### **ELECTRIC COOPERATIVE**

# Application for Operation of Customer-Owned Generation

This application should be completed and returned to the Cooperative Customer Service representative in order to begin processing the request. See <u>Customer Guidelines for Electric Power Generator Installation and Interconnection</u> for additional information.

INFORMATION: This application is used by the Cooperative to determine the required distribution equipment configuration for the Customer generation interface. Every effort should be made to supply as much information as possible. <u>Submittal of Application Does Not Guarantee Approval for Interconnection</u>.

Application is reviewed based on equipment listed herein. Customer shall promptly notify Cooperative if proposed generation or associated equipment is changed after an application is submitted. Failure to do so may delay the interconnection of Customer Owned Generation. The AC KW system rating for residential installations shall not exceed 10 KW and shall not exceed 100 KW for a commercial installation.

| PART 1                 | NT INFORMATION      |                 |           |  |  |
|------------------------|---------------------|-----------------|-----------|--|--|
|                        | NIINFORMATION       |                 |           |  |  |
| Owner/Customer         |                     |                 |           |  |  |
| Name:                  |                     |                 |           |  |  |
| Mailing Address:       |                     |                 |           |  |  |
| City:                  | County:             | State:          | Zip Code: |  |  |
| Generation Physical Ad | dress:              |                 |           |  |  |
| City:                  | County:             | State:          | Zip Code: |  |  |
| Phone Number:          | Representative:     |                 |           |  |  |
| Email Address:         |                     | Fax Number:     |           |  |  |
| Mailing Address:       |                     |                 |           |  |  |
| City:                  | County:             | State:          | Zip Code: |  |  |
| Phone Number:          | Representative:     |                 |           |  |  |
| Email Address:         |                     | Fax Number:     |           |  |  |
|                        | NTRACTOR (as applic |                 |           |  |  |
| Company:               |                     |                 |           |  |  |
| Mailing Address:       |                     |                 |           |  |  |
|                        |                     |                 | Zip Code: |  |  |
| Phone Number:          |                     | Representative: |           |  |  |
| Email Address:         |                     | Fax Number:     |           |  |  |

| I YPE OF GENERAL                                  | FOR (as applicable)   |   |
|---|---|---|
| Photovoltaic                                      | Wind  | Microturbine  |
| Diesel Engine                                     | Gas Engine  | Combustion Turbine  |
| Other   |   |   |
| ESTIMATED LOAD                                    | , GENERATOR RATING AN   | D MODE OF OPERATION INFORMATION   |
|   | on is necessary to help properly desintended as a commitment or contrac                             | gn the Cooperative customer interconnection. t for billing purposes.  |
| Total Site Load                                   | (kW)  |   |
| Residential                                       | Commercial  | Industrial  |
|   | (kW) [Provide A/C Rating  |   |
| Annual Estimated Genera                           | ation(kWh)  |   |
| Mode of Operation                                 |   |   |
| Isolated  | Paralleling   | Power Export  |
| <b>DESCRIPTION OF I</b> Give a general descriptio | PROPOSED INSTALLATION  n of the proposed installation, inclusive generator, the frequency with with | AND OPERATION  ding a detailed description of its planned location, the hich you plan to operate it and whether you plan to |
|   |   |   |
|   |   |   |
|   |   |   |

#### PART 2

(Complete all applicable items. Copy this page as required for additional generators)

| SYNCHRONOUS GENERAT   |                 |             |                         |   |                   |  |
|---|-----------------|-------------|-------------------------|---|-------------------|--|
| Unit Number:  | Total number    | of units wi | th listed specification | ns on site:   |                   |  |
| Manufacturer:   |                 |             |                         |   |                   |  |
| Type:   |                 | Date of     | manufacture:            |   |                   |  |
| Serial Number (each):   | 2.21            |             |                         | - (** )   |                   |  |
| Phases: Single Three  | R.P.M.: _       | ****        |                         | Frequency (Hz):   | ncy (Hz):         |  |
| Rated Output (for one unit):  |                 | Kilow       | att                     | Frequency (Hz):  Kilovolt-Amper  Rated Amperes:  toring power (kW): |                   |  |
| Rated Power Factor (%):   | Rated           | Voltage (V  | olts):                  | Rated Amperes:  |                   |  |
| Field Volts: Fie  | eld Amps:       |             | Motoring power          | r (kW):   | *****             |  |
| Synchronous Reactance (Xd): _   |                 |             | % on                    |   | KVA base          |  |
| Transient Reactance (X'd):  |                 |             | _% on                   |   | KVA base          |  |
| Subtransient Reactance (X'd);   |                 |             | % on                    |   | KVA base          |  |
| Negative Sequence Reactance (   |                 |             |                         |   |                   |  |
| Zero Sequence Reactance (Xo):   |                 |             | % on                    |   | KVA base          |  |
| Neutral Grounding Resistor (if a  | applicable):    |             |                         |   |                   |  |
| I <sub>2</sub> <sup>2</sup> t or K (heating time constant)<br>Additional information: | :               |             |                         |   |                   |  |
|   |                 |             |                         |   |                   |  |
| INDUCTION GENERATOR   |                 |             |                         | -   | _                 |  |
| Rotor Resistance (Rr):  |                 | ohms        | Stator Resistance       | (Rs):   | ohms              |  |
| Rotor Reactance (Xr):   |                 | ohms        |                         |   | ohms              |  |
| Magnetizing Reactance (Xm):_  |                 | ohms        | Short Circuit Read      | tance (Xd"):  | ohms              |  |
| Design letter:  |                 |             | Frame Size:             |   |                   |  |
| Exciting Current:   |                 |             | Temp Rise (deg C        | °):   |                   |  |
| Reactive Power Required:  |                 | Vars (r     | io load),               |   | _Vars (full load) |  |
| Additional information:   |                 |             |                         |   | <del></del>       |  |
|   |                 |             |                         |   |                   |  |
| PRIME MOVER (Complete a   |                 |             |                         |   |                   |  |
| Unit Number:  | 1 ype:          |             |                         |   |                   |  |
| Manufacturer:   |                 | Data of     | Conseque for a trump.   |   |                   |  |
| JID Datada III  | D. May          | Date of     | e of manufacture:       |   | 11 4 2            |  |
| Engage: Source (hydro steem v   | i.P. Max.:      |             | Inertia Constant:       |   | IDIt              |  |
| Energy Source (hydro, steam, w  | nna, etc.)      |             |                         |   |                   |  |
|   |                 |             |                         |   |                   |  |
| GENERATOR TRANSFORM   |                 |             | e items)                |   |                   |  |
| TRANSFORMER (between ger  |                 |             | 0 0                     |   |                   |  |
| Generator unit number:  |                 | Date of     | of manufacturer:        |   |                   |  |
| Manufacturer:   |                 |             |                         |   |                   |  |
| Serial Number:  |                 |             |                         |   |                   |  |
| High Voltage:   | KV, Connection  | delta       | wye, Neutral solid      |   |                   |  |
| Low Voltage:  | KV, Connection: | delta       | wye, Neutral solid      |   |                   |  |
| Transformer Impedance(Z):   |                 |             | % on                    |   | KVA base.         |  |
| Transformer Resistance (R):   |                 | % on        |                         |   | KVA base.         |  |
| Transformer Reactance (X):  |                 |             | % on                    |   | KVA base.         |  |
| Neutral Grounding Resistor (if a  | applicable):    |             |                         |   |                   |  |
|   |                 |             |                         |   |                   |  |

#### **INVERTER DATA** (if applicable) Manufacturer: Model: Rated Power Factor (%): Rated Voltage (Volts): Rated Amperes: \_\_\_\_ Rated Output (KW): [AC Rating] Inverter Type (ferroresonant, step, pulse-width modulation, etc): Type commutation: forced line Harmonic Distortion: Maximum Single Harmonic (%) Maximum Total Harmonic (%) Note: Attach all available calculations, test reports, and oscillographic prints showing inverter output voltage, rated output [AC Rating] and current waveforms. **POWER CIRCUIT BREAKER** (if applicable) Manufacturer: Model: Rated Voltage (kilovolts): Rated ampacity (Amperes)

## ADDITIONAL INFORMATION FOR APPLICANT

BIL Rating:

(Max. ratio) Relay Accuracy Class:

Pneumatic

Pneumatic

**Charged Capacitor** 

Other: \_\_\_\_\_

Other:

Interrupting rating (Amperes):

Spring

**Bushing Current Transformers:** 

Close energy: Spring

Trip energy:

Multi ratio?

Interrupting medium / insulating medium (ex. Vacuum, gas, oil ) \_\_\_\_\_\_\_ Control Voltage (Closing): \_\_\_\_\_\_\_ (Volts) AC DC

Motor

Motor

No

Control Voltage (Tripping): (Volts) AC DC Battery

Hydraulic

Hydraulic

Yes: (Available taps)

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the project's planned operating mode (e.g., combined heat and power, peak shaving, etc.), and its address or grid coordinates.

Failure to provide completed application or information requested in this section will result in a rejected application until the requested data is provided. An application will be evaluated based on Customer owned generation and associated equipment listed herein. Applicant must immediately contact the Cooperative with any changes, upgrades or omissions to this application. Failure to notify the Cooperative of changes may result in delayed approval or denial of this application.

If this application is approved, any future maintenance, repairs or upgrades resulting in a generation capacity increase will require approval of Cooperative prior to commencement of modifications by Customer. The original installation and future changes are subject to Cooperative's applicable Service Rules & Regulations and tariffs.

| END OF PART 2                |  |       |
|------------------------------|--|-------|
| SIGN OFF AREA                |  |       |
|                              | ovide the Cooperative with any additional information required to complete omer shall operate his equipment within the guidelines set forth by the | e the |
| Applicant                    | Date   |       |
| ELECTRIC COOPER INFORMATION: | TIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MO   | ORE   |
| Cooperative contact:         |  |       |
| Title:                       |  |       |
| Address:                     |  |       |
|                              |  |       |
|                              |  |       |
| Phone:                       |  |       |
| Fax:                         |  |       |

e-mail: