

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Email: _____

Estimated Installation Date: _____

Best time to contact you?: _____

Where did you hear about us?: _____

Design Information

Water Source: City Well Pond Other _____

Water Flow Rate (GPM): _____ Water Pressure (PSI): _____

Distance from Water Source to Planting Area: _____

Type of Soil: Sand Clay Other _____

Rows: _____ Row Width: _____ Row Length: _____

Plant Spacing In Row: _____

Type of Field Layout: Raised Beds Framed Beds Traditional RowsType of Crop: Vegetables Flowers Orchard Vineyard Other _____Timer: Digital None

Please forward a completed form via email, fax or postal mail along with your drawing to:

Email:
design@tripleirrigation.comFax:
(517)458-6541Mailing Address:
Triple K Irrigation
12930 Ingall Highway
Morenci, MI 49256*We encourage you to start your planning early allowing you to have your drip system when you need it most!*