ATTACHMENT A
DESCRIPTION OF FACILITY

For a Level 2 or 3 Interconnection Agreement [1]

CUSTOMER-GENERATOR CONTACT INFORMATION

Legal Name and Mailing Address of Customer-Generator: (if an Individual, Individual's Name)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (If other than above): _____

Mailing Address (If other than above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information: (if different from Customer-Generator above)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

The Customer-Generator Facility's Information:

Facility Address: _____

City: _____ State: NJ Zip Code: _____

Account #: _____ Meter #: _____

Do you plan to export power? _____

If Yes, Estimated Maximum: _____ kW_{AC}, Estimated Gross Annual Energy Production: _____ kWh

One-line Diagram Attached (Required): _____ Site Plan Attached (Required): _____

Energy Source: _____ Gross Generator Rating: _____ kW_{AC}

Utility Accessible Disconnect or Lock Box: _____

[1] **Customers proposing to install generation greater than 2,000 kW are required to contact their EDC for the appropriate application procedures.**

Electric Distribution Company (EDC) serving Facility site: **Rockland Electric Company**

Electric Supplier (if different from EDC):_____

Electric Service Information for Customer Facility Where Generator Will Be Interconnected

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

Type of Service: ☐ Single Phase ☐ Three Phase

If 3 Phase Transformer, Indicate Type

Primary Winding ☐ Wye ☐ Delta

Secondary Winding ☐ Wye ☐ Delta

Transformer Size: _____ Impedance: _____

Intent of Generation

☐ Offset Load (Unit will operate in parallel, but will not export power to EDC)

☐ Net Meter (Unit will operate in parallel and will export power pursuant to New Jersey Net Metering or other filed tariff(s))

☐ Wholesale Market Transaction (Unit will operate in parallel and participate in PJM market(s) pursuant to a PJM Wholesale Market Participation Agreement)

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

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

Generator & Prime Mover Data

ENERGY SOURCE (Hydro, Wind, Solar, Process Byproduct, Biomass, Oil, Natural Gas, Coal, etc.)		
ENERGY CONVERTER TYPE (Water Turbine, Wind Turbine, Photovoltaic Cell, Fuel Cell, Steam Turbine, MHD, etc.)		
GENERATOR SIZE kW or kVA	NUMBER OF GENERATOR UNITS	TOTAL ELECTRICAL GENERATION CAPACITY kW or kVA
GENERATOR TYPE (Choose one) Induction Inverter Synchronous Other _____		

Energy Production Equipment/Inverter Information:

☐ Synchronous ☐ Induction ☐ Inverter ☐ Other _____

Rating: _____ kW Rating: _____ kVA

Rated Voltage: _____Volts

Rated Current: _____Amps

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

For Synchronous Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed Customer-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 (Xd) _____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 Resistor (if any): _____ ohms

For Induction Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed Customer-Generator Facility.

Manufacturer: _____

Model No. _____ Version No. _____

Locked Rotor Current: _____ Amps

Rotor Resistance (Rr) _____ohms Exciting Current ____Amps

Rotor Reactance (Xr) _____ohms Reactive Power Required: _____
Magnetizing Reactance (Xm) _____ohms ___VARs (No Load)
Stator Resistance (Rs) _____ohms ___VARs (Full Load)
Stator Reactance (Xs) _____ohms
Short Circuit Reactance (X"d) _____ohms
Phases: ☐ Single ☐ Three-Phase
Frame Size: _____ Design Letter: ____ Temp. Rise: _____^{o}C.

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
Short Circuit Current (If applicable): _____Amps

Other Facility Information:

One Line Diagram attached: ☐ Yes
Plot Plan attached: ☐ Yes

Customer Signature

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

Interconnection Customer Signature: _____
Title: _____ Date: _____
E-mail Address: _____

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_____

Application Fee for a Level 2 interconnection review is $50 plus $1 per kW of the nameplate capacity rating.

Application Fee for a Level 3 interconnection review is $100 plus $2 per kW of the nameplate capacity rating.

EDC Acknowledgement

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

EDC Signature: _____ Date: _____

Printed
Name:_____Title:_____

Rockland Electric Company