



Heat Recovery Project Evaluation

Prepared For:

Project Name:

Project Location:

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Person to Contact:

Prepared By:

Name:

Company:

Date:

Section A: Estimated or Actual Water Usage

Type of Business: _____

Operation Times (Days a Week): _____

Hours Per Day: _____

Hours of Peak Hot Water Usage: _____

Total Water Usage Per Day: _____

Per Month: _____

How was hot water usage determined?

Attach a copy of a one-month bill for: Electricity Gas Water Other: _____

Section B: Specs on Existing or Planned Water Heating System

Present Planned

Water Heating Energy: Natural Gas LP Gas Electric Other: _____

Energy Cost: \$ _____ Therm kWh Gallons

Is there adequate hot water?

Btu/kW Input: _____

Recovery Rate: _____ gph @ _____ °F rise

Comments on existing water heating system (or the way it is used):

Section C: Estimated Additional Air Conditioning Needed

Additional Tonnage Needed: _____ Total Tons: _____

Number of Units Required: _____

Unit ID	Tonnage	No. of Stages	Estimated Daily Run Time	Days Per Year	Notes
A					
B					
C					
D					

Section D: Estimated Refrigeration Needs

Unit ID	Application	No. of Evaporators	Estimated Daily Run Time	Notes
E				
F				
G				
H				

Section E: Waste Energy Source (Liquid)

Type of Liquid: _____ GPM Flow: _____

Temperature of Liquid: _____ High: _____ Low: _____

Flow Available (Hours Per Day): _____ Days Per Week: _____

Flow Available (Months Per Year): _____

Will it be necessary to filter this liquid? Yes No

Source of Energy: _____

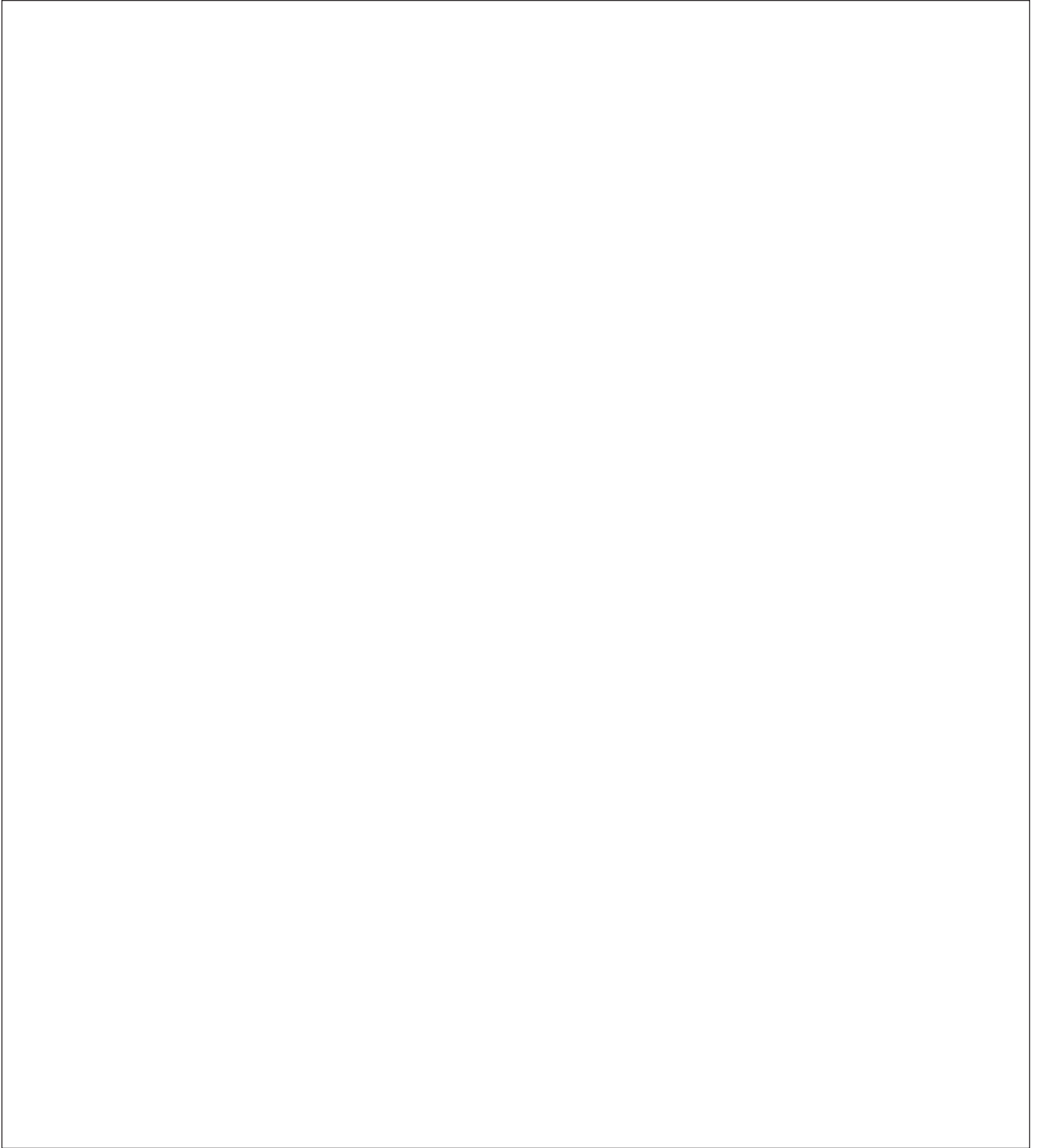
Notes: _____

Section F: Equipment Available for Heat Recovery

Unit ID	Application	Rating HP / Ton	Refrigerant	Run Time Per Day	Days Per Year
I		/			
J		/			
K		/			
L		/			
M		/			
N		/			
O		/			
P		/			

Notes: _____

Section G: Equipment Location Drawing



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