



Application for Operation of Customer-Owned Generation

This application should be completed and returned to the Cooperative Customer Service representative in order to begin processing the request. Please include a \$500 nonrefundable deposit with this application.

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

PART 1 OWNER/APPLICANT INFORMATION

Owner/Customer

Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

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PROJECT DESIGN/ENGINEERING (ARCHITECT) (as applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

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ELECTRICAL CONTRACTOR (as applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

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TYPE OF GENERATOR (as applicable)

Photovoltaic _____ Wind _____ Microturbine _____

Diesel Engine _____ Gas Engine _____ Combustion Turbine _____

Other _____

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ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION

The following information is necessary to help properly design the Cooperative customer interconnection.
This information is not intended as a commitment or contract for billing purposes.

Total Site Load _____ (kW)
Residential _____ Commercial _____ Industrial _____
Generator Rating _____ (kW) Annual Estimated Generation _____ (kWh)

Mode of Operation

Isolated _____ Paralleling _____ Power Export _____

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DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location, the date you plan to operate the generator, the frequency with which you plan to operate it and whether you plan to operate it during on or off-peak hours.

PART 2

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

SYNCHRONOUS GENERATOR DATA

Unit Number: _____ Total number of units with listed specifications on site: _____
Manufacturer: _____
Type: _____ Date of manufacture: _____
Serial Number (each): _____
Phases: Single Three R.P.M.: _____ Frequency (Hz): _____
Rated Output (for one unit): _____ Kilowatt _____ Kilovolt-Ampere
Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____
Field Volts: _____ Field Amps: _____ Motoring power (kW): _____
Synchronous Reactance (Xd): _____ % on _____ KVA base
Transient Reactance (X'd): _____ % on _____ KVA base
Subtransient Reactance (X''d): _____ % on _____ KVA base
Negative Sequence Reactance (Xs): _____ % on _____ KVA base
Zero Sequence Reactance (Xo): _____ % on _____ KVA base
Neutral Grounding Resistor (if applicable): _____
I₂²t or K (heating time constant): _____
Additional information: _____

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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. Also describe the project's planned operating mode (e.g., combined heat and power, peak shaving, etc.), and its address or grid coordinates.

END OF PART 2

SIGN OFF AREA

The customer agrees to provide the Cooperative with any additional information required to complete the interconnection. The customer shall operate his equipment within the guidelines set forth by the cooperative.

Applicant

Date

ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

Cooperative contact:

Jordan Creed

Title:

Engineer

Address:

PO Box 220

Wellington, KS

67152

Phone:

(620) 514-4091

Fax:

(620) 326-6579

e-mail:

jordanc@sucocoop.com

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Tariff Choice (please contact SUCO Engineering for tariff information and questions)

Net Rider

Parallel Generation Rider