



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				