



LOAD SHEET - POULTRY HOUSE

APPLICANT INFORMATION			PROJECT INFORMATION		
Name _____			Nearest Intersection _____		
Tax Map Parcel _____			Nearest DEC Equipment No. _____		
Phone _____			Date of Application _____		
E-mail _____			DEC WO no. _____		
Street Address _____			Date Service Required _____		
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 style="float: right;" 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				<input type="checkbox"/>	Total kW
VOLTAGE BEING REQUESTED					
1Ø 208/120V, three wire	<input type="checkbox"/>	3Ø 480/277V, four wire	<input type="checkbox"/>		
1Ø 240/120V, three wire	<input type="checkbox"/>	Primary	<input type="checkbox"/>		
3Ø 208/120V, four wire	<input type="checkbox"/>				
Will the system be placed on Load Control		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
METER PAN BEING REQUESTED					
100A Service	<input type="checkbox"/>	CT Service (>320A)	<input type="checkbox"/>		
200A Service	<input type="checkbox"/>	Other	<input type="checkbox"/>		
320A Service	<input type="checkbox"/>				
Note: The center of the meter pan shall be installed between 4'-0" and 5'-6" above finished grade					

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 New Service Department tel. 302.349.9090 extension 258
nservice@delaware.coop

Technical questions? Please contact Tony Rutherford tel. 302.349.3144 email. trutherford@delaware.coop or
 Troy Dickerson tel. 302.349.3125 email. tdickerson@delaware.coop