

DEHUMIDIFICATION

LOAD ANALYSIS WORKSHEET

NAME _____

COMPANY _____

DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

JOB NAME _____ eMAIL _____

POOL RESIDENTIAL 50% Rh POOL COMMERCIAL 60%Rh ACTIVE HOURS PER AVG./ DAY _____

ROOM SIZE _____ X _____ X _____ ROOM TEMPERATURE _____ °F

POOL WATER SURFACE _____ X _____ WATER TEMPERATURE _____ °F

WHIRLPOOL/SPA _____ X _____ DIA. _____ WATER TEMPERATURE _____ 104 °F

WILL THE SWIMMING POOL BE USED AS A THERAPEUTIC POOL ? YES NO

QTY/SIZE OF SKYLITES QTY _____ SIZE _____ X _____

NUMBER OF WINDOWS _____ TOTAL SQ. FT. _____

NUMBER/GLASS DOORS _____ TOTAL SQ. FT. _____

ELECTRICAL POWER SOURCE _____ VOLTS / PHASE _____

NOTES:

COMMERCIAL POOL / ONLY
OUTSIDE AIR NO YES

DUCTED SYSTEM

NON-DUCTED

NEW CONSTRUCTION

REQUEST: LOAD ANALYSIS

EXISTING POOL

EQUIPMENT REQUIRED

FOR BUDGET ONLY

PRICE QUOTATION

EST. MONTH EQUIPMENT NEEDED _____

SEND CATALOG

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