

Quotation Questionnaire:

	Your Details	Site Address (If different)
Name: (Company Name)		
Address:		
Postcode:		
Tel Number:		
Fax Number:		
Email:		
Mobile:		

Select (Please indicate)

Type of property:	New build:	
	Conversion:	
	Extension:	
	Refurbishment:	
	Existing:	
	Other: (Please specify)	
Details on the property:	Approximate age of property:	
	Single or double glazed:	
Displacing which fuel:	Natural Gas: (Mains gas)	
	Oil:	
	LPG:	
	Electric:	
	Other: (Please specify)	
Electricity Supply:	Single Phase (230v):	
	Three Phase (400v):	

23 Wolsingham Road
Gosforth
Newcastle-upon-Tyne
NE3 4RP

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info@caheatpumps.co.uk
www.caheatpumps.co.uk

CA Heat Pumps



Ground and Air Source Heat Pump Specialist

Area of property:

<i>m2 or feet2</i>	Area	Height of Ceilings
Ground Floor		
First Floor		
Second Floor		
Other: (Please specify)		

Type of heating system:

Underfloor heating:	
Radiators:	
Skirting heating:	
Fan Convectors:	
Other: (Please specify)	

Ground Loop Area:

Length of available land: (<i>m or feet</i>)	
Width of available Land: (<i>m or feet</i>)	
Other heat source: (Pond / river – please specify)	
Indication on soil depth: (<i>m or feet</i>)	
Indication on soil type: (<i>clay / sand etc</i>)	
Distance useable land is from building:	

Domestic Hot Water:

Would you like the heat pump to provide domestic hot water:	
Number of people typically living in the property:	
Number of bath / shower rooms:	

Cooling:

Are you interested in the heat pump to provide cooling:	
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Underfloor Heating:

Would you like CA Heat Pumps to quote for the supply and installation of your underfloor heating system: (Y / N)	
Do you have plans on the property and site plans (please attach a copy)	
Do you have a SAP report? (please attach a copy)	
Do you have an indication on the Heat Loss Coefficient: (please provide)	

Insulation levels:

	Floor	Wall	Roof
Thickness and type: (<i>mm</i>)			
U – values:			

Type of floor Structure:

(*solid screed / block & beam / timber joists / other*)

Ground Floor	
First Floor	
Second Floor	
Other: (Please specify)	

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