UNITED COOPERATIVE SERVICES

Application for Operation of Member-Owned Generation

This application should be completed as soon as possible and returned to the Cooperative Member Service representative in order to begin processing the request. See *Distributed Generation Procedures and Guidelines Manual for Members* for additional information.

INFORMATION: This application is used by the Cooperative to determine the required equipment configuration for the Applicant interface. Every effort should be made to supply as much information as possible.

Mailing Address:	Mailing Address:			
Dity: County: State: Zip Code: Phone Number: Representative: PROJECT DESIGN/ENGINEERING (as applicable) Company:	J			
Phone Number:	City:	County:	State:	Zip Code:
PROJECT DESIGN/ENGINEERING (as applicable) Company:	Phone Number:	Rep	presentative:	
Company:	PROJECT DESIGN	I/ENGINEERING (as a	pplicable)	
Mailing Address:	Company:			
City: County: State: Zip Code: Phone Number: Representative: ELECTRICAL CONTRACTOR (as applicable) Company:	Mailing Address:			
Phone Number:	City:	County:	State:	Zip Code:
ELECTRICAL CONTRACTOR (as applicable) Company:	Phone Number:	Rep	presentative:	
Mailing Address:	ELECTRICAL CON	ITRACTOR (as applica	ble)	
City: County: State: Zip Code: Phone Number: Representative: TYPE OF GENERATOR (as applicable) Photovoltaic Wind Microturbine Diesel Engine Gas Engine Turbine Other	Mailing Address:			
Phone Number: Representative: TYPE OF GENERATOR (as applicable) Photovoltaic Wind Microturbine Diesel Engine Gas Engine Turbine Other	City:	County:	State:	Zip Code:
TYPE OF GENERATOR (as applicable) Photovoltaic Wind Microturbine Diesel Engine Gas Engine Turbine Other	Phone Number:	Rep	presentative:	
Photovoltaic Wind Microturbine Diesel Engine Gas Engine Turbine Other	TYPE OF GENER	TOR (as applicable)		
Diesel Engine Gas Engine Turbine Other	Photovoltaic	Wind	Microtu	Irbine
	Diesel Engine	Gas Engine	eTurbine	Other
ESTIMATED LOAD INFORMATION	ESTIMATED LOAD	INFORMATION		
The following information will be used to help properly design the Cooperative membe	The following informa	tion will be used to help p	roperly design the	Cooperative member

Total Site Load _____(kW) Total DG Output_____(kW)

Mode of Operation (check all that apply)

Isolated_____

Paralleling _____ Power Export _____

DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including when you plan to operate the generator.

PART 2

(Complete all applicable items. Copy this page as required for additional generators.)

SYNCHRONOUS GENERATOR DATA

Unit Number: Total r	number of units wit	h listed s	specifications on site: _			
Manufacturer:						
Type: Date of manufacture:						
Serial Number (each):						
Phases: SingleThree _	R.P.M.:		Frequency (Hz):			
Rated Output (for one unit):	Kilowatt		Kilovolt-Ampe	r		
Rated Power Factor (%):	Rated Voltage	(Volts)	Rated Ampe	res:		
Field Volts: Field A	mps:		Motoring power (kW):			
Synchronous Reactance (X'	d):	_ % on _	K'	VA base		
Transient Reactance (X'd):			K	VA base		
Subtransient Reactance (X'd):			K	VA base		
Negative Sequence Reactance (Xs):			K	VA base		
Zero Sequence Reactance (Xo):			K	VA base		
Neutral Grounding Resistor	(if applicable):					
I ₂ ² t of K (heating time consta	nt):					
Additional Information:						

INDUCTION GENERATOR DATA

Rotor Resistance (Rr):	_ ohms	Stator Resistance (Rs):	ohms
Rotor Reactance (Xr):	ohms	Stator Reactance (Xs):	ohms
Magnetizing Reactance (Xm):	ohms	Short Circuit Reactance (Xd"):	ohms

Design letter:	Frame Size:
Exciting Current:	Temp Rise (deg C ^o):
Reactive Power Required:	Vars (no load), Vars (full load)
Additional Information:	

PRIME MOVER	(Complete all appli	cable items)	
Unit Number:	Type:		
Manufacturer:			
Serial Number: _		_ Date of manufacturer:	
H.P. Rates:	H.P. Max.:	Inertia Constant:	lbft ²
Energy Source (hydro, steam, wind	, etc.)	

GENERATOR TRANSFORMER (Complete all applicable items)

TRANSFORMER	(between generator	and utili	ty system)
Generator unit nu	umber: Da	ate of ma	anufacturer:
Manufacturer:			
Serial Number: _			
High Voltage:	KV, Connection:	delta	wye, Neutral solidly grounded?
Low Voltage:	KV, Connection:	delta	wye, Neutral solidly grounded?
T	-1	0/	

Transformer Impedance (Z):	% on	KVA base
Transformer Resistance (R):	% on	KVA base
Transformer Reactance (X):	% on	KVA base
Neutral Grounding Resistor (if applicable:		

INVERTER DATA (if applicable)

Manufacturer:	, , ,	Мос	del:
Rate Power Factor (%	6): Rate	d Voltage (Volts): _	Rated Amperes:
Inverter Type (ferrore	sonant, step	, pulse-width modul	lation, etc.):
Type commutation:	forced	line	·
Harmonic Distortion:	Maximum S	Single Harmonic (%)	
	Maximum T	Total Harmonic (%)	
Noto: Attach all ave	ilabla aalaul	lational toot ranarta	and accillagraphic prints showing

Note: Attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.

POWER CIRCUIT BREAKER (if applicable)

Manufacturer:		· · ·	I	Model:	
Rated Voltage (kil	ovolts):		F	Rated an	npacity (Amperes)
Interrupting rating	(Amperes):	BI	L Rating]
Interrupting mediu	m / insula	ting mediu	ım (ex. Vacı	um, gas	s, oil)/
Control Voltage (C	losing): _	(Volts)	AC	DC	
Control Voltage (T	ripping): _	(Volts)	AC	DC	Battery Charged Capacitor
Close energy:	Spring	Motor	Hydraulic	Pneum	natic Other:
Trip energy:	Spring	Motor	Hydraulic	Pneun	natic Other:
Bushing Current T	ransforme	ers:	_ (Max. rati	o) Relay	<pre>/ Accuracy Class:</pre>
Multi Ratio?	No	Yes: (ava	ailable taps)		

ADDITIONAL INFORMATION

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment (generators, transformers, inverters, circuit breakers, protective relays, etc.), specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection.

SIGN OFF AREA

The applicant agrees to provide the Cooperative with any additional information requested by the Cooperative to assist in the review of this Application required to complete the interconnection. The applicant shall operate his equipment within the guidelines set forth by the Cooperative.

Applicant

Date

UNITED COOPERATIVE SERVICES CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

Cooperative contact:	Cooperative Planning
Address:	P.O. Box 1809
	Burleson, Texas 76097
Phone:	817-447-9292
Fax:	817-782-8331

Web site: www.united-cs.com/programs/distributed-generation/