Dehumidification Unit Requirement Worksheet

1. Control Level Desired:
   - ________ °C/F Temperature
   - ________ °C Dew point or
   - ________ gr/lb. or
   - ________ % R.H. or
   - ________ ppm (v)

2. Room Volume: _______ L _______ W _______ H

3. Air Conditioning in the room? **YES □ NO □**

4. Is there Air circulation equipment in the room (fans / ventilator)? **YES □ NO □**
   1. Circulation air flow *(CFM or CMH)*

5. Room Structure:
   - Brick Wall **YES □ NO □**
   - Wall Panels laminated with painted steel **YES □ NO □**
   - Airlocks: quantity _______ size
   - Location for Dehumidifier (D/H) Unit:
     - Beside the Room/Building? **YES □ NO □**
     - On top of the Room/Building? **YES □ NO □**

6. Space available for D/H unit? _______ L _______ W _______ H

7. People (max.) in dry room when in operation? _______ persons

8. Cleanliness class required:

9. Is there any equipment with large input power in the room? **YES □ NO □**

10. Power source available for D/H units: _______ Voltage _______ Phase _______ Hz

11. System External Static Pressure? _______ In. WC

12. Return Ducting negative pressure? _______ In. WC

13. System Disconnect? **YES □ NO □** **Fused or Circuit Breaker?**

14. Dehumidifier Reactivation Source:
   - Electric □
   - Steam □ *(Steam PSIG _______)*
   - Gas □ *(Natural Gas or Propane)*
15. Refrigeration System:

- Chilled Water? (by other brand or DRYAIR)
  - Inlet Temp. ______ °F
- Water-Cooled DX Unit? (by other brand or DRYAIR)
- Air-Cooled DX Unit? (by other brand or DRYAIR)

16. Control System: PLC Controlled  YES □  NO □

17. Pre Filters: ______% Efficiency  Final Filters ______% Efficiency

18. Contact Information:

Name:

E-Mail:

Company:

Address:

City:

State:

Zip:

Phone:

Fax:

SC DRYAIR, LLC
1078 Truman Drive
Indian Land, SC 29707-0016
Stephen M. Stein, Owner
(803) 548-8037
(704) 689-1730 (cell)
stephen.stein@scdryair.com
https://www.scdryair.com