

Northeastern REMC

Application for Operation of Member-Owned Generation

(equal to or less than 10 kW)

This application should be completed and returned to a Northeastern REMC representative in order to begin processing the request. See Northeastern's Net Billing Schedule for additional information.

INFORMATION: This information is used by Northeastern REMC to determine the required equipment configuration for the net billing interface. Every effort should be made to supply as much information as possible.

A non-refundable processing fee of \$50 must accompany this application.

OWNER/OPERATOR INFORMATION

Name: _____

Mailing Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Generator Location (if different from above): _____

Daytime Phone #: _____ *Evening/Cell Phone #:* _____

Email Address: _____

Northeastern Account Number (from utility bill): _____

ELECTRICAL CONTRACTOR

Company: _____

Mailing Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Phone _____ *Number:* _____

_____ *Representative:* _____

Email Address: _____ *Fax Number:* _____

License Number: _____

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 begin operation and the frequency with which you plan to operate.

GENERATOR INFORMATION

System Type: _____ Wind _____ Solar _____ Biomass

Generator Rating _____ (kW) _____ (kVA) Annual Estimated Generation _____ (kWh)

Manufacturer: _____

Model Number: _____

Type: _____ Date of manufacture: _____

Serial Number: _____

INVERTER DATA

(attach manufacturer's cut sheet showing UL 1741 listing)

Manufacturer: _____ Model: _____

Serial Number: _____ Rated Voltage (Volts): _____ Rated Amperes: _____

Inverter Type (ferroresonant, step, pulse-width modulation, etc): _____

Harmonic Distortion: Maximum Single Harmonic (%) _____

Maximum Total Harmonic (%) _____

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

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 grid coordinates if available.

MEMBER SIGNATURE

I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by Northeastern REMC's Terms and Conditions for Service as listed in the Net Billing Schedule (NB-1) and return the Certificate of Completion when the Small Generating Facility has been installed.

Signed: _____

Date: _____

Contingent Approval to Interconnect the Small Generating Facility

(For Northeastern REMC use only)

Interconnection of the Net Billing Facility is approved contingent upon the Terms and Conditions for Service as listed in the Net Billing Schedule (NB-1) and return of the Certificate of Completion.

Company Signature: _____

Title: _____ Date: _____

Application ID number: _____