

Application for Interconnection Distributed Generation Facilities



Date: _____ Application No. (assigned by Tri-County EMC staff): _____
Service Order No. (assigned by Tri-County EMC staff): _____
Map Location (assigned by Tri-County EMC staff): _____

NOTICE:

Tri-County EMC Members (Customer Generators) shall not operate a distributed generation facility in parallel with Tri-County’s EMC electric distribution system until such time as the facility has received a final inspection of the installation by the appropriate local authorities and Tri-County EMC staff. Tri-County EMC must inspect the interconnection installation and formally notify the Member in writing that the Member is now authorized to operate in parallel with the Tri-County EMC electric distribution system. Unauthorized parallel operation of the distributed generation facility may result in injury to personnel and/or equipment damage for both Tri-County EMC and the Member. Unauthorized parallel operation will result in disconnection by Tri-County EMC and potentially delay formal approval by Tri-County EMC until such time as another inspection can be scheduled and successfully performed.

Customer Generator Contact Information:

Note: The Customer Generator (Member) or their designated representative shall supply the following information.

Customer Name: _____ Service Address: _____
City: _____ State: _____
Zip Code: _____
Phone Number: _____ E-mail Address: _____
Account Number (Tri-County EMC billing account): _____

Distributed Generation Facility Location (if different from service address):

Street Address: _____
City: _____ State: _____
Zip Code: _____ Phone Number: _____
Cell Phone Number: _____ Fax Number: _____
OREMC Account Number: _____ Email: _____

Customer Generator Engineer Information (if applicable)

Company Name: _____ Name: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Email: _____
PE License Number: _____

Manufacturer/Distributor Information

Company: _____ Contact Name: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Installation Contractor Information (if applicable)

Company: _____ Contact Name: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Distributed Generation Facility Information

Number of Generators Proposed: _____

Generator Type (check all that apply): Solar PV _____ Wind _____ Fuel Cell _____ Hydro _____ Other _____

(other, please explain)

Generator Manufacturer(s): _____

Model Name and Number of Each Generator: _____

KW Rating: _____ kVA rating: _____ Power Factor: _____

Voltage Rating: _____ Number of Phases: _____ Frequency: _____

Estimated Amount of Net Excess Energy from Generator(s): _____ kWh

Describe the planned normal operation of the distributed generation: (Power only to meet your minimal load requirements, any stand-by power or back-up power requirements, how often will these be operated?)

Will an Inverter be used? _____ If so, please provide the following information:

Inverter Manufacturer: _____

Inverter Model Name/Number/Manufacturing Date: _____

Inverter Power Rating: _____ kW; _____ kVA

Disconnect Switch:

Disconnect Switch Manufacturer/Model Number: _____

Disconnect Switch Rating (Amps): _____

Device is UL approved and compliant with the current version of UL 1741 (Y/N): _____

Diagrams:

Attach a "single-line diagram" (a diagram showing an electrical one-line representation of the distributed generation facility including the generator and the remainder of the project from the point of interconnection to the distributed generator) to this application.

Are diagrams attached? (Y/N) _____

Note: Be sure to clearly indicate the physical and electrical location of the disconnect switch.

Schedule for Implementation:

Installation Start Date: _____ Proposed Interconnection Date: _____

NOTE: If schedule is anticipated to take longer than six months to complete project, please attached a more detailed schedule indicating the start and finish dates with quarterly milestone dates shown.

Permits and Certificates

Attach a copy of all signed approval(s) for all permits and certificates issued by the local governing authorities indicating their authority and that approval has been granted locally to proceed with the project.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.

Applicant Signature: _____

Date: _____

Title: _____