Forked Deer Electric Cooperative

Irrigation Request for Service

Customer/Owner: _____

Service Address or Location: _____

Primary Voltage Available: ☐ 3 Phase ☐ 1 Phase

Irrigation System Manufacturer: _____

Total HP: _____ Well HP: _____ Additional HP (wheels, booster, etc.) _____

Motor starting type: ☐ VFD ☐ Soft-start ☐ Other: _____

Length of underground secondary: _____ Size of underground secondary _____

Calculated, full load voltage drop on secondary conductor: _____

Installer Name: _____ E-mail: _____ Date: _____

Owner Name: _____

FDEC Use ONLY

Primary extension requested: ☐ YES ☐ NO ☐ 3PH ☐ 1PH

UG OH

Distance: _____

Member to clear Right of Way: ☐ YES ☐ NO

ENGINEERING APPROVAL: ☐ YES ☐ NO

Engineering Comments: _____

_____

Flicker OK: ☐ YES ☐ NO

Protective Device OK: ☐ YES ☐ NO

APPROVED BY: _____ DATE: _____