



CoolSky

Apricus Installer Site Survey Form



CoolSky Ltd

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Company Registration No. NI072166
VAT No. GB 108838970
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CoolSky Apricus Installer Site Survey Form

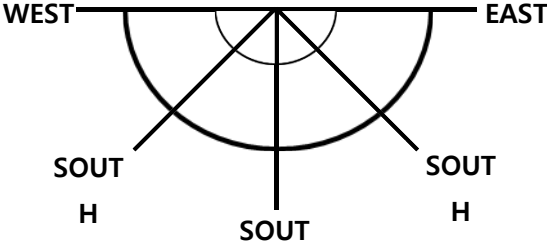


Thank you for considering an Apricus Solar Thermal collector from CoolSky. To assist us in ensuring that the system we provide meets your needs and expectations please complete all sections of this survey documents as fully and in as much detail as possible.

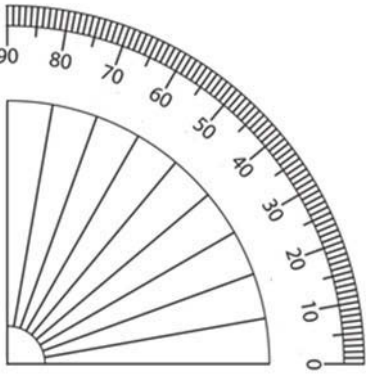
If you require any assistance to complete the form, please contact CoolSky Technical Support for help on either **028 9182 9470** or by email: info@cool-sky.co.uk

| A CONTACT DETAILS | | |
|--------------------------|------------|--|
| 1 | Name: | |
| 2 | Address: | |
| 3 | Post Code: | |
| 4 | Tel: | |
| 5 | Email: | |

| B SITE ADDRESS (if different from above) | | |
|---|------------|--|
| 1 | Name : | |
| 2 | Address : | |
| 3 | Post Code: | |
| 4 | Tel: | |
| 5 | Email: | |

| C | | GENERAL PROJECT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|------------------------|--|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | Site Use | Domestic <input type="radio"/> | School <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Commercial <input type="radio"/> | Farm <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Factory <input type="radio"/> | Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Property Type | Semi <input type="radio"/> | Detached <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Flat <input type="radio"/> | Bungalow <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other (specify) _____ | No. of Floors _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Usage of Site | No. of People Using Site Daily : _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No. of Sinks : _____ No. of Showers : _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No. of Baths : _____ Underfloor Htg : Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Usage Pattern | (Please indicate approx.. usage / demand for hot water) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weekly | <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> <th>Sun</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | Mon | Tue | Wed | Thu | Fri | Sat | Sun | | | | | | | | | | | | | | | | | |
| Mon | Tue | Wed | Thu | Fri | Sat | Sun | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Annually | <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Enter : HI or LO boxes above HI – Is Normal Demand / LO – Is Little or No Demand | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Orientation | (Please indicate approx.. orientation of collectors) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Shading of Site | None <input type="radio"/> | Building <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Part of Day <input type="radio"/> | Trees <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | All of Day <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Tick all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | |

CoolSky Apricus Installer Site Survey Form

| D ROOF STRUCTURE (if installing on roof) | | |
|--|---|---|
| 1 | Type of Roof Covering | Pan-Tile <input type="radio"/> Flat-Tile <input type="radio"/> Slate <input type="radio"/> Metal <input type="radio"/> Other (specify) _____ |
| 2 | Approx. Pitch of roof or proposed installation angle |  <div style="float: right; margin-top: 10px;"> Roof Pitch <input type="radio"/> Proposed Angle <input type="radio"/> (mark angle on graphic) </div> |
| 3 | Total Area available for collector field | Pitched Roof : Width _____ m Height _____ m Flat Roof : Width _____ m Length _____ m |

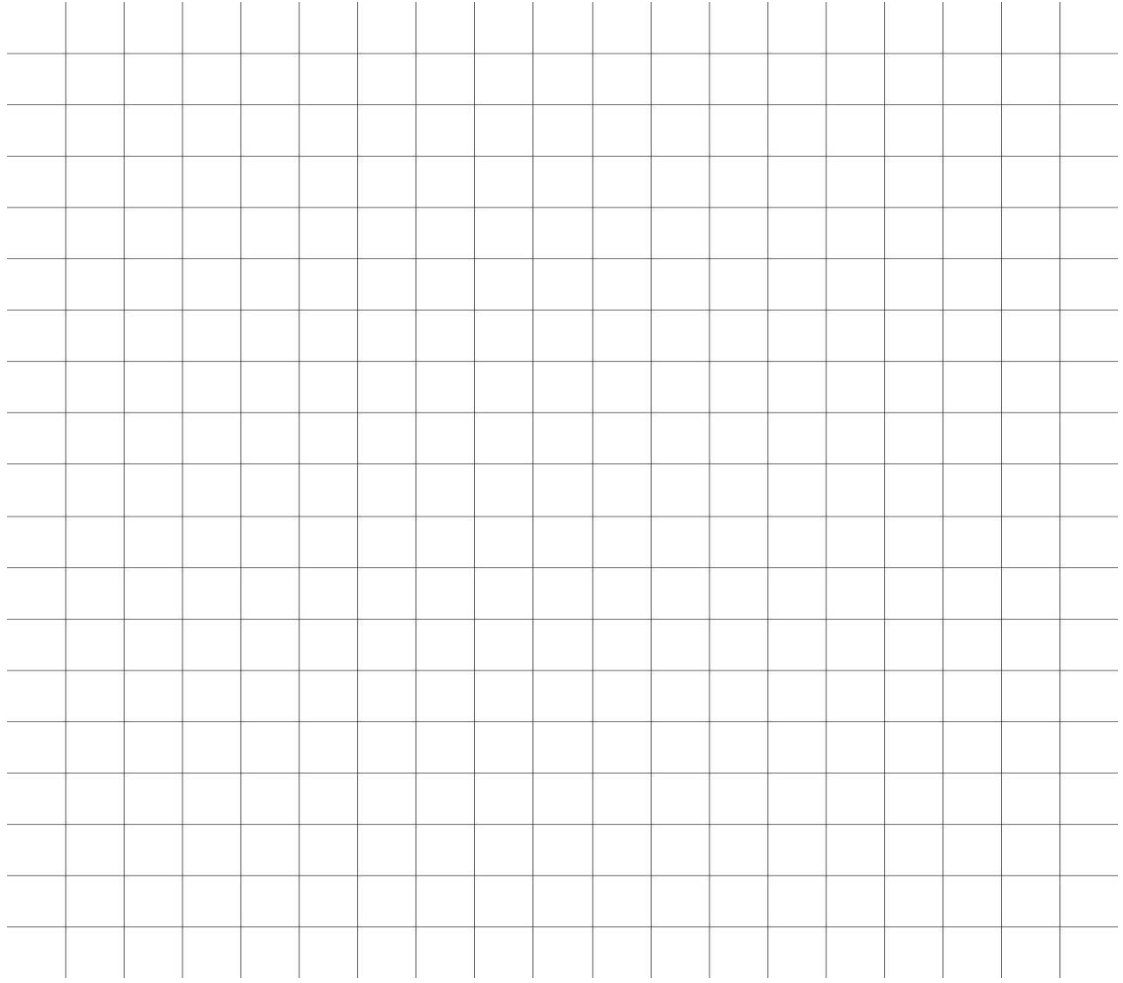
| E HOT WATER CYLINDER | | |
|----------------------|---|---|
| 1 | Thermal Storage Requirements | Does system require supply of New Cylinder : YES / NO Enter details of Cylinder Required or Existing Cylinder below : Vented (Cu) <input type="radio"/> Unvented (SS) <input type="radio"/> Single Coil <input type="radio"/> Twin Coil <input type="radio"/> Triple Coil <input type="radio"/> Thermal Store <input type="radio"/> Buffer Tank <input type="radio"/> Other (specify) _____ Age of any Existing Cylinder _____ [years] |
| 2 | Location of Cylinder & Distance from Collector | Location of Cylinder : _____ (e.g. loft, basement, etc) Distance to Collector : _____ [m] |

| F EXISTING HEATING SYSTEM | | |
|---------------------------|--|--|
| 1 | Primary Heat Source | Oil <input type="radio"/> Gas <input type="radio"/> Coal <input type="radio"/> Wood <input type="radio"/> LPG <input type="radio"/> Other (specify) _____ |
| 2 | Rating of Primary Heat Source | Rated Output Figure _____ [kW] |
| 3 | Heating System Description | System Includes the following (tick all that apply) : Boiler <input type="radio"/> Wood Burner <input type="radio"/> Heat-Pump <input type="radio"/> Radiators <input type="radio"/> Underfloor Htg <input type="radio"/> Range Cooker <input type="radio"/> Other (please specify) _____ |
| 4 | Domestic Hot Water Generated by : | System Boiler <input type="radio"/> Back Boiler <input type="radio"/> Combi Boiler <input type="radio"/> Other (specify) _____ |
| 5 | Existing Demand | Annual or Monthly gas / oil usage (from utility bills) |

| G LEGAL REQUIREMENTS | | |
|----------------------|----------------------------|---|
| 1 | Planning Permission | (Is Planning Permission required or already obtained) |

| H ANY OTHER RELEVANT INFORMATION | | |
|----------------------------------|--|--|
| | | |

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| H | SKETCHES / PICTURES OF SITE |
|---|-----------------------------|
| Include and Sketches / Pictures of the Proposed Site in this area : | |
|  | |

| SIGNATURES | | |
|-----------------|-------------------|--------------|
| Assessor | Signature : _____ | Date : _____ |
| Customer | Signature : _____ | Date : _____ |



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