

EASTERN ILLINI ELECTRIC COOPERATIVE

Application for Operation of Member-Owned Generation

This application is to be completed and returned to the Cooperative member service representative in order to begin processing the request. See Member Guidelines for Electric Power Generator Installation and Interconnection for additional information.

INFORMATION: This application is used by the Cooperative to determine the required equipment configuration for the Member interface. Please provide as much information as possible.



PART 1 OWNER/APPLICANT INFORMATION

Member/Owner Name: _____

Account Number (if known): _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

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PROJECT DESIGN/ENGINEERING (ARCHITECT) (as applicable)

Company: _____

License/Registration Number and State: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

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ELECTRICAL CONTRACTOR (as applicable)

Company: _____

License/Registration Number and State: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

TYPE OF GENERATOR (as applicable)

Photovoltaic _____ Wind _____ Micro Turbine _____
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 member 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)

Mode of Operation

Isolated _____ Paralleling _____ Power Export _____

DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Provide a general description of the proposed installation, including a detailed description of its planned location, the date you plan to begin operating the generator, the frequency with which you plan to operate it and the specific hours of the day that you plan to operate it.

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 _____ Kilovolt-Ampere
 Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____
 Field Volts: _____ Field Amps: _____ Motoring power (kW): _____
 Synchronous Reactance (Xd): _____ % on _____ KVA base
 Transient Reactance (Xd): _____ % on _____ KVA base
 Subtransient Reactance (Xd): _____ % on _____ KVA base
 Negative Sequence Reactance (Xs): _____ % on _____ KVA base
 Zero Sequence Reactance (Xo): _____ % on _____ KVA base
 Neutral Grounding Resistor (if applicable): _____

 I_2^2t or K (heating time constant): _____
 Additional information: _____

INDUCTION GENERATOR DATA

Rotor Resistance (Rr): _____ ohms Stator Resistance (Rs): _____ ohms
 Rotor Reactance (Xr): _____ ohms Stator Reactance (Xs): _____ ohms
 Magnetizing Reactance (Xm): _____ ohms Short Circuit Reactance (Xd): _____ ohms
 Design letter: _____ Frame Size: _____
 Exciting Current: _____ Temp Rise (deg C^o): _____
 Reactive Power Required: _____ Vars (no load), _____ Vars (full load)
 Additional information: _____

PRIME MOVER (Complete all applicable items.)

Unit Number: _____ Type: _____
 Manufacturer: _____
 Serial Number: _____ Date of manufacture: _____
 H.P. Rated: _____ H.P. Max.: _____ Inertia Constant: _____ lb.-ft.²
 Energy Source (hydro, steam, wind, etc.) _____

GENERATOR TRANSFORMER (Complete all applicable items.)

TRANSFORMER (between generator and utility system)
 Generator unit number: _____ Date of Manufacturer: _____
 Manufacturer: _____
 Serial Number: _____
 High Voltage: _____ KV, Connection: delta wye, Neutral solidly grounded? _____
 Low Voltage: _____ KV, Connection: delta wye, Neutral solidly g rounded? _____
 Transformer Impedance(Z): _____ % on _____ KVA base.
 Transformer Resistance (R): _____ % on _____ KVA base.
 Transformer Reactance (X): _____ % on _____ KVA base.
 Neutral Grounding Resistor (if applicable): _____

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.

POWER CIRCUIT BREAKER (if applicable)

Manufacturer: _____ Model: _____
Rated Voltage (kilovolts): _____ Rated Ampacity (Amperes) _____
Interrupting rating (Amperes): _____ BIL rating: _____
Interrupting medium / insulating medium (ex. Vacuum, gas, oil) _____ / _____
Control Voltage (Closing): _____ (Volts) AC DC
Control Voltage (Tripping): _____ (Volts) AC DC Battery Charged Capacitor
Close energy: Spring Motor Hydraulic Pneumatic Other: _____
Trip energy: Spring Motor Hydraulic Pneumatic Other: _____
Bushing Current Transformers: _____ (Max. ratio) Relay Accuracy Class: _____
Multi ratio? _____ No _____ Yes: (Available taps) _____

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

SIGNATURE AND ACKNOWLEDGMENT

The Member/Owner shall provide the Cooperative with any additional information required to complete the interconnection. The Member/Owner shall operate the equipment in compliance with the bylaws, rules, policies, regulations, rates and guidelines of the Cooperative.

Applicant/Member

Date

ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE
INFORMATION:

Cooperative Contact: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

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