

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: _____

TYPE OF GENERATOR

Photovoltaic _____ Wind _____ Microturbine _____

Diesel Engine _____ Gas Engine _____ Turbine _____

Other _____

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)

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)

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.

STORAGE SYSTEM DATA (Batteries) (if applicable)

Manufacturer: _____ Model: _____

Volt/Cell: _____ #Cells: _____ Maximum Output: _____ (KW)

POWER CIRCUIT BREAKER (if applicable)

Manufacturer: _____ Model: _____

Rated Voltage (*kilovolts*): _____ Rated ampacity (*Amperes*) _____

Interrupting rating (Amperes): _____ *BIL Rating*: _____

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

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

