



**Central Electric Cooperative, Inc. Interconnection Application**  
*(To be filled out and submitted prior to installation)*

**MEMBER-GENERATOR CONTACT INFORMATION**

**Legal Name and Mailing Address of Member-Generator:** (if an individual, individual's name)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person (if other than above): \_\_\_\_\_

Mailing Address (if other than above): \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternative Contact Information: if different from Member-Generator above)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**The Member -Generator Facility's Information**

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: PA Zip Code: \_\_\_\_\_

Nearest Crossing Street \_\_\_\_\_

Electric Distribution Company (EDC"): Select Utility \_\_\_\_\_

Account #: \_\_\_\_\_ Meter #: \_\_\_\_\_

Existing Service Voltage: \_\_\_\_\_ VAC Existing Service Capacity: \_\_\_\_\_ Amps Select Phase

Current Annual Energy Consumption: \_\_\_\_\_ kW AC <sup>1</sup> Estimated Gross Annual Energy Production #: \_\_\_\_\_ kWh

Do you plan to export power? \_\_\_\_\_

If yes, Estimated Maximum: \_\_\_\_\_ kW AC Estimated Gross Annual Energy Production: \_\_\_\_\_ kWh

One-Line Diagram Attached (Required): Select Site Plan Attached (Required): Select

Energy Source: Select Gross Generator Rating: \_\_\_\_\_ kW AC

Utility Accessible Disconnect or Lock Box: Select

<sup>1</sup> If net metering is anticipated, a Net Energy Metering Rider – Application for Service should be submitted with this application.



**Equipment Installation Contractor:    Indicate by owner if applicable**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person (if other than above): \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Electrical Contractor: (If Applicable)    Indicate if not applicable**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person (if other than above): \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Consulting Engineer: (If Applicable)    Indicate if not applicable**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person (if other than above): \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Application Fee:** The applicant for interconnection of generators exceeding 10 kW of capacity may be charged a nonrefundable application fee. Depending on the extent of review necessary and the nature of the generating equipment, additional study and review fees may be required in addition to the aforementioned application fee.

**Member Generator Insurance Disclosure:** The member has responsibility and/or liability for any damage(s) or injury (ies) caused by the Member-Generator Facility and/or the member's interconnection facilities. The member recognizes that the cooperative requires general liability insurance coverage for such risk and will provide evidence of insurance naming the cooperative and Allegheny Electric Cooperative as additional insured before interconnection.

**Member-Generator Signature:** I hereby certify that to the best of my knowledge, all of the information provided in this application is accurate.

Legal Name of Member-Generator: \_\_\_\_\_

Member-Generator Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_



**CENTRAL ELECTRIC COOPERATIVE, INC. INTERCONNECTION APPLICATION  
 MEMBER GENERATOR EQUIPMENT INFORMATION FOR INVERTER BASED SYSTEMS**

**DC Source Information:**

Energy Source: \_\_\_\_\_  
 DC Source Rating: \_\_\_\_\_ kW<sub>DC</sub>  
 Nominal DC Voltage \_\_\_\_\_ V<sub>DC</sub>  
 Ampere Rating: \_\_\_\_\_ Amps<sub>DC</sub>

**Inverter Information:**

Inverter Manufacturer: \_\_\_\_\_  
 Inverter Type: Select Type \_\_\_\_\_  
 Model Number of Inverter: \_\_\_\_\_  
 Number of Units<sup>2</sup>: \_\_\_\_\_  
 Inverter Rating: \_\_\_\_\_ kW<sub>AC</sub>  
 Voltage Rating: \_\_\_\_\_ Volts<sub>AC</sub>  
 Ampere Rating: \_\_\_\_\_ Amps<sub>AC</sub>  
 Power Factor: \_\_\_\_\_ %,
   
 Number of Phases: Select  
 Frequency: \_\_\_\_\_ Hz,  
 IEEE1547/UL1741 Certification<sup>3</sup>: Select  
 Evidence of Certification attached: Select

<sup>2</sup> Attach additional sheets as necessary in the event of multiple units of various types/sizes

<sup>3</sup> The applicant is encouraged to provide evidence of IEEE1547/UL1741 Test Certification with this application, and may be required to do so in the event such evidence is not readily accessible to the EDC.

**Central Electric Cooperative, Inc. Interconnection Application  
Customer-Generator Equipment Information or Parallel  
Rotating Equipment Based Systems**

It is anticipated that many projects proposing to utilize directly coupled rotating generation may not have the specific information necessary for the EDC to adequately evaluate the impact of the proposed facility on the EDC's electrical distribution system at the time of the initial application. Often times the equipment for which this information is needed has not been specified. The type of information necessary may be conveyed during a scoping meeting or other correspondence early on during the project development. Depending on the nature of the project, this is often an iterative process. Different EDC's analytical systems may require that data be provided conforming to specific standard formats which will be conveyed by the EDC. While not all inclusive, examples of the information commonly required are as follows:

**For Synchronous Machines:** Copies of the Saturation Curve and the Vee Curve – Salient vs. Non-Salient – Torque: (lb-ft) – Rated RPM – Field Amperes at rated generator voltage and current and %PF over-excited – Maximum Leading and Lagging Reactive Output Power – Type of Exciter – Output Power of Exciter – Type of Voltage Regulator – Direct-axis Synchronous Reactance ( $X_d$ ) ohms – Direct-axis Transient Reactance ( $X'_d$ ) ohms – Direct-axis Sub-Transient Reactance ( $X''_d$ ) ohms – Rated Nominal Frequency

**For Induction Machines:** Rotor Resistance ( $R_r$ ) ohms – Exciting Current (Amps) – Rotor Reactance ( $X_r$ ) (ohms) – VARs (No Load) – Magnetizing Reactance ( $X_m$ ) – Stator Resistance ( $R_s$ ) – VARs (Full Load) – Stator Reactance ( $X_s$ ) – Short Circuit Reactance ( $X'_d$ ) – Number of Phases – Frame Size – Design Letter – Temp. Rise °C

**Protective Equipment:** The customer generator shall design a protective scheme that will provide the protective functions specified in IEEE 1547 and submit it to the EDC for review and acceptance. The submittal shall include a single line drawing showing the location of instrument transformers (current and voltage) and the location of the relays, breakers and fuses. Indicate the manufacturer and model number of each type of device. Breaker data shall include continuous and interrupting ampere ratings. If relays are used, indicate function, the tripping source and its voltage.

**Isolation Transformer:** Manufacturer – Manufacturer reference number – Nominal Voltage Ratio – High / Low Voltage Taps – Number of Units – Rated kVA – Percentage Impedance @ kVA base – High / Low Voltage Winding Configuration