

GMO Solar Thermal Site Analysis & Project Form

1. General Information

Project Coordinator or Representative:

Company: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Project Information

Project Name _____

Address _____

City _____

State _____ Zip _____

2. Solar Thermal System Information

Building Type: Residential Commercial

System Type:

Hot Water Preheat

Pool Heating

Space Heat

If the system has been designed please attach specifications or drawings.

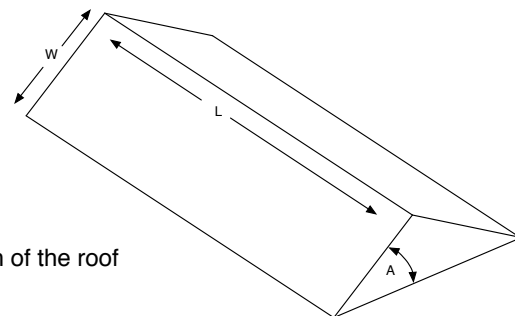
3. Collector Location

Available Area (see image right):

L: _____ W: _____ A: _____ ° / _____ / 12 (enter 0 for flat)

Enter desired mounting angle if known: _____ °

If items (chimney, roof top unit, etc) may obstruct solar collectors please provide a sketch of the roof including building orientation (N-S).



Roof Material:

Composite

Tile

Metal

Standing Seam

Membrane

Other

Orientation:

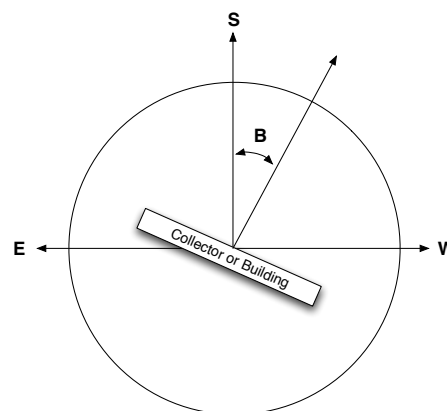
How far does the building or collector location deviate from south:

B: _____ ° E W

Shading:

Are there any large objects or buildings that could shade the collectors?

No Yes (please provide Pathfinder or SunEye report)



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4. Hot Water Heating

Temperatures: Usage Temperature _____ °C Summer Cold Temperature _____ °C

Daily Usage Amount*: _____ liters per day

* - The usage amount should be the **average** usage per day. Submitted information such as the fixture count or peak demand will not help in the project evaluation. This number can be determined through utility bills, estimation or metering. If you do not have sufficient information please fill out the information below and GMO will assist in the estimate.

Application Type (select one from below):

Single Family Home:	# of occupants	_____	Is this their primary residence?	Y / N
Multifamily Building:	# of units	_____	Average occupancy per unit	_____
Hotel:	# of rooms	_____	Average occupancy:	_____ rooms or _____ %
Nursing Home:	# of beds	_____	Average occupancy:	_____ people or _____ %
Car Wash:	# of washes daily	_____		
Food Service:	# of meals served daily	_____		
Laundry:	# of loads per day	_____	Capacity of washing machines	_____
Hospital:	# of beds	_____		

Other: Please describe as best you can the domestic hot water usage or enter any other relevant information.

Usage Pattern: Is the usage the same year round? Y / N

If not please enter months were there is no usage or the usage is reduced:

Current Hot Water Equipment:

How is the water currently heated?:

Tank Input or Boiler Rating: _____ kW _____ btu/hr

Tank Size: _____ Tank Storage Setting: _____ Number of Tanks: _____

Desired Solar Contribution: _____ % If no percentage is entered the optimal system for the application will be used.

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5. Pool Heating

Pool Information:

Pool Location: Indoor Outdoor

Pool Size: Length ____ meters Width ____ meters Depth ____ meters

Usage Information:

Pool Opening Day: _____ Pool Closing Day: _____ Number of Hours Open: _____ hours per day

Is a pool cover used? ____ (Pools that do not use covers lose a large amount of heat from the surface)

Heating Information:

Is the pool currently being heated: ____ Yes ____ No What is the desired temperature? ____ °C

If yes what is the energy type: _____

For Indoor Pools:

What is the temperature of the room? ____ °C What is the relative humidity? ____ °C

6. Space Heating Supplement

Size of the heated space: ____ m² Specific Heating Demand: ____ Btu/hr/m²

Heating Set Point Temperature: ____ °C

____ High Temp Heating Design Temp: ____ °C Percentage of Home: ____ %

____ Low Temp Heating Design Temp: ____ °C Percentage of Home: ____ %

If the system is a retrofit please provide a schematic as well as the boiler output: _____ btu/hr

7. Additional Information
