



ALLAMAKEE-CLAYTON ELECTRIC COOPERATIVE

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Your Touchstone Energy® Cooperative

Level 1 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:

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Service Location Number: _____

Coop
Use

Application Received: _____

Payment Received: _____

Heat Meter - Configuration: _____

Service Meter Type: _____

Existing Transformer Size: _____

Bill for Transformer Upgrade? \$ _____

Sub: _____

Circuit: _____ Phase: _____

Revised 08/29/2023

Electrical Contractor (if Different from Equipment Contractor):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

E-Mail Address: _____

License Number: _____ Active License? Yes ___ No ___

Intent of Generation:

Please indicate the intended use of the generation to be produced by the facility by checking the appropriate box and providing additional explanation if necessary:

Offset Load: Unit will operate in parallel but will not export power to Cooperative. If this option is selected, the Cooperative will not purchase any portion of the generation facility output and Attachment 2 is not applicable.

Self-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.

Back-up Generation: 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)

Insurance Disclosure:

The attached terms and conditions contain provisions related to liability and indemnification and should be carefully considered by the interconnection member-consumer. **The Interconnection member-consumer shall carry general liability insurance coverage, such as, but not limited to, homeowner's insurance.**

Proof of Insurance Attached: - **YES**

Distributed Generation Facility Information:

Inverter Manufacturer: _____ Model: _____

Is the inverter lab certified as that term is defined in Iowa Utilities Board Chapter 45 rules on Electric Interconnection of Distributed Generation (199 IAC 45.1)? - **YES** - **NO**

(If yes, attach manufacturer's technical specifications and label information from nationally recognized testing laboratory.)

System Size - Generation Facility Nameplate Rating:

_____ (AC kW)

_____ (DC kW)

_____ (AC Volts)

Energy Source:

- WIND
- SOLAR
- BIOMASS
- HYDRO
- DIESEL
- NATURAL GAS
- FUEL OIL

Energy Converter:

- WIND TURBINE
- PHOTOVOLTAIC CELL
- FUEL CELL
- RECIPROCATING ENGINE
- OTHER

Solar Information:

- Number of Inverters _____ Number of Panels _____ Watts per Panel _____
- Solar System Mounting: - GROUND MOUNT - ROOF MOUNT
- Array Type: - FIXED - SINGLE AXIS - DUAL AXIS

Other Facility Information:

- **Commissioning Test Date:** _____

If the Commissioning Test Date changes, the interconnection member-consumer must inform the Cooperative as soon as it is aware of the changed date.

- **Disconnect Switch:** Identify type and location of disconnect switch:

- **One-Line Diagram** – A basic drawing of an electric circuit in which one or more conductors are represented by a single line and each electrical device and major component of the installation, from the generator to the point of interconnection, are noted by symbols.

- One-Line Diagram attached: - **Yes**

- **Plot Plan** – A map showing the distributed generation facility's location in relation to streets, alleys, or other geographic markers.

- Plot Plan attached: - **Yes**

- **Generator on site?** - **Yes** - **No** (Generator must be tied to load side of transfer switch.)

Interconnection Agreement:

This Application Form and Interconnection Agreement is comprised of:

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

Net Metering: The Cooperative offers net metering with monthly settlement at Dairyland Power Cooperatives avoided cost rate for DG Facility locations rated below 40 KW AC. If the applicant has DG Facilities at multiple Cooperative locations, the sum 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.

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 if a transformer upgrade and/or other service upgrade(s) are required.

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.

Member-Consumer Signature:

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: X _____

Title: X _____ Date: X _____

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: _____