



PALMETTO HUMIDIFICATION INC

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REQUEST FOR QUOTATION FORM

IN-DUCT / HVAC APPLICATIONS

Use the following form to identify the specific details of your project.

Name: _____ Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Project Name: _____

Desired Conditions

Required Humidity: _____ % RH

Temperature: _____ deg F

Available Power for system:

Volts: _____ Phase: _____ Hertz: _____

AHU or RTU ?(please circle) Name of unit: _____ Total CFM: _____ OA: _____ %

Desired location of fog (i.e. between coils, duct, etc...) _____

Spaying distance available: _____

Description of unit: (100% MUA, Economizer, VAV etc...) _____ If economizer,

please list % OA in winter and OA temp when unit is at 100% OA _____

Are there any other AHU's servicing the area that will not have humidity control? (Yes / No)

If yes, please provide information on units. _____

Please list other factors of design such as: Infiltration from open doors, excess heat from machinery, freeze conditions, etc... _____

Please provide any drawings or a hand sketch along with this information. If there are multiple AHU's, please provide information for all on separate attachment.

Are you currently using a humidifier? (Yes / No) If yes, please state type of unit and if it is to be replaced or supplemented. _____

Water Source: City, Well, RO, other _____ (Attach a copy of your water report if available.)

Customer comments/concerns: _____