

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.)

LOCATION

State/Province and City: _____

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

Please send completed card to selections@AgronomicIQ.com
or call with any questions **1.833.327.AGIQ (2447)**