



Irrigation Variable Frequency Drive (VFD) Rebate CENTRIFUGAL PUMP Application Form

Submit a copy of the VFD bid or invoices (invoices are required before the claim is complete) attached to this completed VFD Rebate Application.

Name _____ Date: _____
 (please print): _____
 Irrigation _____ Irrigation _____
 Account Number: _____ Meter Number: _____

_____ Mailing Address _____ City _____ State _____ Zip _____

_____ Phone _____ Cell _____ email _____

Project Information

Service Address: _____
 Estimated Installation Date: _____ Turbine Pump Rated HP for VFD: _____

Pump Data

Pump Manufacturer: _____ Pump Model: _____
 Pump Installation Dealer: _____ Phone: _____

The Rated Head and Flow may be obtained from the pump's nameplate or pump curve

Rated Head (or TDH): _____	Rated Flow (gpm): _____
Pump Set Depth (feet): _____	Estimated Lift (feet): _____
Highest Expected Lift (ft): _____	Lowest Expected Lift ft): _____
Discharge Pressure @ Max Lift (psi): _____	Discharge Pressure @ Min Lift (psi): _____
Highest Expected Flow (gpm): _____	Lowest Expected Flow (gpm): _____
Highest Total Dynamic Head (ft): _____	Lowest Total Dynamic Head (ft): _____
How are the variations controlled? _____	Throttling _____ Dumping _____ PRV _____
Does system pressure get too high(Y/N) _____	Estimated hours of operation _____

Other Loads on the Meter

Booster Pump HP: _____			
Pivot or _____	Number of Towers	Drive HP	End Gun
Linear _____		/Tower	Booster
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

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System Information and Crop History

	Acreage for each Crop Irrigated by this System				
	Year	Crop	Pivot or Linear	Wheel-line Hand-line	Big Gun
3-years prior to VFD Installation					
2-years prior to VFD Installation					
1-year prior to VFD Installation					
1-year post VFD Installation					

Upon signing this agreement, I acknowledge the following:

I am a member of FRE and the described VFD has been or will be installed at the location listed above. I also acknowledge FRE is released of any liability associated with selection, installation, or operation of the equipment which I purchased under this program, and in no way is FRE responsible for the safety or satisfactory performance of this equipment. FRE will not accept any liability due to customer's participation in the program.

I authorize FRE to contact the pump installer and the VFD installer to collect information regarding the pump and VFD. FRE may share the information contained within this form, with the addition of the request three-year electric load history prior to VFD installation and one-year post installation history.

Signature: _____

Date: _____

Project Approved: _____

Date: _____

Fall River Electric Authorized Signature