

WATER SOURCE HEAT PUMP SIZING QUESTIONNAIRE



Company: _____
Name: _____
Project: _____

Date: _____
E-Mail: _____
Rep Contact: _____

Operating Conditions:

Annual Source Temps (Min/Max/Avg) _____
Source Flow Rate or Desired TD _____
Source Fluid (% mix if not water) _____
Cold Makeup Water Temp _____
Hot Water Temps: Usage & Storage _____
Daily Hot Water Usage (gal/day) _____

OR

Unit/Bedroom counts (specify in Notes section below)

Usage profile(s):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Dormitory |
| <input type="checkbox"/> Office | <input type="checkbox"/> Mixed use _____ |
| <input type="checkbox"/> School | <input type="checkbox"/> Other _____ |

Voltage:

- | | | |
|--------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> 208-230V | <input type="checkbox"/> 50 Hz | <input type="checkbox"/> 1 Phase |
| <input type="checkbox"/> 220-240V | <input type="checkbox"/> 60 Hz | <input type="checkbox"/> 3 Phase |
| <input type="checkbox"/> 400V | | |
| <input type="checkbox"/> 460V | | |
| <input type="checkbox"/> Other _____ | | |

BMS Protocol:

- BACNet - IP
 BACNet - MSTP
 Other _____

Installation type:

- New construction
 Retrofit

Flow configuration:

- Single pass (Standard)
 Multi-pass (Loop Heater)

Cabinet Material:

- 304L stainless steel (Standard)
 316L stainless steel

Domestic Water Pressure:

- Standard (up to 125psi)
 Other

Evaporator:

- Single wall (Standard)
 Double wall (Potable cooling)

Additional Options:

- Factory Commissioning
 Compressor VFD
 Extended compressor warranty

Notes: