



Attachment 2

**Interconnection Application
For
Category 2 to 5 Generators**

Please provide all application information following (enter N/A if Not Applicable).

1. Generator Facility contact information (where the Generating Facility will be installed)

Company: _____

Representative: _____ Title: _____

Street Address: _____

Mailing Address (if different): _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

2. Generator contact information (who will be legally responsible for the Generating Facility).

Company: _____

Representative: _____ Title: _____

Street Address: _____

Mailing Address (if different): _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

Responsible party's name and contact information in case of emergency (provide day, evening and weekend contact information): _____

3. Project Design / Engineering

Company: _____

Representative: _____ Title: _____

Street Address: _____

Mailing Address (if different): _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

4. Installing Electrical Contractor Information.

Company: _____

Representative: _____ License Number: _____

Street Address: _____

Mailing Address (if different): _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

5. Generator's ownership of the Generation System:

Owner	Co-owner	Lease	Rental	Other
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6. Primary Intent of the Generation System:

On-site power use	Commercial power	Sales to 3 rd Party
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If on-site use of power, please indicate mode of operation:

Peak Shaving	Demand Management	Primary Power / Base Load
Combined Heat and Power or Cogeneration		Stand by / Emergency Backup

Will it vary by season? (please describe)

7. Estimated Construction Start and Completion Dates:

8.

Start Date: _____

Target in Service Date: _____

9. Technical Specifications (attach additional pages if required)

- 1) Provide one-line schematic diagram of the system.
- 2) Site Plan: Showing major equipment, electric service entrance, electric meter, location of the Generating Facility and interface equipment, location of disconnect switch, adjoining street name, and street address of Generating Facility.

10. Generator (complete for each rotating Generator)

Manufacturer: _____

Model No. _____ Version No. _____ Serial No. _____

Generating Facility Type:

Single Phase	Three Phase		
Synchronous	Induction	DC	Other

Nameplate AC Rating: _____ kW @ _____ power factor; or _____ kVA

Generating Facility output voltage: _____ Volts

Generating Facility terminal voltage: _____ Volts

Rated Current: _____ Amps

Frequency: _____ Hz

Rated Power Factor: _____ %

Power Factor Adjustment Range: _____ min., _____ max.

If Three Phase, Winding Configuration: _____ 3-wire delta _____ 3-wire wye _____ 4-wire wye

Neutral grounding system: _____ Ungrounded _____ Solid Grounded _____ Ground Resistor
Reactor _____ (ohms)

For Synchronous Generators:

Synchronous Reactance (X_d %) _____ Transient Reactance (X'_d %) _____
Sub-transient Reactance (X''_d %) _____ Zero Sequence Reactance (X_0) _____
Negative Sequence Reactance (X_2) _____

For Induction Generators:

Locked Rotor Current _____ Amps or Stator Resistance _____ %
Stator Leakage Resistance _____ % Rotor Resistance _____ %
Rotor Leakage Resistance _____ %

Prime Mover:

Photovoltaic ___ Reciprocating Engine ___ Fuel Cell ___ Turbine ___ Other ___

RPM _____

(Note: If there is more than one Generating Facility and/or inverter, attach additional sheets describing each).

11. Interface Equipment (complete for each rotating Generator)

a. Synchronizer for Synchronous Generator:

Manufacturer _____

Model No. _____

Automatic or Manual Synchronizer _____

b. Inverter for DC Generator:

Manufacturer _____

Model No. _____

Line or Self Commutated Inverter _____

12. Static Inverter (complete for DC to AC inverters)

Manufacturer _____

Model No. _____

Terminal Voltage _____

Single _____ Split _____ Three Phase _____

kW _____

No. of Units _____

Frequency _____

Power Factor _____

Line or Self Commutated _____

Battery Back Up? _____ Yes _____ No

Total System kW Output _____ kW

Fuel Source _____

13. Protection Equipment – Including relays, if applicable (attach additional sheets if required)

a. Manufacturer's Name, Model and Catalog Number for each Protective Device

b. Range of Available Settings for each Protective Device

c. Proposed Settings (trip setpoint and time) for each Protective Device

d. Current Transformer Data (if applicable)

Manufacturer _____ Type _____ Accuracy Class _____ Proposed Ratio _____
Connection _____
Manufacturer _____ Type _____ Accuracy Class _____ Proposed Ratio _____
Connection _____

e. Potential Transformer Data (if applicable)

Manufacturer _____ Type _____ Accuracy Class _____ Proposed Ratio _____
Connection _____
Manufacturer _____ Type _____ Accuracy Class _____ Proposed Ratio _____
Connection _____

14. Short Circuit interrupting rating of interconnection disconnection device:

_____ Amps Symmetrical, _____ Amps Asymmetrical

15. Does the Generating Facility start with the aid of grid power (i.e., motoring)? ___ Yes ___ No

If Yes, what is the load current? _____ Amps, Inrush current? _____ Amps

16. Interconnection Transformer (please describe)

Manufacturer _____ Model _____ KVA Rating _____
Primary Volts _____ Secondary Volts _____ Impedance _____ %
No Load Loss _____ watts, Full Load Loss _____ watts, Total Loss _____ watts
Type of transformer winding connections: _____

17. Liability Insurance: Send us your certificate of liability insurance.

Carrier: _____

Limits: _____

Agent Name & Address: _____

18. Other Comments, Specifications and Exceptions (attach additional pages if required):

19. Generator and Project Design / Engineer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and correct, and I agree to the Terms and Conditions as described within the Interconnection Agreement attached hereto as Exhibit A, the terms and conditions of which are incorporated herein by reference.

Generator:

_____ Date: _____
(Signature)

Project Design / Engineer:

_____ Date: _____
(Signature)