Habersham EMC

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. See <u>Customer Guidelines for Electric Power Generator Installation and Interconnection</u> for additional information.

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.

OWNER/APPLICA	NT INFORMATION				
Owner/Customer					
Name:					
Mailing Address:					
City:	County:	State:	Zip Code:		
Phone Number:	Representative:				
Email Address:	Fax Number:				
	I/ENGINEERING (ARC	, ,	тррисавіє)		
Mailing Address:					
City:	County:	State:	Zip Code:		
Phone Number:	Representative:				
Email Address:	F	Fax Number:			
	NTRACTOR (as applica				
Company:					
Mailing Address:					
City:	County:	State:	Zip Code:		
Phone Number:	R	epresentative:			
Email Address:	F	Fax Number:			
		• • • • • • • • • • • • • • • • • • • •			
TYPE OF GENERA	ATOR (as applicable)				
Photovoltaic	Wind		Microturbine		
Diesel Engine	Gas Engine		Combustion Turbine		
Other					

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 _____ Industrial Commercial _____ Generator Rating _____(kW) Annual Estimated Generation _____ (kWh) **Mode of Operation** Paralleling _____ Power Export _____ Isolated _____ 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 ____ Kilowatt ____ Kilovolt-Ampere Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____ Motoring power (kW): _____ Kilowatt ____ Kilowatt ____ Kilowatt ____ Rated Amperes: _____ Rated Amperes: _____ Motoring power (kW): _____ Kilowatt ____ Kilowatt ____ Rated Amperes: _____ Kilowatt ____ Kilowatt ____ Kilowatt ____ Rated Amperes: _____ Kilowatt ____ Kilowatt _____ Kilowatt ____ Kilowatt _____ Kilowatt ______ Kilowatt ______ Kilowatt ______ Kilowatt ______ Kilowatt ______ Kilowatt ______ Kilowatt _______ Kilowatt _______ Kilowatt _______ Kilowatt ______ Kilowatt _______ Kilowatt _______ Kilow Synchronous Reactance (Xd): ________ % 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):_____ I_2^2 t or K (heating time constant): _____

Additional information:

INDUCTION GENERATOR DATA		•••••	
Rotor Resistance (Rr):	ohms	Stator Resistance (Rs):	ohme
Rotor Reactance (Xr):			
Magnetizing Reactance (Xm):			
Design letter:		Frame Size:	d) Omns
Exciting Current:		Frame Size: Temp Rise (deg C°):	
Reactive Power Required:	Vars (no load)	Vars (full load)
Additional information:			vars (ran 10aa)
· 			
PRIME MOVER (Complete all applic			
Unit Number: Type:			
Manufacturer: Type			
Serial Number:	Date o	f manufacture:	
H.P. Rated: H.P. Max.		Inertia Constant:	lh -ft ²
Energy Source (hydro, steam, wind, etc.))	nertia Constant.	10. 1t.
GENERATOR TRANSFORMER (Co TRANSFORMER (between generator ar		e items)	
Generator unit number:	Date	of manufacturer:	
Manufacturer:			
Serial Number:			
High Voltage: KV, Co	nnection: delta	wye, Neutral solidly ground	ded?
Low Voltage: KV, Con	nnection: delta	wye, Neutral solidly g rour	ıded?
Transformer Impedance(Z):		% on	KVA base
Transformer Resistance (R):			
Transformer Reactance (X):			
Neutral Grounding Resistor (if applicable			
INVERTER DATA (if applicable)			
Manufacturer:		Model:	
Rated Power Factor (%):	Rated Voltage (V	Volts): Rated A	
Inverter Type (ferroresonant, step, pu			
inverter Type (terroresonant, step, pt	iise-widiii iiioduia	, etc)	
Type commutation: forced	line		
Harmonic Distortion: Maximum Sing			
-			
Note: Attach all available calculation voltage and current waveforms.	ons, test reports, a	nd osemograpine prints sno	owing inverter output
Č			
POWER CIRCUIT BREAKER (if	applicable)		
Manufacturer:		Model:	
Rated Voltage (kilovolts):		Rated ampacity (Amp	eres)
Interrupting rating (Amperes):			
Interrupting medium / insulating medium /	lium (ev. Vocuum	gas oil)	
Control Voltage (Clasice):	mum (CA. V acuulli 737	olts) AC DC	/
Control Voltage (Closing):	(V	ons) AC DC	Ob 1 O
Control Voltage (Tripping):	(Vo	oits) AC DC Battery	Charged Capacito
Close energy: Spring Motor	Hydraulic	Pneumatic Other: _	
Trip energy: Spring Motor	Hydraulic	Pneumatic Other: _	
Bushing Current Transformers:	(Max	x. ratio) Relay Accuracy Cl	ass:
Multi ratio? No Yes:	(Available tans)		

ADDITIONAL INFO	PRMATION
all applicable elements breakers, protective redocuments necessary	as listed above, please attach a detailed one-line diagram of the proposed facility, attary diagrams, major equipment, (generators, transformers, inverters, circuit elays, etc.) specifications, test reports, etc., and any other applicable drawings or for the proper design of the interconnection. Also describe the project's planned combined heat and power, peak shaving, etc.), and its address or grid coordinates.
END OF PART	2
SIGN OFF AREA	
_	o provide the Cooperative with any additional information required to complete the ustomer shall operate his equipment within the guidelines set forth by the
Applicant	Date
ELECTRIC COOPE INFORMATION:	RATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE
Cooperative contact:	Ricky Bates
Title:	V.P., Engineering & Operations
Address:	6135 Hwy. 115 West

706-754-4482 forinfo@hemc.coop

Clarkesville, GA 30523

706-754-2114

Phone:

e-mail:

Fax: