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GROWROOM TECHNOLOGIES – DESIGN QUESTIONNAIRE

Company Name –

Individual Name –

Address -

Email -

Phone -

What type of building, ground up or empty shell ?

- Answer:

What are the dimensions of the following:

- Grow Room/s:
- Floor:
- Ceiling height:
- Attic above Room:
- Other

What type / style of lights (LED, Vented, Open Bulb, Double Ended, CMH, ETC):

- Answer:

How many Lights ?

- Answer

How many Watts ?

- Answer

How many plants per light ?

- Answer

What type of medium ?

- Answer

What types of tables:

- Rolling
- Ground
- Flood to waist
- Other

What is your watering schedule:

- Once a day
- 12 times a day
- Twice a day
- Once every other day
- Other

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GROWROOM TECHNOLOGIES – DESIGN QUESTIONNAIRE – PG2

What is your watering schedule:

- Once a day
- 12 times a day
- Twice a day
- Once every other day
- Other

What is your water utilization in each grow room in a 24 hr period:

- Water usage / Room size –
- Water usage / Room size –
- Water usage / Room size –
- Water usage / Room size –

What are your desired parameters for the following:

- Temperature
- RH% “Humidity”
- Light patterns (on/off) week 8 through 9)
- Other

Additional Notes:

- 1)
- 2)
- 3)
- 4)

Thank you for your time and consideration:

Growroom Technologies

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Name: _____ Signature: _____ Date: __/__/____

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