

Level 2, Level 3 and Level 4 Interconnection Request Application Form

Interconnection Customer Contact Information

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Mobile): _____
Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (if different from Customer Contact Information)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Mobile): _____
Facsimile Number: _____ E-Mail Address: _____

Facility Address (Building where the small generator facility is located)

Address: _____
City: _____ State: _____ Zip Code: _____

Equipment Contractor

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Mobile): _____
Facsimile Number: _____ E-Mail Address: _____

Electrical Contractor (if Different from Equipment Contractor):

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Mobile): _____
Facsimile Number: _____ E-Mail Address: _____
License number: _____
Active License? Yes ___ No ___

Electric Service Information for Customer Facility Where Generator Will Be Interconnected

Electric Distribution Company (EDC) serving Facility site: _____

Electric Supplier (if different from EDC): _____

Account Number of Facility site (existing EDC customers): _____

Capacity: _____ (Amps) Voltage: _____ (Volts)

Type of Service: Single Phase Three Phase

If 3 Phase Transformer, Indicate Type

Primary Winding Wye DeltaSecondary Winding Wye Delta

Transformer Size: _____ Impedance: _____

Intent of Generation (choose one) Offset Load (Unit will operate in parallel, but will not export power to EDC) Net Meter (Small generator facility will export power pursuant to District of Columbia Customer Net Energy Metering Contract) Export Power (Unit will operate in parallel and will export power, but does not fit the criteria established in the District of Columbia Customer Net Energy Metering Contract for net metering)

Note: if Unit will operate in parallel and participate in the PJM market(s), unit will need to obtain an interconnection agreement from PJM.

 Back-up Generation (Units that temporarily parallel for more than 100 milliseconds)

Backup units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement.

Requested Procedure Under Which to Evaluate Interconnection Request

Please indicate below which review procedure applies to the interconnection request.

 Level 2 - Certified interconnection equipment with an aggregate electric nameplate capacity less than or equal to 2 MW. Indicate type of certification below. (Application fee amount is \$500). **Level 3** – Small generator facility does not export power. Nameplate capacity rating is equal to less than 50 kW if connecting to area network or equal to or less than 10 MW if connecting to a radial distribution feeder. (Application fee amount is \$500). **Level 4** – Nameplate capacity rating is less than 10 MW and the small generator facility

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does not qualify for a Level 1, Level 2 or Level 3 review or, the small generator facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is \$1,000, to be applied toward any subsequent studies related to this application).

Descriptions for interconnection review categories do not list all criteria that must be satisfied. For a complete list of criteria, please refer to the District of Columbia Small Generator Interconnection Rules.

Small Generator Facility Information

Energy Production Equipment/Inverter Information

Energy Source: Hydro Wind Solar Diesel Biomass Natural Gas
 Coal Oil Other _____

Energy Converter Type: Water Turbine Wind Turbine Photovoltaic Cell
 Steam Turbine Combustion Turbine Reciprocating Engine
 Other _____

Generator Type: Synchronous Induction Inverter Other _____

Rating: _____ kW Rating: _____ kVA Number of Units: _____

Rated Voltage: _____ Volts

Rated Current: _____ Amps

System Type Tested (Total System): Yes No; attach product literature

Interconnection components/system(s) to be used in the Small Generation Facility that are lab certified (required for Level 2 Interconnection requests only).

Component/System	NRTL Providing Label & Listing
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please provide copies of manufacturer brochures or technical specifications

For Synchronous Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed small generator facility.

Manufacturer: _____

Model No. _____ Version No. _____

Submit copies of the Saturation Curve and the Vee Curve

Salient Non-Salient

Torque: _____ lb-ft Rated RPM: _____ Field Amperes: _____ at rated generator voltage
and current and _____ % PF over-excited _____

Type of Exciter: _____
 Output Power of Exciter: _____
 Type of Voltage Regulator: _____ Locked Rotor Current:
 _____ Amps Synchronous Speed: _____ RPM
 Winding Connection: _____ Min. Operating Freq./Time: _____
 Generator Connection: Delta Wye Wye Grounded
 Direct-axis Synchronous Reactance (X_d) _____ ohms
 Direct-axis Transient Reactance (X'_d) _____ ohms
 Direct-axis Sub-transient Reactance (X''_d) _____ ohms
 Negative Sequence Reactance: _____ ohms
 Zero Sequence Reactance: _____ ohms
 Neutral Impedance or Grounding Resister (if any): _____ ohms

For Induction Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed small generator facility.

Manufacturer: _____
 Model No. _____ Version No. _____
 Locked Rotor Current: _____ Amps
 Rotor Resistance (R_r) _____ ohms Exciting Current _____ Amps
 Rotor Reactance (X_r) _____ ohms Reactive Power Required: _____
 Magnetizing Reactance (X_m) _____ ohms _____ VARs (No Load)
 Stator Resistance (R_s) _____ ohms _____ VARs (Full Load)
 Stator Reactance (X_s) _____ ohms
 Short Circuit Reactance (X''_d) _____ ohms
 Phases: Single Three-Phase
 Frame Size: _____ Design Letter: _____ Temp. Rise: _____ °C.

Reverse Power Relay Information (Level 3 Review Only)

Manufacturer: _____
 Relay Type: _____ Model Number: _____
 Reverse Power Setting: _____
 Reverse Power Time Delay (if any): _____

Additional Information For Inverter Based Facilities

Inverter Information:

Manufacturer: _____ Model: _____
 Type: Forced Commutated Line Commutated
 Rated Output _____ Watts _____ Volts
 Efficiency _____ % Power Factor _____ %
 Inverter UL1547 Listed: : Yes No

DC Source / Prime Mover:

Rating: _____ kW Rating: _____ kVA
 Rated Voltage: _____ Volts
 Open Circuit Voltage (If applicable): _____ Volts
 Rated Current: _____ Amps

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Short Circuit Current (If applicable): _____ Amps

Other Facility Information:

One Line Diagram attached: Yes

Plot Plan attached: Yes

Estimated Commissioning Date: _____

Customer Signature

I hereby certify that all of the information provided in this application request form is true.

Interconnection Customer Signature: _____

Title: _____ Date: _____

An application fee is required before the application can be processed. Please verify that the appropriate fee is included with the application:

Application fee included

Amount _____

EDC Acknowledgement

Receipt of the application fee is acknowledged and the interconnection request is complete.

EDC Signature: _____ Date: _____

Printed Name: _____ Title: _____