Large Interconnection Request Application Form
(Greater than 10 MVA)

Applicant Contact Information

Name:

Company:

Mailing Address:

City: State: Zip Code:

Telephone (Primary): (Alternate):

Facsimile Number: E-Mail Address:

Alternative or Designated Representative Contact Information

Name:

Company:

Mailing Address:

City: State: Zip Code:

Telephone (Primary): (Alternate):

Facsimile Number: E-Mail Address:

Distributed Generation Facility Information

Project Name:

Facility Address:

City: County:

State: Zip Code:

Account Number of Facility:

Inverter Manufacturer: Model:

Equipment Contractor (if known):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Primary): _____ (Alternate): _____

Facsimile Number: _____ E-Mail Address: _____

Electrical Contractor (if known):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Primary): _____ (Alternate): _____

Facsimile Number: _____ E-Mail Address: _____

License number: _____

Existing Electric Service Information for Customer Facility Where Generator Will Be Interconnected

☐ Check here if there is no existing electric service at the site:

Capacity: _____(Amps) Voltage: _____(Volts)

Type of Service: ☐ Single Phase ☐ Three Phase

(If customer-provided) 3 Phase Transformer, Indicate Type

Primary Winding ☐ Wye ☐ Delta

Secondary Winding ☐ Wye ☐ Delta

Transformer Size: _____ Impedance: _____

Point of Interconnection – Brief Description and Address of the Distributed Generation Location: _____

Intent of Generation (check all that apply):

☐ Offset Load (Unit will operate in parallel, but will not export power to EDC)

☐ Back-up Generation (Units that temporarily operate in parallel with the electric distribution system for more than 100 milliseconds)

☐ Qualified Facility ("QF") under PURPA

☐ Other, please describe:

_____

Note: Backup units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement.

Generator & Prime Mover Information

ENERGY SOURCE (Hydro, Wind, Solar, Process Byproduct, Biomass, Oil, Natural Gas, Coal, etc.):		
ENERGY CONVERTER TYPE (Wind Turbine, Photovoltaic Cell, Fuel Cell, Steam Turbine, etc.):		
GENERATOR SIZE: ☐ kW or ☐ kVA	NUMBER OF UNITS:	TOTAL CAPACITY: ☐ kW or ☐ kVA
GENERATOR TYPE (Check one): ☐ Induction ☐ Inverter ☐ Synchronous ☐ Other _____		

Distributed Generation Facility Information

Estimated Commissioning Test Date: _____

Note: Provide the following information to the extent known. Mt. Carmel Public Utility Co. will contact you for additional information that may be needed after reviewing the application.

List interconnection components/system(s) to be used in the distributed generation facility.

Component/System NRTL Providing Label & Listing

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide copies of manufacturer brochures or technical specifications

Energy Production Equipment/Inverter Information:

☐ Synchronous ☐ Induction ☐ Inverter ☐ Other _____

Rating: _____ kW Rating: _____ kVA

Rated Voltage: _____Volts

Rated Current: _____Amps

System Type Tested (Total System): ☐ Yes ☐ No; attach product literature

For Synchronous Machines:

Manufacturer (when available): _____

Model No. (when available) _____

Version No. (when available) _____

Submit copies of the Saturation Curve and the Vee Curve (when available)

☐ Salient ☐ Non-Salient

Rated RPM: _____ Field Amperes: _____ at rated generator voltage and current and _____% PF over-excited

Type of Exciter: _____

Output Power of Exciter: _____

Type of Voltage Regulator: _____

Synchronous Speed: _____RPM

Winding Connection: _____ Min. Operating Frequency: _____

Generator Connection: ☐ Delta ☐ Wye ☐ Wye Grounded

Direct-axis Synchronous Reactance (Xd) _____ ohms

Direct-axis Transient Reactance (X'd) _____ ohms

Direct-axis Sub-transient Reactance (X"d) _____ ohms

Negative Sequence Reactance: _____ ohms

Zero Sequence Reactance: _____ ohms

Neutral Impedance or Grounding Resister (if any): _____ ohms

For Induction Machines:

Manufacturer: _____

Model No. _____ Version No. _____

Locked Rotor Current: _____ Amps

Rotor Resistance (Rr)_____ ohms Exciting Current ____ Amps

Rotor Reactance (Xr)_____ ohms Reactive Power Required: _____

Magnetizing Reactance (Xm)_____ ohms ___VARs (No Load)

Stator Resistance (Rs)_____ ohms ___VARs (Full Load)

Stator Reactance (Xs)_____ ohms

Short Circuit Reactance (X"d)_____ ohms

Phases: ☐ Single ☐ Three-Phase

Frame Size: _____ Design Letter: ____ Temp. Rise: _____^{o}C.

Reverse Power Relay Information (if applicable)

Manufacturer: _____
Relay Type: _____ Model Number: _____
Reverse Power Setting: _____
Reverse Power Time Delay (if any): _____

Additional Information For Inverter Based Facilities

Inverter Information:

Manufacturer:_____ Model: _____

Type: ☐ Forced Commutated ☐ Line Commutated

Rated Output _____ Watts _____ Volts

Efficiency _____% Power Factor _____%

Inverter UL1741 Listed: ☐ Yes ☐ No

DC Source / Prime Mover:

Rating: _____ kW Rating: _____ kVA

Rated Voltage: _____Volts

Open Circuit Voltage (If applicable): _____Volts

Rated Current: _____Amps

Short Circuit Current (If applicable): _____Amps

Dedicated Transformer (applicant owned):

Rating: _____MVA
Voltage Ratio: _____/_____kV
Fixed Tap Setting: _____
Winding connections: _____
Impedance: _____ % based on transformer rating

Capacitor Bank(s):
Type: _____
Size: _____MVAR

Other Facility Information:

One Line Diagram attached: ☐ Yes

Plot Plan attached: ☐ Yes

Comments or additional information: _____

_____

Customer Signature

I hereby certify that all of the information provided in this Interconnection Request Application Form is true.

Applicant Signature: _____

Title: _____ Date: _____

An application fee must be submitted before the application can be processed. The application fee is $15,000.00 for all Large (>10MVA) Distributed Generation Facilities. Of the total application fee, $5,000.00 is nonrefundable, while Mt. Carmel Public Utility Co. shall apply the remaining $10,000.00 toward any subsequent studies related to this application.

Mt. Carmel Public Utility Co. Acknowledgement

Receipt of the application and fee is acknowledged. This acknowledgement does not preclude the requirement to furnish additional information by the applicant if requested by Mt. Carmel Public Utility Co. when it is necessary for Mt. Carmel Public Utility Co.'s review under these procedures. When the applicant has provided all necessary information, Mt. Carmel Public Utility Co. shall notify the applicant in writing.

MT. CARMEL PUBLIC UTILITY CO.

By: _____

Title: _____

Date: _____