

#### ALLAMAKEE-CLAYTON ELECTRIC COOPERATIVE

229 Hwy. 51 | PO Box 715 | Postville, IA 52162 Ph: 563-864-7611 | F: 563-864-7820 | acrec@acrec.coop www.acrec.com

### **Standard Application Form and Interconnection Agreement**

# For Lab-Certified Inverter-Based Distributed Generation Facilities Less than 40 kVA AC

AN APPLICATION FEE OF \$500 MUST BE SUBMITTED WITH THE APPLICATION

Application fee includes one trip to the site. If additional trips are required, a \$250 fee per trip will apply.

#### **Interconnection Applicant Contact Information:**

Name:			
Mailing Address:			
City:	_ State:	Zip Code:	
Telephone (Daytime):		(Evening):	
E-Mail Address:		Alternate Contact:	
Equipment Contractor:			
Name:			
Mailing Address:			
City:	_ State:	Zip Code:	
Telephone (Daytime):		(Evening):	
E-Mail Address:			
License Number:		Active License? Yes No	
Distributed Generation Facility Location	1:		
Facility Address:			
City:			
Account Number:	Servi	ce Location Number:	
Co-op Use:   Application Received:		☐ Payment Received:	
☐ Heat Meter? Configuration:		Service Meter Type:	
Existing Transformer Size:		☐ Bill for Transformer Upgrade? \$	
Sub:		Circuit: Phase: Revised 01/01/2023	

## **Electrical Contractor (if Different from Equipment Contractor):**

Nam	e:			
	ng Address:			
	St			
Tele	phone (Daytime):	(E	vening):	
E-Ma	ail Address:			
License Number:			Active License? Yes No	
Inte	ent of Generation:			
	ise indicate the intended use of the genera cking the appropriate box and providing ad			
	<b>Offset Load</b> : Unit will operate in parallel but will not export power to Cooperative. It this option is selected, the Cooperative will not purchase any portion of the generation facility output and Attachment 2 is not applicable.			
	•	elf-Use and Sales to the Cooperative: Unit will operate in parallel and may export and sell excess power to Cooperative pursuant to the Cooperative's tariff and the terms set forth in Attachment 2.		
	<b>Back-up Generation</b> : Units that temporarily operate in parallel with the electric distribution system for more than 100 milliseconds.			
	(Note: Back-up units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement. Under this option, the Cooperative will not purchase any portion of the generation facility output and Attachment 2 is not applicable).			
	Other: (Please Explain)			
			<del></del>	

## **Distributed Generation Facility Information:**

Inverter Manufacturer:		Model:	
Is the inverter lab certified as that term is define Interconnection of Distributed Generation (199		•	es on Electric
(If yes, attach manufacturer's technical specifications and	label informat	ion from nationally recognized test	ing laboratory.)
System Size:			
Generation Facility Nameplate Rating:	(DC kW)	(AC kW)	(AC Volts)
Energy Source:			
$\square$ WIND $\square$ SOLAR $\square$ BIOMASS $\square$ HYDRO		☐ NATURAL GAS ☐ FUEL	OIL
Energy Converter Type:			
$\square$ WIND TURBINE $\square$ PHOTOVOLTAIC CELL $\square$	FUEL CELL	☐ RECIPROCATING ENGINE	
<b>Solar System Information:</b>			
Number of Inverters Number of F	oanels	Watts per Panel	
Solar System Mounting: ☐ GROUND MOUNT	□ ROOF	MOUNT	
Commissioning Test Date:			
Cooperative as soon as it is aware of the change Disconnect Switch: Identify type and location		ect switch:	
Insurance Disclosure:			
The attached terms and conditions contain provisional be carefully considered by the interconfinember-consumer shall carry general liabilito, homeowner's insurance.	nection mem	ber-consumer. The Interco	nnection
Other Facility Information:			
One-Line Diagram – A basic drawing of are represented by a single line and each installation, from the generator to the po	ch electrical	device and major componer	nt of the
One-Line Diagram attached: Yes	;		
Plot Plan – A map showing the distributable alleys, or other geographic markers.	ed generation	on facility's location in relatio	n to streets,
Plot Plan attached: Yes			
Generator on site?: Ves	No (Care	rator must be tied into lead side of tr	anofar autitoh)

**INTERCONNECTION AGREEMENT**: This Application Form and Interconnection Agreement is comprised of 1) the Level 1 Standard Application Form and Interconnection Agreement; 2) the Attachment 1 setting forth the Terms and Conditions for Interconnection: 3) the Attachment 2 setting forth the terms for purchases by the Cooperative from the distributed generation facility, when applicable; and 4) the Certificate of Completion.

**SERVICE UPGRADE COSTS**: The transformer serving the DG Facility location is required to be as large as the generation facility nameplate AC KW rating. The applicant shall reimburse the Cooperative for additional costs incurred <u>if</u> a transformer upgrade or other service upgrades are required.

**NET METERING**: The Cooperative offers net metering for DG Facility locations rated below 40 KW AC. If the applicant has DG Facilities at multiple Cooperative locations, the <u>sum</u> of the DG system name plate ratings must be less than 40 KW AC for **any** of the DG Facility locations to qualify for net metering.

**12 MONTH REQUIREMENT:** If the Certificate of Completion is not completed and returned to the Cooperative within 12 months following the Cooperative's dated conditional agreement to interconnect below, this Application Form and Interconnection Agreement will automatically terminate and be of no further force and effect.

I hereby certify that: (1) I have read and understand the terms and conditions, which are attached hereto by reference; (2) I hereby agree to comply with the attached terms and conditions; and (3) to the best of my knowledge, all the information provided in this application request form is complete and true.

Applicant Signature:	
Title:	Date:

#### **Conditional Agreement to Interconnect Distributed Generation Facility**

Receipt of the application fee, if any, is acknowledged and, by its signature below, the Cooperative has determined the interconnection request is complete. Interconnection of the distributed generation facility is conditionally approved contingent upon the attached terms and conditions of this Agreement, the return of the attached Certificate of Completion, duly executed verification of electrical inspection and successful witness test.

Cooperative Signature:	Date:
Name:	Title: