

# Agricultural Custom Project Application for Proposed Projects



[www.fallriverelectric.com](http://www.fallriverelectric.com)

Member Number(as shown on electric bill)		Contact Phone #	
Member Name(as shown on electric bill)		Contact Mobile #	
Contact Name		Check all that apply: <input type="checkbox"/> Member <input type="checkbox"/> Landowner <input type="checkbox"/> Operator	
Mailing Address	City	State	Zip
Project Location Address	City	State	Zip
Email	Work Start Date	Work Completion Date	

Existing Project Site Information			
Pump meter(s) #		Total Connected Meter Horsepower	
Acres Irrigated	Pumping Lift	Flow of System	Discharge Pressure
Wheel Lines / Hand Lines Acres:	Pivot(s) / Linear(s) Acres:	Other Acres:	

Proposed Retrofit, New Construction or Major Renovation Projects			
Estimated Project Cost \$	Acres Irrigated (if different than above)	Horsepower (if different than above)	
Elevation Change	Pumping Lift	Flow of System	Discharge Pressure
Please provide a description of your project so we may better help you:			
Describe how this system upgrade is going to save energy.		Check any of the following that apply:	
<input type="checkbox"/> Reduce Pumping lift	<input type="checkbox"/> Improve motor efficiency	<input type="checkbox"/> Reduce Leaks	<input type="checkbox"/> Reduce Friction Loss
<input type="checkbox"/> Reduce Flow	<input type="checkbox"/> Increase pump efficiency	<input type="checkbox"/> Pump Upgrade	
<input type="checkbox"/> Reduce Pressure	<input type="checkbox"/> Replace existing pump with two or more smaller pumps		

Applicant Agreement (please initial each statement)	
<input type="checkbox"/>	This system is or will be used for the irrigation of agricultural crops or pasturage.
<input type="checkbox"/>	If I make any changes to my originally proposed project, I understand it may affect my energy savings and incentive payment from Fall River Electric.

Purchases must be made after 10/1/2019 and installed in FRE service territory to be eligible. All incentives are subject to availability and may change at any time. FRE reserves the right to inspect for program compliance. By signing, the Member certifies that the above information is true and accurate to the best of their knowledge.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only		
GL: CONS 08 700 555.13 Effective 10/1/2019	FRE Representative _____	Pay \$ _____ Date: _____