Greenhouse Dehumidifier **Sizing Questionnaire**

Project Name: _____
Client Name: _____
Phone Number: _____
City: _____
State: _____

GREENHOUSE INFO
Type of Greenhouse: _____
Manufacturer: _____
Model Type: _____
Average Ceiling Height: _____
Length: _____
Width: _____
Height: _____
Blackout: ○ Yes ○ No

MATERIAL TYPE
Wall: _____
Ceiling: _____
Floor: _____

LIGHTING INFORMATION
Number of Lights: _____
Watts: _____
Voltage: _____
HPS: ○ Yes ○ No
LED: ○ Yes ○ No
Other: _____

DAY TIME COOLING & DEHUMIDIFICATION, A/C (TYPE & TONAGE), WATER WALL, EXHAUST FANS, BURP, OTHER
Details: _____

PLANT/WATER FEED INFORMATION
Number of Plants per Greenhouse: _____
Number of Gallons of Water per Day: _____
Percentage of Runoff: _____
Grow Media Type and Size: _____
Container Size: _____

BLACKOUT COOLING: A/C, EXHAUST FANS, NONE, OTHER?
Details: _____

DESIRED CONDITIONS

	Lights On Min.	Lights On Max	Lights Off Min.	Lights Off Max
Temperature				
Relative Humidity				