Interconnection Application
Level 2 – Greater Than 25 kW to 1 MW

This application is used by the Cooperative to determine the required equipment configuration for the Customer interface. Every effort should be made to supply as much information as possible. This information is not intended as a commitment or contract for billing purposes. This application should be completed and returned to the Cooperative Customer Service representative to begin processing the request.

OWNER/APPLICANT INFORMATION
Owner/Customer

Name:_____

Mailing Address:_____

City:_____ County:_____ State:_____ Zip Code:_____

Generating Facility Address:_____

City:_____ County:_____ State:_____ Zip Code:_____

Phone Number:_____ Representative:_____

E-mail Address:_____

Account Number:_____ Meter Number:_____

PROJECT DESIGNER (ENGINEERING/ARCHITECT) (As Applicable)

Company:_____

Mailing Address:_____

City:_____ County:_____ State:_____ Zip Code:_____

Phone Number:_____ Representative:_____

E-mail Address:_____ Web Site:_____

ELECTRICAL CONTRACTOR/INSTALLER (As Applicable)
Company:_____

Mailing Address:_____

City:_____ County:_____ State:_____ Zip Code:_____

Phone Number:_____ Representative:_____

E-mail Address:_____ Web Site:_____

GENERATING FACILITY INFORMATION

Type of Generator: Inverter-Based ☐   Synchronous ☐ Induction☐

Energy Source: Solar ☐   Wind Turbine ☐   Diesel-Fueled Reciprocating Engine ☐

Gas-Fueled Reciprocating Engine ☐   Gas Turbine ☐   Micro-Turbine ☐   Other (Specify Below) ☐

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Indicate all possible operating modes for generating facility:

Emergency/Standby ☐   Operated when Cooperative service is unavailable. Parallelling is for 100 ms or less.

Peak Shaving☐   Operated during peak demand periods. Parallelling is for extended periods of time.

Base Load Power ☐   Operated continuously at pre-determined output. Paralleling is continuous.

Cogeneration ☐   Operated primarily to produce thermal energy. Paralleling is extended or continuous.

Renewable Non-Dispatchable ☐   Operated in response to available renewable resource such as solar or wind.
Paralleling is for extended times.

Other (Describe) ☐ _____

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ESTIMATED LOAD, GENERATOR RATING & IN-SERVICE DATE

The following information is necessary to help properly design the Cooperative customer interconnection.

Customer Type: Residential ☐   Commercial☐   Industrial ☐   Agricultural/Farm ☐

Historical or Estimated Total Site Peak Load (12 Month Period) _____ (kW)

Total Rated Design Output (AC): _____ (kW)

Total Panel Design Output (Photovoltaic Projects Only) (DC): _____ (kW)

Design Annual Energy Production: _____ (kWh)

Will generation facility export power? Yes ☐ No ☐   If so, how much?: _____ (kW Peak)

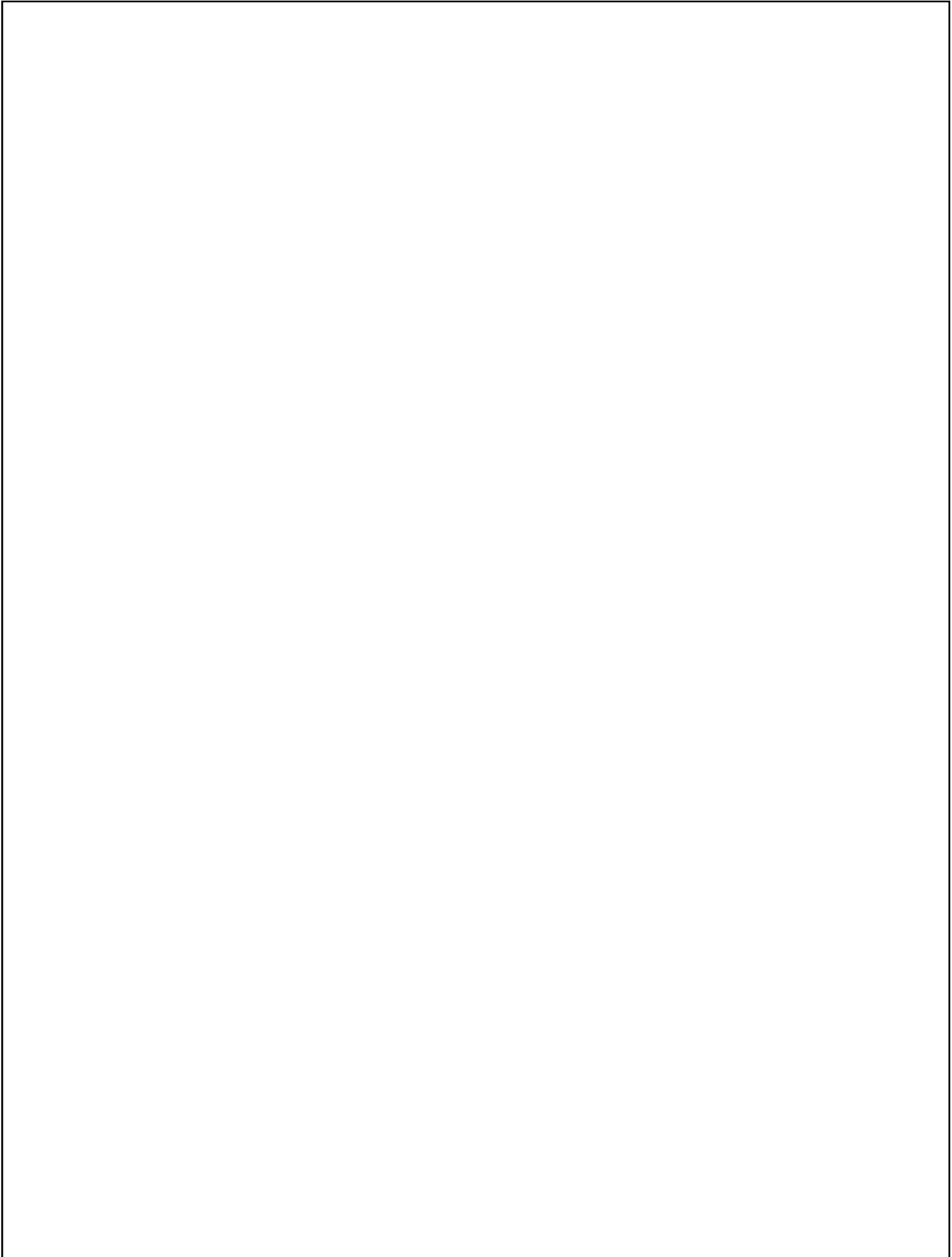Estimated Installation Start Date: _____

Requested In-Service Date: _____

ADDITIONAL PROJECT INFORMATION

New Generating Facility ☐

Capacity or Equipment Change to Existing Generating Facility (Describe Below) ☐

Change of Ownership of Proposed or Existing Generating Facility (Describe Below) ☐

_____

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_____

Customer-Owned ☐   Customer-Leased (List Leasing Company Below) ☐

Leasing Company:_____

Mailing Address:_____

City:_____ County:_____ State:_____ Zip Code:_____

Phone Number:_____ Representative:_____

E-mail Address:_____ Web Site:_____

DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location, the date you plan to operate the generator, the frequency with which you plan to operate it and whether you plan to operate it during on or off-peak hours.

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Attach documentation confirming a nationally recognized laboratory has listed the equipment. ☐

Attach manufacturer data sheets for all major equipment. ☐

Attach a Single Line Diagram or Sketch One Below that includes the following from the point where service is taken from the Cooperative that includes all applicable Generation Equipment:

Generator/Inverter ☐   Main Panel ☐   Sub-Panels ☐   Conductor Size/Type ☐   Transformer ☐   Site Controller ☐
Breaker Manufacturers/Types/Sizes ☐   Fuse Manufacturers/Types/Sizes ☐   Disconnect Switch ☐   Meter ☐

APPLICANT SIGNATURE

The customer agrees to provide the Cooperative with any additional information required to complete the interconnection. The customer shall operate equipment within the guidelines set forth by the Cooperative.

I hereby certify that, to the best of my knowledge, all information provided in this Interconnection Application is true and correct.

Applicant (Signature): _____ Date: _____

Applicant (Printed Name): _____

ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

Cooperative Contact: _____

Title: _____

Address: _____

_____

_____

_____

_____

Phone: _____

Fax: _____

e-mail: _____