



Please complete the following information for each room you select.

ROOM BASICS

Dimensions: (L x W x H) _____

Building Material: _____

Room Purpose: _____
(eg. Mother, Clone, Veg, Flower, Processing, Curing, etc.)

TEMPERATURE

Room Temp/RH, Beginning of Grow: _____

Room Temp/RH, End of Grow: _____

LIGHTING

Lighting Source Type _____

Lighting Wattage per sq. ft. of Active Grow _____

GROW

Active Grow Area (percentage): _____

Number of Plants or Plant Density _____

Watering Rate per plant per day _____

Format _____
(eg. Hand Watered, Drip Irrigation, Spray, Ebb/Flow, Flooded Tray, etc.)

Please add any other information we should know about the application:

Please print, complete the information, scan and send to
selections@AgronomicIQ.com or call with any questions:

Geoff Brown, Director
1.833.327.2447 Ext.811 **AgronomicIQ.com**