PROJECT DATA SHEET
COMMERCIAL SOLAR HOT WATER SYSTEMS

Please fill out both pages of this form as best you can (page 1 of 2)

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

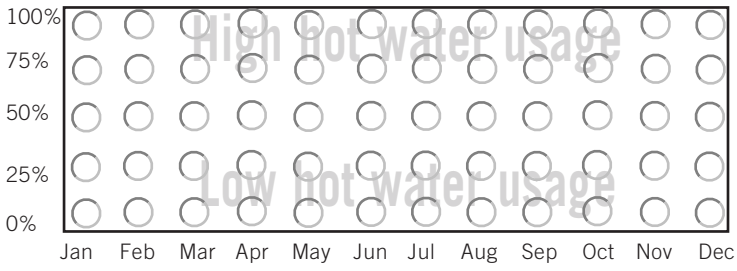
Approx gal. hot water used daily (high season) _____

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.



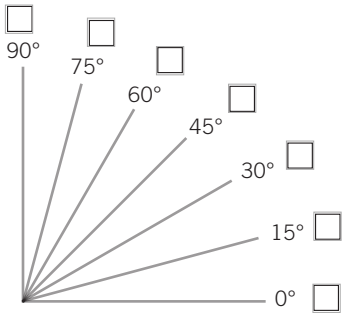
ROOF INFORMATION

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:

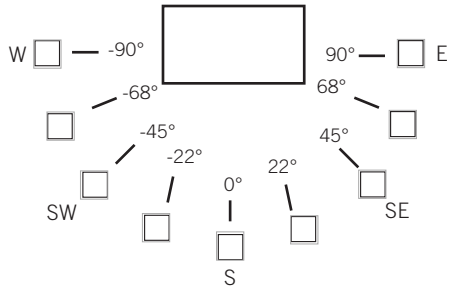


Available Surface Area For Collectors H_____ft W_____ft

Proposed Collector Location:
☐ Roof ☐ Ground mount ☐ Wall mount

Estimated Distance From
Collectors to Solar Storage _____ft

Roof Orientation:



PROJECT DATA SHEET
COMMERCIAL SOLAR HOT WATER SYSTEMS

Please fill out both pages of this form as best you can (page 2 of 2)

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 preceeding 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)_____