

HEAT PUMP SIZING REQUEST FORM

Contact Name*		Title*		Contact Email*				
Company Name* Complete Street Address*				Contact Phone* Job Name / ID* (For reference)				
ZIP • Postal Code		Country		* Denotes Required Field				
		7	Technical S	pecifications				
				Heated Water Storage*:				
Building Type*				Pre-determined	Please Provide Ar	nalysis	N/A	
Unit Type*:	Air Source	Water Source	TBD	Storage Water Temperature (°F)				
Application*				Existing storage size (If present)				
Unit Location*:	Indoor	Outdoor	TBD	Is there a maximum allowable storage size?* Yes No				
Peak Demand*				If yes, what is it?				
Peak Demand Duration* (Number of hours in a 12 hour period)				Usable Storage Capacity (80% will be assumed unless otherwise specified.)				
Off-Peak Demand*				Please describe if and/or how storage will be utilized and any constraints.*				
Off-Peak Demand Du	ıration* (Number of I	hours in a 12 hour period	d)					
Peak Demand Unit*:	BTU/hr	GPM	GPH	Integration with a building m	anagement system?*	Yes	No	TBD
Ambient Air / Source Water Temperature (°F)*				If yes, what is the protocol?				
Entering Heated Wat	er Temperature (°F)*	k						
	Please p	•		ystem by attaching the				
Helpful pi	hotos include: ex			then you send this forn existing tank nameplate, tan		on locatio	ns, etc.	
Any additional notes	 							
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