

**Level 2, Level 3 & Level 4
Interconnection Request Application Form
(Greater than 10 kVA to 10 MVA or less)**

Interconnection Customer Contact Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (if different from Customer Contact Information)

Name: _____

Mailing _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Facility Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Account Number of Facility site: _____

Inverter Manufacturer: _____ Model: _____

Equipment Contractor

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____

E-Mail Address: _____

Electrical Contractor (if Different from Equipment Contractor):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

License number: _____

Electric Service Information for Customer Facility Where Generator Will Be Interconnected

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

Type of Service: Single Phase Three Phase

If 3 Phase Transformer, Indicate Type

Primary Winding Wye Delta

Secondary Winding Wye Delta

Transformer Size: _____ Impedance: _____

Intent of Generation

Offset Load (Unit will operate in parallel, but will not export power to Mt. Carmel Public Utility Co.

Net Meter (Unit will operate in parallel and will export power pursuant to Illinois Net Metering or other filed tariff(s))

Wholesale Market Transaction (Unit will operate in parallel and participate in PJM or MISO market(s) pursuant to a PJM Wholesale Market Participation Agreement or MISO equivalent)

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

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: <input type="checkbox"/> kW or <input type="checkbox"/> kVA	NUMBER OF UNITS:	TOTAL CAPACITY: <input type="checkbox"/> kW or <input type="checkbox"/> kVA
GENERATOR TYPE (Check one): <input type="checkbox"/> Induction <input type="checkbox"/> Inverter <input type="checkbox"/> Synchronous <input type="checkbox"/> Other _____		

Requested Procedure Under Which to Evaluate Interconnection Request¹

Please indicate below which review procedure applies to the interconnection request. The review procedure used is subject to confirmation by Mt. Carmel Public Utility Co.

- Level 2** – Lab-certified interconnection equipment with an aggregate electric nameplate capacity less than or equal to 2 MVA. Lab certified is defined in 466.30 (Application fee is \$100.00 plus \$1.00 per kVA).
- Level 3** – Distributed generation facility does not export power. Nameplate capacity rating is less than or equal to 50kVA if connecting to area network or less than or equal to 10 MVA if connecting to a radial distribution feeder. (Application fee amount is \$500.00 plus \$2.00 per kVA).
- Level 4** – Nameplate capacity rating is less than or equal to 10 MVA and the distributed generation facility does not qualify for a Level 1, Level 2 or Level 3 review or, the distributed generation facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is \$1,000 plus \$2.00 per kVA, to be applied toward any subsequent studies related to this application).

¹ **Note:** Descriptions for interconnection review categories do not list all criteria that must be satisfied. For a complete list of criteria, please refer to 83 Ill. Adm. Part 466, Electric Interconnection of Distributed Generation Facilities.

Distributed Generation Facility Information

Commissioning Date: _____

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

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:

Note: Contact Mt. Carmel Public Utility Co. to determine if all the information requested in this section is required for the proposed distributed generation facility.

Manufacturer: _____

Model No. _____ Version No. _____

Submit copies of the Saturation Curve and the Vee Curve

Salient Non-Salient

Torque: _____ lb-ft 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: _____ Locked

Rotor Current: _____ Amps Synchronous Speed: _____ RPM

Winding Connection: _____ Min. Operating Freq./Time: _____

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 Resistor (if any): _____ ohms

For Induction Machines:

Note: Contact Mt. Carmel Public Utility Co. to determine if all the information requested in this section is required for the proposed distributed generation facility.

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: _____ °C.

Reverse Power Relay Information (Level 3 Review Only)

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

Other Facility Information:

One Line Diagram attached: Yes
Plot Plan attached: Yes

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 is required before the application can be processed. Please verify that the appropriate fee is included with the application:

Amount: _____

Mt. Carmel Acknowledgement

Receipt of the application fee is acknowledged and this interconnection request is complete.

Mt. Carmel Public Utility Co.

By: _____ Date: _____

Printed Name: _____ Title: _____

Please mail the completed application to:

Mt. Carmel Public Utility Co.
PO Box 220
Mt. Carmel, IL 68263

For questions regarding application contact Mt. Carmel Public Utility Co. at:

Telephone: 618/262-5151