

# Brown County Rural Electrical Association

## Interconnection Application



Persons interested in applying for the interconnection of a distributed energy resource to the Utility’s distribution system through the Fast Track or Study Processes are to fill out this Interconnection Application. The Interconnection Application is to be filled out completely by the applicant or as noted in each section of the application. The Utility will contact the applicant within 10 business days once the Interconnection Application and the corresponding processing fee is submitted to the Utility. The Utility will then notify the applicant of the completeness of their application. If the application is deemed incomplete by the Utility, the Utility will provide the applicant with a list of missing material. The applicant will then have 10 business days to provide the Utility with this information or request an extension, otherwise the application will be deemed incomplete and the applicant will lose their place in the queue. Section that are noted with \* are required to be filled out.

Checklist for Submission to Area EPS Operator	
<i>The items below shall be included with submittal of the Interconnection Application to the Area EPS Operator. Failure to include all items will deem the Interconnection Application incomplete.</i>	
	<b>Included</b>
Non-Refundable Processing Fee Fast Track <ul style="list-style-type: none"> <li>• \$100 + \$1/kW for Certified Systems</li> <li>• \$100 + \$2/kW for Non-Certified Systems</li> </ul> Study Process <ul style="list-style-type: none"> <li>• \$1,000 + \$2/kW down payment. Additional study fees may apply.</li> </ul>	<input type="checkbox"/> Yes
One-line diagram <ul style="list-style-type: none"> <li>• Please see Area EPS Operator’s Technical Specification Manual (TSM) for more details.</li> </ul>	<input type="checkbox"/> Yes
Documentation showing site control.	<input type="checkbox"/> Yes
Site Diagram showing DER system layout (See TSM for more details)	<input type="checkbox"/> Yes
<b>Possible Additional Documentation (See TSM for more details)</b>	
<ul style="list-style-type: none"> <li>• If requesting the DER export capacity to be limited, include information material explaining the limiting capabilities.</li> <li>• Schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).</li> <li>• Documentation that describes and details the operation of protection and control schemes (if applicable).</li> <li>• Inverter Specification Sheet(s) (if applicable).</li> </ul>	

Interconnection Customer/Owner *	
Full Name (match name of electric service account, if applicable):	
Account Number:	Meter Number:
Mailing Address:	
Email:	Phone:

Application Agent *	
Is the Customer using an Application Agent for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Interconnection Customer is not using an Applicant Agent, please continue to next section.</i>	
Application Agent:	
Company Name:	
Email:	Phone:

DER Location *	
Is the proposed DER system to be located at the Interconnection Customer's mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, please continue to the next section.</i>	
If No, will the proposed DER system be interconnected to an existing electric service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide the address or GPS coordinates:	
If not an existing service, please state the proposed service entrance size (amps):	

General *	
Select Review Process:	<input type="checkbox"/> Fast Track Process <input type="checkbox"/> Study Process
Choose one of the following and provide applicable data:	
<input type="checkbox"/> Application is for a new DER	
Aggregate DER nameplate rating of all generation and storage types (kW AC):	
<input type="checkbox"/> Application is for a Capacity Addition to an existing DER	
Capacity of existing DER (kW AC):	Capacity proposed to be added (kW AC):
<input type="checkbox"/> Application is for a Material Modification to an existing DER	
If Material Modification to existing facility, please describe:	
Distributed Energy Resource will be used for what reason? (Check all that apply):	
<input type="checkbox"/> Net Metering	<input type="checkbox"/> To only supply power to Interconnection Customer
<input type="checkbox"/> To only supply power to Area EPS	
Type of Generator (check all that apply):	<input type="checkbox"/> Inverter <input type="checkbox"/> Induction or Synchronous

**Installed DER System Cost (before incentives): \$**

Distributed Energy Resource Information *			
Phase configuration of Distributed Energy Resource(s): <input type="checkbox"/> Single-Phase <input type="checkbox"/> Three-Phase			
<b>DER Type (Check all that apply and list aggregate capacity of each type):</b>			
<input type="checkbox"/> Solar Photovoltaics	Size (kW AC):	<input type="checkbox"/> Wind	Size (kW AC):
<input type="checkbox"/> Storage	Size (kW AC):	<input type="checkbox"/> Diesel	Size (kW AC):
<input type="checkbox"/> Natural Gas	Size (kW AC):	<input type="checkbox"/> Fuel Oil	Size (kW AC):
<input type="checkbox"/> Hydro Type	Size (kW AC):	<input type="checkbox"/> Other	Size (kW AC):
Please specify other:			

Export Capacity Limitation *
Is the Maximum Physical Export Capacity request the same as the nameplate capacity: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please continue to the next section.</i>
If No, what is the Maximum Physical Export Capacity Requested ( $kW_{ac}$ ):
Is the Export Capacity Limited (e.g. though the use of a control system, power relay(s), or other similar devices setting of adjustment?): <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please attach detailed information describing the method of limiting export capacity.</i>

Interconnection Facilities Information *		
<b>What type of DER Interconnection/Transfer Method is Proposed?</b>		
<input type="checkbox"/> None (DER is never operating parallel with the distribution system)		
<input type="checkbox"/> Extended Parallel/Continuous (The normal state of the DER is to operate parallel with the distribution system.)		
<input type="checkbox"/> Limited (DER operated parallel with the distribution system for a short time). Please specify what type of Limited.		
<input type="checkbox"/> Quick Closed (100msec parallel or less)	<input type="checkbox"/> Limited Parallel (2 minutes or less)	
Will a transfer switch be used with the DER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufacturer:	Model:	Load Rating (in Amps):
Will a transformer, owned by the Interconnection Customer, be used between the DER and the Point of Common Coupling?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please show proposed location of protective interface equipment on property on the submitted site diagram.</i>		

<b>Transformer Data (For Interconnection Customer-Owned Transformer) (if applicable)</b> <i>(Ex. Transformers used for secondary voltage conversion or primary metered interconnections)</i>			
What is the phase configuration of the transformer?			<input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase
Size (kVA):		Transformer Impedance (%):	On kVA Base:
Transformer Volts: (Primary)	Delta:	Wye:	Wye Grounded:
Transformer Volts: (Secondary)	Delta:	Wye:	Wye Grounded:
Transformer Volts: (Tertiary)	Delta:	Wye:	Wye Grounded:
<b>Transformer Fuse Data (For Interconnection Customer-Owned Fuse)</b>			
Manufacturer:	Type:	Size:	Speed:
<b>Interconnecting Circuit Breaker (For Interconnection Customer-Owned Circuit Breaker) (if applicable)</b>			
Manufacturer:		Type:	
Load Rating (in Amps):	Interrupting Rating (In Amps):	Trip Speed (Cycles):	
<b>Interconnection Protective Relays: Please show protective relay manufacturer, model and type on the one-line diagram.</b>			
<b>Current and Potential Transformer Data: Please show CT ratios and CT/PT locations on one-line</b>			

***Fill out all following sections which pertain to the proposed DER installation***

<b>Inverter Interconnected System Information – non ESS (if applicable)</b>	
Aggregate Inverter Rating (kW AC):	Number of Total Inverters:
Phase configuration of inverter(s):	<input type="checkbox"/> Single-Phase <input type="checkbox"/> Three-Phase
Voltage of Inverter(s):	
Inverter Manufacturer:	
1. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:
2. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:
3. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:
4. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB

Inverter Rating (kW AC):	Number of Units of this Model:
--------------------------	--------------------------------

**Energy Storage System Information (if applicable)**

ESS Inverter Energy Rating (kWh AC):	ESS Inverter Capacity Rating (kW AC):
--------------------------------------	---------------------------------------

**How will the ESS be used? Select all Use Cases that apply.**  
 Outage Protection/Backup Power     Demand Reduction     No Export  
 Time-of-Use Energy Management     Increased Self-Consumption     Other

Please specify other:

**What Operating Modes will be used? Select only one Operating Mode.**  
 Import Only     Export Only     No Exchange     Unrestricted Exchanged

If Export Only is Checked, select all that apply.  
 ESS Export is Allowed     Solar Export is Allowed  
 Limited Export is Allowed (please specify export limit amount in kW):

**Is the ESS recharging limited to certain times of the day and/or after a power outage?**     Yes     No  
 If Yes, please explain:

*If the ESS shares an inverter that is listed in the previous section, please skip the rest of this section.*

Aggregate ESS Inverter Rating (kW AC):	Number of Total ESS Inverters:
--	--------------------------------

Phase configuration of ESS inverter(s):     Single-Phase     Three-Phase

Voltage of ESS Inverter(s):

ESS Inverter Manufacturer:

1. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB
--------------	---

Inverter Rating (kW AC):	Number of Units of this Model:
--------------------------	--------------------------------

2. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB
--------------	---

Inverter Rating (kW AC):	Number of Units of this Model:
--------------------------	--------------------------------

3. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB
--------------	---

Inverter Rating (kW AC):	Number of Units of this Model:
--------------------------	--------------------------------

4. Model No.	Certification <input type="checkbox"/> UL 1741 <input type="checkbox"/> UL 1741-SA <input type="checkbox"/> UL 1741-SB
--------------	---

Inverter Rating (kW AC):	Number of Units of this Model:
--------------------------	--------------------------------

Rotating Generation System Information (if applicable)			
Prime Mover Information			
Please indicate the prime mover:			
<input type="checkbox"/> Microturbine <input type="checkbox"/> Reciprocating Engine <input type="checkbox"/> Hydro <input type="checkbox"/> Wind <input type="checkbox"/> Other (please specify)			
Generator type <input type="checkbox"/> Induction <input type="checkbox"/> Synchronous			
Manufacturer:	Model Name & Number:		Version:
Summer Name Plate Rating:	$kW_{ac}$	Summer Name Plate Rating:	$kW_{ac}$
Winter Name Plate Rating:	$kVA_{ac}$	Winter Name Plate Rating:	$kVA_{ac}$
Rated Power Factor:	Leading:	Lagging:	

Distributed Energy Resource Characteristic Data (for Synchronous machines)	
RPM Frequency:	Neutral Grounding Resistor:
Direct Axis Synchronous Reactance, $X_d$ :	Zero Sequence Reactance, $X_0$ :
Direct Axis Transient Reactance, $X'_d$ :	KVA Base:
Direct Axis Subtransient Reactance, $X''_d$ :	Field Volts:
Negative Sequence Reactance, $X_2$ :	Field Amperes:
<p><b>For Synchronous Generators 1 MW or larger</b>, please provide the appropriate IEEE model block diagram of excitation system, governing system and power system stabilizer (PSS) in accordance with the regional reliability council criteria. A PSS may be determined to be required by applicable studies. A copy of the manufacturer's block diagram may not be submitted.</p>	

<b>Distributed Energy Resource Characteristic Data (for Induction machines)</b>	
RPM Frequency:	Neutral Grounding Resistor:
Motoring Power (kW):	Exciting Current:
Heating Time Constant:	Temperature Rise:
Rotor Resistance, $R_r$ :	Frame Size:
Stator Resistance, $R_s$ :	Design Letter:
Stator Reactance, $X_s$ :	Reactive Power Required In Vars (No Load):
Rotor Reactance, $X_r$ :	Reactive Power Required In Vars (Full Load):
Magnetizing Reactance, $X_m$ :	Total Rotating Inertia, H:
Short Circuit Reactance, $X_d''$ :	

**Additional Documentation**

On the one-line please show the interconnection transformer and provide the transformer winding configuration, primary and secondary transformer voltage, transformer protection information and expected impedance. Please also show how the transformer will be protected to meet the NEC requirements.

Please see the Area EPS Operator’s Technical Specification Manual (TSM) for requirements that need to be on the one-line and site diagram and for example application documentation.

Please see the Interconnection Process for additional requirements related to Site Control and insurance documentation.

<b><i>Interconnection Agreement *</i></b>
<i>Propose DER interconnections that are also deemed Qualifying Facilities less than 40 kW AC under are eligible to sign the Utility’s Uniform Contract for Cogeneration and Small Power Production Facilities. Included in this agreement are payment terms for excess power generated by the proposed DER system the Utility may purchase. In lieu of the Utility’s Uniform Contract for Cogeneration and Small Power Production Facilities, the Interconnection Customer may choose to instead signed the Utility’s Distribution Interconnection Agreement.</i>

The Interconnection Customer request an Interconnection Agreement to be executed in lieu of the Utility’s Uniform Contract for Cogeneration and Small Power Production Facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**Acknowledgements – Must be completed by Interconnection Customer \***

	Initials
The Interconnection Customer has opportunities to request a timeline extension during the interconnection process. Failure by the Interconnection Customer to meet or request an extension as for a timeline outlined in the Interconnection Process could result in a withdrawn queue position and the need to re-apply.	
Propose DER interconnection to the Utility’s distribution submitted under the Fast Track Process may be moved into the Study Process if engineering screens are failed during the Interconnection Application review. Interconnection Customer will be contacted to approve being moved into the Study Process.	

**Application Signature – Must be completed by Interconnection Customer \***

I designate the individual or company listed as my Application Agent to serve as my agent for the purpose of coordinating with the Area EPS Operator on my behalf throughout the interconnection process.

\_\_\_\_\_ Initials

I hereby certify that, to the best of my knowledge, the information provided in this Interconnection Application is true, and that I have appropriate Site Control in conformance with the Interconnection Process. I agree to abide by the Terms and Conditions of the Interconnection Process and will inform the Utility if the proposed DER system changes from the details listed in this Interconnection Application.

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please print clearly or type and return completed along with any additional documentation\*\*\***