



Consultants

Booster Project Survey

Thank you for reaching out to us for assistance with the design phase of your upcoming project. In order to best serve your needs, we require some additional information. Please answer the following questions:

Consultant Name:

Contact Name:

Phone: Address:

Email:

Date Completed:

Project Type: Private Bid Spec Design Build

PROJECT DETAILS

1. What is the **max** flow that may be required? _____ BTUH SCFH
2. What is the **min** flow that may be required, _____ BTUH SCFH not "0"?
3. How much additional pressure are you looking for the booster to add accounting for frictional line loss? _____ " WC
What is the street supply pressure from the Utility? _____ " WC
4. What type of equipment are we servicing and how many pieces? _____
 Boilers RTUs HWHs Kitchen Other: _____
5. Is the equipment going to be installed local to the booster or remote?
 Same Room Remote Estimate the distance _____ feet
6. Is there an emergency generator involved?
 Yes No If yes, indicate size of Gen Set: _____
7. Do you plan to install the booster indoors or outdoors?
 Indoors Outdoors
8. Please provide Gas Riser Diagram
 Not Available Attached
9. What type of system is desired?
 Simplex Duplex Stacked Duplex
10. Is there any other information that we should be aware of pertaining to this project?