Central Electric Cooperative
A Touchstone Energy® Cooperative

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 [1] 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)**:

Energy Source: Select_____ Gross Generator Rating:_____kW AC

Utility Accessible Disconnect or Lock Box: Select_____

[1] If net metering is anticipated, a Net Energy Metering Rider – Application for Service should be submitted with this application.

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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. w For large systems (100KW or more), 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 DC

Nominal DC Voltage _____ V DC

Ampere Rating: _____ Amps DC

Inverter Information:

Inverter Manufacturer: _____

Inverter Type: Select Type _____

Model Number of Inverter: _____

Number of Units[2]: _____

Inverter Rating: _____ kW AC

Voltage Rating: _____ Volts AC

Ampere Rating: _____ Amps AC

Power Factor: _____ %,

Number of Phases: Select

Frequency: _____ Hz,

IEEE1547/UL1741 Certification[3]: Select

Evidence of Certification attached: Select

[2] Attach additional sheets as necessary in the event of multiple units of various types/sizes
[3] 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 (Xd) ohms – Direct-axis Transient Reactance (X'd) ohms – Direct-axis Sub-Transient Reactance (X'd) ohms – Rated Nominal Frequency

For Induction Machines: Rotor Resistance (Rr) ohms – Exciting Current (Amps) – Rotor Reactance (Xr) (ohms) – VARs (No Load) – Magnetizing Reactance (Xm) – Stator Resistance (Rs) – VARs (Full Load) – Stator Reactance (Xs) – 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