

Thank you for considering Agrowtek for your facility controls and fertigation requirements. To build the most accurate quote, please complete this form with available information.

Customer Name: \_\_\_\_\_ Do you have site plans?  Yes  No  
 Company Name: \_\_\_\_\_ Building Sq Ft: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Scheduled Completion: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Equipment Needed By: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Referred By: \_\_\_\_\_ Submission Date: \_\_\_\_\_

### Facility Information

	Flower	Veg	Mom/Clone	Dry	Other
Qty of Rooms					
Dimensions (LxWxH)					

### Environmental Equipment

	Flower	Veg	Mom/Clone	Dry	Other
HVAC Units					
A/C Only Units					
Unit Heaters					
Dehumidifiers					
Humidifiers					
Chillers					
CO2 Valve/Generator					
Exhaust Fans					
HAF Fans					

	Make/Model		
HVAC Units		<input type="checkbox"/> 2-Stage Heat	<input type="checkbox"/> 2-Stage Cooling
A/C Only Units			
Unit Heaters		<input type="checkbox"/> Grouped	<input type="checkbox"/> Independent
Dehumidifiers		<input type="checkbox"/> Grouped	<input type="checkbox"/> Independent
Humidifiers		<input type="checkbox"/> Grouped	<input type="checkbox"/> Independent <input type="checkbox"/> 120V Plug <input type="checkbox"/> Hard Wired
CO2		<input type="checkbox"/> 120V Plug	<input type="checkbox"/> Hard Wired
Exhaust Fans		<input type="checkbox"/> Variable Speed	
HAF Fans		<input type="checkbox"/> Variable Speed	

### Lighting Equipment

Fixture Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

0-10V Control  On/Off Contactor Control  Digital Control

	Flower	Veg	Mom/Clone	Other
Light Fixtures per Room				

## Fertigation & Irrigation

Growing Medium:  Soil  Rockwool  Deep Water  Aeroponic / NFT  Other: \_\_\_\_\_

	Flower	Veg	Mom/Clone	Other
Rolling Benches:				
Rack Tiers:				

To calculate water usage and dosing capacities; please complete the chart below:

	Flower	Veg	Mom/Clone	Other
Number of Irrigation Zones				
Number of Plants per Zone				
Volume per Plant per Day				
Number of Feedings per Day				

Gallons  Liters

Total number of ingredients: \_\_\_\_\_ (include pH and cleansing agents if used.)

Number of Batch Tanks: \_\_\_\_\_  One Tank per Room  One Tank per Recipe

Tank Size: (if known) \_\_\_\_\_  Gallons  Liters

Do you know the expected volume needed per batch? \_\_\_\_\_  Gallons  Liters

ORP Sensing Required?  Yes  No

## Moisture Sensors

Need soil moisture sensors?  Yes  No

	Flower	Veg	Mom/Clone	Other
Sensors per Room				

## Greenhouse Equipment

Wet Wall Cooling?  Yes  No

Light Deprivation?  Yes  No

	Number of Motors		
Ridge Vents	<input type="checkbox"/> D.C.	<input type="checkbox"/> 1PH. A.C.	<input type="checkbox"/> 3-PH. A.C.
Side Walls	<input type="checkbox"/> D.C.	<input type="checkbox"/> 1PH. A.C.	<input type="checkbox"/> 3-PH. A.C.
Blackout Curtains	<input type="checkbox"/> D.C.	<input type="checkbox"/> 1PH. A.C.	<input type="checkbox"/> 3-PH. A.C.
Shade Curtains	<input type="checkbox"/> D.C.	<input type="checkbox"/> 1PH. A.C.	<input type="checkbox"/> 3-PH. A.C.
Other: _____	<input type="checkbox"/> D.C.	<input type="checkbox"/> 1PH. A.C.	<input type="checkbox"/> 3-PH. A.C.

END