

Your...
**SOLAR WATER HEATER
ASSESSMENT**



Solar Water Heater Assessment

Date: _____

Please complete the following **Solar Water Heater Home Assessment** and fax to (800) 627-2991 or e-mail to info@AtisSun.com. If you have any questions, send an e-mail to info@AtisSun.com.

YOUR CONTACT INFORMATION

Name: _____ E-mail: _____
Tel.: _____ Fax: _____

PROJECT DATA

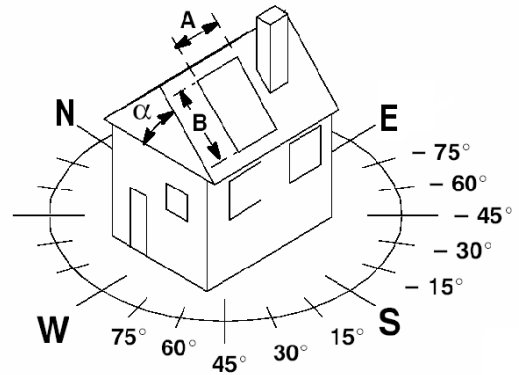
Project address: _____
Project County: _____
Project Budget: \$ _____
Type of installation: New home Retrofit on existing home
Type of building: Single family detached Townhouse/Rowhouse Other _____
Collector Location: Pitched Roof Flat Roof Wall Mount Ground Mount Other: _____

ROOF TYPE

Composition (Shingle) Tile Metal Corrugated Metal Standing Seam Tar & Gravel
 EPDM Other: _____ Approximate age of roof _____
Roof Structure: wood framed steel framed
Roof Height: _____ stories above ground
Attic Space: finished unfinished accessible inaccessible
Rafter direction: gutter to ridge other Not sure

SOLAR EXPOSURE

Roof incline "α": _____ degrees or Pitch: _____ / 12 (Rise / Run)
 Approximate Angle from south: _____ degrees
 Size of available installation surface "A" = _____ ft x "B" = _____ ft
 Do you have trees on your lot: none some many
 Other remarks: _____



NOTES

NOTE

Your home must have a shade-free, southern facing location with clear exposure between approx. 10:00am and 3:00 pm.

LOAD DATA

Number of people in household or approximate gallons of hot water usage per day _____

Other Remarks: _____

Domestic Hot Water Load Data – Use profile

Primary DHW use times: Morning / Evening Daytime Not sure

Are there significant seasonal changes in DHW use? : Yes No Not sure

If yes, explain: _____

EXISTING HOT WATER FUEL

Type of Fuel: Natural Gas Propane Oil Electricity Other

Fuel costs: _____ \$/ unit (therm, gallon, KWh, CCF, etc.) Not sure

EXISTING HOT WATER EQUIPMENT

Does your system have a storage tank(s)? Yes No Tank Size: _____

Number of Tanks: _____

Total DHW Storage: _____ gal

Storage Temperature: _____ ° F

Other Remarks: _____

LOCATION FOR NEW SOLAR STORAGE TANK

Room ceiling height: _____ feet

Room size: _____ feet by _____ feet

Door width: _____ feet

Door height: _____ feet

Approximate distance between Solar Collectors (roof location) to Solar Storage Tanks: _____ feet

Pipe chase available from panels to tank: Yes No Not sure

Approximate distance from Solar Storage Tank(s) to existing Water Heater: _____ feet

Distance from Solar Storage Tanks to 110 Volt Outlet: _____ feet

Other: _____

NOTE

Access to run insulated water lines from your collectors to tank location is required.

- ☀ **Interior Lines are ideal but may require interior modifications**
- ☀ **Exterior Lines can be enclosed with exterior finishes**

PERMIT PACKAGE CHECKLIST




Confirm jurisdictional requirements (county, city, state): _____

What kind of permit(s) is required? Building Plumbing Other _____

Is there a community association review? Y N

What drawings are required for permits/community association? _____

Please provide photographs of the following:

-  Proposed Collector Mounting Location
-  Proposed Solar Storage Tank Location
-  Existing Domestic Hot Water System (tank(s) and / or boiler(s))

Please describe any additional conditions:

Your World, Your Choice

**GET YOUR
FREE REVIEW**

Submit your completed Solar Water Heater Assessment to us today!

Fax to **(800) 627-2991** or E-mail to info@AtisSun.com.

<http://www.marylandsolarhotwater.com/>