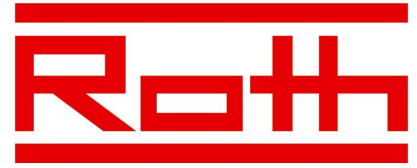


Solar Design Request Survey



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) / °F °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 _____ ft² / m² 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 _____ °F / °C Filter pump flow capacity _____ G/L/I/minute

Solar Design Request Survey Pg 2



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: _____

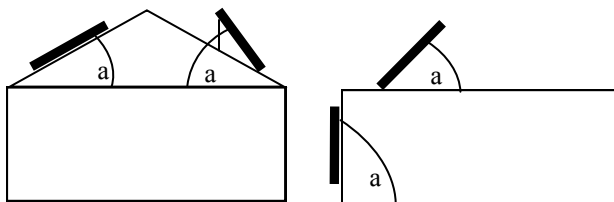
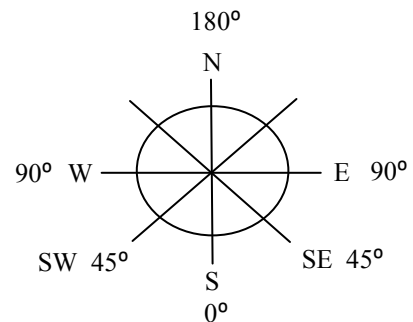
Collector Type & Attachment Set

	Parallel Sloped Roof	Ground	Flat Roof	Elevated on Sloped Roof
Heliostar 252	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R1 Evacuated Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Collector Array Orientation

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

Angle of Inclination - _____° from horizontal



Notes: _____

