

# Whitewater Valley REMC

## Member-Owned Solar Distributed Generation Application

**This application should be completed as soon as possible and returned to the Whitewater Valley REMC in order to begin processing the request for a member owned solar distributed generation facility. See *Distributed Generation Procedures and Guidelines Manual for Members* for additional information.**

INFORMATION: *This application is used by the REMC to determine the required equipment configuration for the generation interface. Every effort should be made to supply as much information as possible.*

**\* Be sure to sign and date the last page of this application.**

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### OWNER/APPLICANT INFORMATION

Owner/Member Account Number: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### 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 \_\_\_\_\_

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**PROJECT DESIGN/ENGINEERING (ARCHITECT) (as applicable)**

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

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

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

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

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**ELECTRICAL CONTRACTOR (as applicable)**

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

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

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

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

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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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, the date you plan to operate the generator, the frequency with which you plan to operate it and whether you plan to operate it during on or off-peak hours.

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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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**AC SAFETY DISCONNECT SWITCH**

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

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

Interrupting rating (Amperes): \_\_\_\_\_

Interrupting medium / insulating medium (ex. Vacuum, gas, oil ) \_\_\_\_\_ / \_\_\_\_\_

Open/Close energy: (circle one)

Spring Motor Hydraulic Pneumatic Manual

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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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The customer agrees to provide *Whitewater Valley REMC* with any additional information required to complete the interconnection. The customer shall operate his equipment within the guidelines set forth by the cooperative.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**WHITEWATER VALLEY REMC CONTACT INFORMATION:**

Cooperative contact:

Title:

Address: P.O. Box 349, 101 Brownsville Ave., Liberty, IN 47353

Phone: 765-458-5171

Fax: 765-458-5938

e-mail:

