

Please Complete The Following Information

Name _____ Telephone Number (_____) _____
 Company Name _____ Fax Number (_____) _____
 E-Mail Address _____ Job/Project Name _____
 Mailing Address _____ Contact Name _____
 _____ Location of Job: City _____
 City _____ State _____ State _____ Country _____
 Zip Code _____ Postal Code _____

ROOM/BUILDING INFORMATION

Type of Project: Fresh Water: _____ Waste Water: _____ Conditioned Space Surrounding: Walls Yes: _____ No: _____
 Pipe Gallery: _____ Pump Room: _____ Ceiling Yes: _____ No: _____
 Room Dimensions: Length: _____ Width: _____ Construction Type:
 Height: _____ Volume: _____ cu/ft Frame: No Vapor Barrier _____ Vapor Barrier Present _____
 Room Location: Below Ground: _____ Above Ground: _____ Masonry: No Vapor Barrier _____ Vapor Barrier Present _____
 Walls: Outside Facing - Number and Length _____ Sheet Metal: No Vapor Barrier _____ Vapor Barrier Present _____

 Additional Information: _____

MOISTURE LOAD INFORMATION

Source Of Water: _____ Is There A Room Heating Source Available: Yes: _____ No: _____
 Well Water: _____ Lake Or River Water: _____ Standing Water On Floors: Yes: _____ No: _____
 Lowest Surface Temperature Of Pipes, Tanks Or Other Surfaces: _____ Outdoor Make Up Air: Yes: _____ CFM No: _____
 _____ F Sensible Internal BTU Load In Room:
 Total Surface area Of Open Water Tanks : _____ HP: _____ BTU's: _____ Watts: _____
 _____ Sq/ft Is Class #1 Division #2 Construction Needed:
 Lowest Temperature Of Room: _____ F Yes: _____ No: _____ Don't Know: _____
 Additional Information: _____
