



LOAD SHEET - POULTRY HOUSE

- Please fill out form in its entirety -

APPLICANT INFORMATION			PROJECT INFORMATION		
Name _____			Nearest Intersection _____		
Tax Map Parcel _____			Nearest DEC Equipment No. _____		
Phone _____			Date of Application _____		
E-mail _____			Date Service Required _____		
Service (911) Address _____			DEC WO# - Filled out by DEC _____		
Please check the box indicating that the Member acknowledges it is their responsibility for marking out all private utilities (irrigation, well water pipe, etc) on property prior to construction. <input type="checkbox"/>					
POULTRY HOUSE LOAD INFORMATION (PER HOUSE)					
MOTOR DATA			LIGHTING DATA		
Load Description	Qty	HP/Motor	Load Description	Qty	Watts/Fixture
Tunnel Fan Motor	<input type="checkbox"/>	<input type="checkbox"/>	Brood Lights	<input type="checkbox"/>	<input type="checkbox"/>
Sidewall Fan Motor	<input type="checkbox"/>	<input type="checkbox"/>	Regular Lights	<input type="checkbox"/>	<input type="checkbox"/>
Cool Pad Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	Security Lights	<input type="checkbox"/>	<input type="checkbox"/>
Feed Line Motor	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Lights	<input type="checkbox"/>	<input type="checkbox"/>
Cross Auger Motor	<input type="checkbox"/>	<input type="checkbox"/>	Total number of houses		
Curtain Machine	<input type="checkbox"/>	<input type="checkbox"/>	being installed _____		
Ventilation Machine	<input type="checkbox"/>	<input type="checkbox"/>			
Well Pump	<input type="checkbox"/>	<input type="checkbox"/>			
Fogger Pump	<input type="checkbox"/>	<input type="checkbox"/>			
MISCELLANEOUS LOAD INFORMATION					
Receptacles _____	Qty _____		Misc Motor Load _____		Total HP _____
Controllers _____	Qty _____		(not listed above)		
Heat Trace _____	kW _____		Electric Resistance Heat _____		kW _____
MAIN HEAT SOURCE					
Will heating be supplied by alternate energy source (propane or gas)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If electric heat is to be used please provide the total kW				Total kW _____	
VOLTAGE BEING REQUESTED					
1Ø 240/120V, three wire <input type="checkbox"/>					
Will the system be placed on Load Control?				Yes/No _____	
METER PAN BEING REQUESTED					
200A Service <input type="checkbox"/>		CT Service (>320A) <input type="checkbox"/>			
320A Service <input type="checkbox"/>		Other <input type="checkbox"/>			
* Note: The center of the meter pan shall be installed between 4'-0" and 5'-6" above finished grade					
** Meter socket must be from the DEC approved meter socket list					
*** For any underground service 320A and below, DEC will furnish and install the service conductors. Please contact DEC in regards to secondary wire for CT metered services.					

Date _____
Signature _____

Note: Incomplete and/or unsigned forms will not be processed and will be returned resulting in a delay. The Member is responsible to provide sufficient load data for DEC to size equipment. If the equipment is undersized due to insufficient data, the Member will be charged for equipment replacement.

Questions about your application? Please contact NServices@delaware.coop New Service Department tel. 302.349.9090 extension 258

Technical questions? Please contact Paul Greenlee tel. 302.349.3106 email. pgreenlee@delaware.coop or Justin Thompson tel. 302.349.3105 email. jthompson@delaware.coop