

# SOUTH CENTRAL INDIANA REMC

## Application for Operation of Member-Owned Small Power Generation Systems

**This application should be completed as soon as possible and returned to the Cooperative in order to begin processing the request. See Member Requirements for Installation and Interconnection of Small Power Generation Systems 50 kW or Less for additional information.**

*INFORMATION: This application will be used by South Central Indiana REMC to determine the required equipment configuration for the Member interface. Every effort should be made to supply as much information as possible.*



### PART 1

#### MEMBER/APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

SCI Account Number: \_\_\_\_\_



#### PROJECT DESIGN/ENGINEERING (as applicable)

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_



#### ELECTRICAL CONTRACTOR (as applicable)

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

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**TYPE OF GENERATOR**

Photovoltaic \_\_\_\_\_ Wind \_\_\_\_\_ Microturbine \_\_\_\_\_

Diesel Engine \_\_\_\_\_ Gas Engine \_\_\_\_\_ Turbine \_\_\_\_\_

Other \_\_\_\_\_

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**ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION**

The following information will be used to help properly design the 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) Battery \_\_Y \_\_N Capacity \_\_\_\_\_ (kWh)

Battery Demand Capacity \_\_\_\_ (kW) Battery Energy Capacity \_\_\_\_ (kWh)

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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 and when you plan to operate the generator. Attach a single-line diagram showing the planned installation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 2

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

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**INVERTER DATA** (if applicable)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Rated Power Factor (%): \_\_\_\_\_ Rated Voltage (Volts): \_\_\_\_\_ Rated Amperes: \_\_\_\_\_

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

Type commutation: \_\_\_ forced \_\_\_ line

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.

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**STORAGE SYSTEM DATA (Batteries)** (if applicable)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Volt/Cell: \_\_\_\_\_ #Cells: \_\_\_\_\_ Maximum Output: \_\_\_\_\_ (KW)

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**POWER CIRCUIT BREAKER** (if applicable)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Rated Voltage (*kilovolts*): \_\_\_\_\_ Rated ampacity (*Amperes*) \_\_\_\_\_

*Interrupting rating (Amperes)*: \_\_\_\_\_ *BIL Rating*: \_\_\_\_\_

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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.*

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**END OF PART 2**  
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The Member agrees to provide the Cooperative with any additional information required to complete the interconnection. The member shall operate the equipment within the guidelines set forth by the cooperative.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**PLEASE SUBMIT YOUR APPLICATION TO OUR SYSTEM ENGINEER AS FOLLOWS:**

System Engineer  
South Central Indiana REMC  
300 Morton Avenue  
Martinsville, IN 46151  
765-352-4750 (phone)  
765-352-4831 (fax)  
johnc@sciremc.com

