



TECHNICAL DESIGN QUESTIONNAIRE BIOMASS

Customer Inform	lation:	
Company Name:		Account Number:
Contact Name:		Address:
Contact Number:		Address
Contact Email:		
Enquiry Date:		Postcode:
Liiquii y Date.		rostcoue.
RTM Information	1:	
RTM Brand:		Branch:
PTS	City Plumbing	Branch Contact:
		Branch Tel No:
		Branch Email:
		Dianen Email.
Project Informati	on:	
Project Name:		
Project Status:	Order to Place	Project Address:
	Out to Tender	
	General Enquiry	
		Project Postcode:
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Property Informa	ation:	
Year of Construction	1:	Building Type:
		(e.g. Detached House, Office, Care Home etc.)
No of Bedrooms: (If applicable)		Total Floor Area: m ²
Heat Loss (If Known)	watts or	Assumed Heat Loss: (New build to Part L1a:2013 (Domestic) assume 40w/m²)
Current Fuel: (If applicable. Oil/LPG/N	Natural Gas etc)	Electrical Supply Available: (Single Phase or Three Phase)
Insulation Standards	<u> </u>	
External Wall build ι	ıp:	U-Value: w/m²k
((New build default: 0.18w/m²k)
	nm Celotex, 50mm air gap, standard aerated block, 7	<u> </u>
Glazing Type: (e.g. Double Glazed, Lo	w-e Glass PVC Frame)	U-Value: w/m²k (New build default: 1.4w/m²k)
	w o olass, i vo i aniic)	U-Value w/m²k
Roof Build Up: (e.g. 270mm mineral w	ool loft insulation)	(New build default: 0.13w/m²k)
Floor Build Up:	,	U-Value: w/m²k
		(New build default: 0.13w/m²k)
(e.g. 150mm concrete s	slab, 75mm celotex, 65mm Traditional Screed)	

Please Note: CPS will not typically carry out heat loss calculations. All heat loss calculations to be carried out by the MCS installer.





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System Information:	
Fuel Type: (e.g. Pellet/Wood Chip/Log etc.)	Fuel Storage: (e.g. Manual Feed/Pre Fab Silo/Self Built Store etc.)
Preferred Manufacturer: (Windhager/Grant/Bioflame etc.)	Fuel Delivery: (e.g. Vaccuum/Screw Auger etc.
	Fuel delivery distance:
Will the <u>unit</u> be remotely located? (Yes/No)	If yes, distance from plant to building:
Quote for pre-insulated pipework? (Yes/No)	If yes, which manufacturer: (Uponor/Maincor/Rehau etc.)
For district heating schemes please include a dimensioned plan of	proposed pipe routes.
Heating System:	
Emitter Type: District Heating	Hydraulic Break: Buffer Cylinder
Radiators UFH	Low Loss Header Multi Fuel Store
Other (Please Specify)	Other (Please Specify)
Will there be any additional integrated heat sources? (e.g. Oil Boiler, Stove/AGA etc)	
Pool Heating	
Is pool heating required? (Yes/No)	Where is the pool located? (Indoor/Outdoor)
Req. Pool Temperature: °C (Default: 32°C Indoor, 28°C Outdoor)	Is pool covered when not in use? (Yes/No)
Pool Dimesnions: Length Width Depth In (Use average pool depth)	Pool usage: (Default: 365 days for Indoor, May-Sept for Outdoor)
Hot Water Requirements:	
Is domestic hot water required? (Yes/No)	No of outlets: x Baths
Cylinder size required:	x Showers
Will solar thermal be integrated: (Yes/No)	x Wash Hand Basin
Is a specific reheat time required? (From 10°C cold)	x Kitchen / Utility Sinks
High flow rate appliance: (e.g. Drench shower) = (Flow Rat	Other X (Please specify)
Additional Notes:	Internal Use: