

Custom Project Application for Proposed Projects



www.fallriverelectric.com

For Agricultural

| | | | |
|---|------|---|-----|
| 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 | | | |

| | | | |
|--|--------------------------------|----------------------------------|--------------------|
| 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 |
| Work Start Date | | Work Completion Date | |
| 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: _____ |