

**SMALL GENERATOR INTERCONNECTION REQUEST
(Application Form)**

Cooperative Electric Provider: Ark Valley Electric Cooperative Association, Inc.

Designated Contact Person: Ark Valley General Manager

Address: PO Box 1246, Hutchinson, KS 67504

Telephone Number: 620-662-6661

Fax: 620-728-5550

E-Mail Address: _____

An Interconnection Request is considered complete when it provides all applicable and correct information required below.

Preamble and Instructions

An Interconnection Customer who requests an interconnection must submit this Interconnection Request by hand delivery, mail, e-mail, or fax to the Cooperative Electric Provider.

Processing Fee

If the Interconnection Request is submitted as a Residential Consumer with a 25kW (the maximum allowed) or less generator, a non-refundable processing fee of \$250.00 and a deposit of \$500.00 is required. If the Interconnection Request is submitted as a Commercial Consumer with a 200kW (the maximum allowed) or less generator, a non-refundable processing fee of \$1,125.00 and a deposit of \$_____ (*not to exceed \$1,500.00) is required. After the interconnection process is finalized and all expenses incurred by the Cooperative Electric Provider associated with processing and/or approving the Interconnection Request have been deducted from the deposit, the Interconnection Customer will receive a refund for any unused portion of the deposit.

Any request by an Interconnection Customer to Interconnect with the Cooperative Electric Provider in excess of the maximum allowable generator size, as stated above, must have the prior approval of the Ark Valley Electric Cooperative Association, Inc.'s Board of Trustees before an application will be accepted. The Board will specifically decide the fee, deposit and any additional requirements, if approval is granted.

Small Generator Interconnection Request

Interconnection Customer Information

Legal Name of the Interconnection Customer (or, if an individual, individual's name)

Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Facility Location (if different from above): _____

Telephone (Day): _____ Telephone (Evening): _____

Fax: _____ E-Mail Address: _____

For installations at location with existing electric service to which the proposed Small Generating Facility will interconnect provide existing account number: _____

Alternative Contact Information (if different from the Interconnection Customer)

Contact Name: _____

Title: _____

Address: _____

Telephone (Day): _____ Telephone (Evening) : _____

Fax: _____ E-Mail Address: _____

Application is for : _____ New Small Generating Facility
_____ Capacity addition to Existing Small Generating Facility (Aggregate of 25
kW or less)

If capacity addition to existing facility, please describe: _____

Is the Small Generating Facility to be used for any of the following?

Interconnection Customer is a Residential Consumer? Yes _____ No _____
Interconnection Customer is a Commercial Consumer? Yes _____ No _____

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Requested Point of Interconnection: _____

Interconnection Customer's Requested In-Service Date: _____

Small Generating Facility Information

Data apply only to the Small Generating Facility, not the Interconnection Facilities.

Energy Source: ___ Solar ___ Wind ___ Other (state type) _____
Diesel ___ Natural Gas ___ Fuel Oil _____

Prime Mover: ___ Fuel Cell ___ Recip Engine ___ Gas Turbine ___ Microturbine
___ PV ___ Other

Type of Generator: ___ Synchronous ___ Induction ___ Inverter

Generator Nameplate Rating: _____ kW (Typical) Generator Nameplate kVAR: _____

Interconnection Customer or Customer-Site Load: _____ kW (if none, so state)

Typical Reactive Load (if known): _____

Maximum Physical Export Capability Requested: _____ kW

List components of the Small Generating Facility equipment package that are currently certified:

Equipment Type	Certifying Entity
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Generator (or solar collector)
Manufacturer, Model Name & Number: _____
Version Number: _____

Nameplate Output Power Rating in kW: _____
Nameplate Output Power Rating in kVA: _____

Individual Generator Power Factor
Rated Power Factor: Leading: _____ Lagging: _____

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Total Number of Generators (total capacity of generation not to exceed 25kW for residential or 200kW commercial) to be interconnected pursuant to this Interconnection Request: _____ Single phase Three phase

Inverter Manufacturer, Model Name & Number (if used): _____

Inverter Output Power Rating: _____

General Information

Enclose copy of site electrical one-line diagram showing the configuration of all Small Generating Facility equipment, current and potential circuits, and protection and control schemes. This one-line diagram must be signed and stamped by a licensed Professional Engineer if the Small Generating Facility is larger than 50 kW. Is One-Line Diagram Enclosed? Yes No

Enclose copy of any site documentation that indicates the precise physical location of the proposed Small Generating Facility (e.g., USGS topographic map or other diagram or documentation).

Proposed location of protective interface equipment on property (include address if different from the Interconnection Customer's address) _____

Enclose copy of any site documentation that describes and details the operation of the protection and control schemes. Is Available Documentation Enclosed? Yes No

Enclose copies of schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable). Are Schematic Drawings Enclosed? Yes No

Proposed name and address of insurance carrier providing insurance coverage (an amount no less than \$1,000,000.00) for Interconnection Customer's small generating facility and related equipment: _____

Applicant Signature

I hereby certify that, to the best of my knowledge, all the information provided in this Interconnection Request is true and correct.

For Interconnection Customer: _____ Date: _____