Solar Design Request Survey

Job Name _____ Date _____

Person Making Request_____ Contact #_____

Company_____ Address_____

Phone #_____Fax #_____ E-mail_____

Additional Contacts (If not listed above)	
Roth Sales Contact_____	Manufacturer's Rep._____
Wholesaler_____	Contractor_____
Contact_____	Contact_____
Phone#_____	Phone #_____

Unit of measure (check one) - ☐ U. S. gallons (G) ☐ Liters (L) ☐ Imperial gallons (I) / ☐ ^{0}F ☐ ^{0}C / ☐ ft ☐ m

System Type (Check all that apply) ☐ Domestic Hot Water ☐ Space Heating ☐ Pool Heating

Domestic Hot Water

Residential - Average daily usage _____G/L/I **or** # of occupants _____ # of bathrooms _____

Special usage - Whirlpool tub, Shop, Animal barn, other (specify) _____ Average daily usage _____G/L/I

Commercial - Usage type _____ Average daily usage _____G/L/I

Recirculation loop Y N

DHW Temperature required _____ °F/°C Desired solar coverage: 30% 40% 50% 60% 70% _____%

Existing domestic water heating method: Tank Tankless Indirect Other_____ Fuel Type: Oil NG LP Electric Other_____

Space Heating

Size of heated area _____ ft^2 / m^2 Building Heat Load _____ Btu/hr / kW h

Installed boiler output _____ Btu/hr / kW h Fuel type: Oil NG LP Electric Wood Other _____

System Type: Baseboard Radiant Hydro-Air Panel Radiators Other (specify) _____

Temperature Required _____ °F / °C % of Heat load required _____%

Swimming Pool

Type: Indoor In-ground Above Ground Pool cover: Y N Months of Use: _____ to _____

Size: Rectangular: L _____ft / m W _____ft / m D _____ft / m Round: Diameter _____ ft / m D _____ft / m

Existing heater: Y N If yes: Output _____ Btu/hr / kW h Fuel type: Oil NG LP Electric

Desired water Temperature _____^{0}F / ^{0}C Filter pump flow capacity _____G/L/I/minute

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YOUR ENVIRONMENT IS OUR BUSINESS.

Site Survey

Address of Site _____ City _____ State _____

Mounting Method: Sloped Roof Flat Roof Side Wall Ground Other (specify) _____

Roof Type: Shingled Tile Slate Tar and Gravel Rubber Other (Specify) _____

Roof Condition: New Aged but Solid Poor Condition (recommend replacement before installation)

Area available for solar array: Primary Area L _____ W _____ Secondary Area: L _____ W_____

Shade Concerns: Trees Buildings Overhangs Notes:_____

Location of Mechanical Room: _____

Supply and Return Piping Path: _____

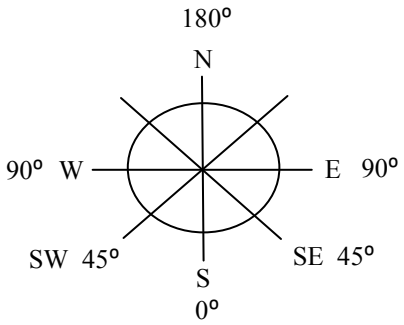
_____

Collector Type & Attachment Set

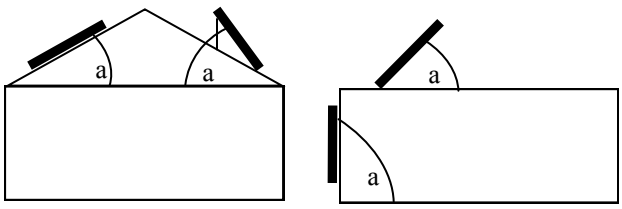
	Parallel Sloped Roof	Ground	Flat Roof	Elevated on Sloped Roof
Heliostar 252	☐	☐	☐	☐
R1 Evacuated Tube	☐	☐	☐	☐

Collector Array Orientation

Angle of Azimuth - _____° from True South (0°)



Angle of Inclination - _____° from horizontal



Notes:_____

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