minute Required Energy Input: _____ btu/hr

Equipment InletTemperature: _____ °F Equipment Outlet Temperature: _____ °F

Does the system operate year round? _____ Current Energy Source: _____

Desired Energy Contribution: _____%

8. Additional Information