

ATTACHMENT A

Distributed Electric Generating Facilities

General Description and Electrical Characteristics

This application is to be completed and returned to the Cooperative

PART 1

OWNER/APPLICANT INFORMATION

Owner/Member Name: _____

Owner/Member Cooperative Account Number (if known): _____

Mailing Address: _____

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

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

PROJECT DESIGN/ENGINEERING (ARCHITECT) (as applicable)

Company: _____ License/Registration No. (incl. state) _____

Mailing Address: _____

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

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

ELECTRICAL CONTRACTOR (as applicable)

Company: _____ License/Registration No. (incl. state) _____

Mailing Address: _____

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

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

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TYPE OF GENERATOR (as applicable)

Photovoltaic _____ Wind _____ Microturbine _____
Diesel Engine _____ Gas Engine _____ Combustion Turbine _____
Other _____

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ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION

The following information is necessary to help properly design the Cooperative member Interconnection.
This information is not intended as a commitment or contract for billing purposes.

Total Site Load _____ (kW)
Residential _____ Commercial _____ Industrial _____
Generator Rating _____ (kW) Annual Estimated Generation _____ (kWh)

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DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Provide a description of the proposed installation, including a detailed description of its planned location, the point of electrical interconnection, structure(s) to be served by the generator, and the date you plan to commence operation of the generator.

PART 2

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

SYNCHRONOUS GENERATOR DATA

Unit Number: _____ Total number of units with listed specifications on site: _____

Manufacturer: _____

Type: _____ Date of manufacture: _____

Serial Number (each): _____

Phases: Single Three R.P.M.: _____ Frequency (Hz): _____

Rated Output (for one unit): _____ Kilowatt _____ Kilovolt-Ampere

Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____

Field Volts: _____ Field Amps: _____ Motoring power (kW): _____

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Synchronous Reactance (X_d): _____ % on _____ KVA base

Transient Reactance ($X'd$): _____ % on _____ KVA base

Subtransient Reactance ($X''d$): _____ % on _____ KVA base

Negative Sequence Reactance (X_s): _____ % on _____ KVA base

Zero Sequence Reactance (X_o): _____ % on _____ KVA base

Neutral Grounding Resistor (if applicable): _____

I_2^2t or K (heating time constant): _____

Additional information: _____

INDUCTION GENERATOR DATA

Rotor Resistance (R_r): _____ ohms Stator Resistance (R_s): _____ ohms

Rotor Reactance (X_r): _____ ohms Stator Reactance (X_s): _____ ohms

Magnetizing Reactance (X_m): _____ ohms Short Circuit Reactance (X_d''): _____ ohms

Design letter: _____ Frame Size: _____

Exciting Current: _____ Temp Rise (deg C°): _____

Reactive Power Required: _____ Vars (no load), _____ Vars (full load)

Additional information: _____

PRIME MOVER (Complete all applicable items)

Unit Number: _____ Type: _____

Manufacturer: _____

Serial Number: _____ Date of manufacture: _____

H.P. Rated: _____ H.P. Max.: _____ Inertia Constant: _____ lb.-ft.²

Energy Source (hydro, steam, wind, etc.) _____

GENERATOR TRANSFORMER (Complete all applicable items)

TRANSFORMER (between generator and utility system)

Generator unit number: _____ Date of manufacturer: _____

Manufacturer: _____

Serial Number: _____

High Voltage: _____ KV, Connection: delta wye, Neutral solidly grounded? _____

Low Voltage: _____ KV, Connection: delta wye, Neutral solidly grounded? _____

Transformer Impedance (Z): _____ % on _____ KVA base.

Transformer Resistance (R): _____ % on _____ KVA base.

Transformer Reactance (X): _____ % on _____ KVA base.

Neutral Grounding Resistor (if applicable): _____

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INVERTER DATA (if applicable)

Manufacturer: _____ Model: _____
Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____
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 and current waveforms.

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POWER CIRCUIT BREAKER (if applicable)

Manufacturer: _____ Model: _____
Rated Voltage (kilovolts): _____ Rated ampacity (Amperes) _____
Interrupting rating (Amperes): _____ BIL Rating: _____
Interrupting medium / insulating medium (ex. Vacuum, gas, oil) _____ / _____
Control Voltage (Closing): _____ (Volts) AC DC
Control Voltage (Tripping): _____ (Volts) AC DC Battery Charged Capacitor
Close energy: Spring Motor Hydraulic Pneumatic Other: _____
Trip energy: Spring Motor Hydraulic Pneumatic Other: _____
Bushing Current Transformers: _____ (Max. ratio) Relay Accuracy Class: _____
Multi ratio? No Yes: (Available taps) _____

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ADDITIONAL INFORMATION

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.

END OF PART 2

SIGNATURES AND QUEUE DATE

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

Applicant

Date

ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

Cooperative contact: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

e-mail: _____

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QUEUE DATE: _____ at TIME: _____

BY: _____ (Name and Title of Cooperative Employee)