Level 2, Level 3 & Level 4
Interconnection Request Application Form
(Greater than 10 kW to 10 MW or less)

Interconnection Customer Contact Information

Applicant's Name_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (if different from Customer Contact Information)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Facility Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electric Distribution Company ("EDC") serving Facility site: _____

Electric Supplier (if different from EDC):_____

Account Number of Facility site (existing EDC customers): _____

Inverter Manufacturer:_____ Model_____

Equipment Contractor

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Electrical Contractor (if Different from Equipment Contractor):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

License number: _____

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 Illinois Net Metering or other filed tariff(s))

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

☐ Back-up Generation (Units that temporarily operate in parallel with the electric distribution system 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 _____		

Requested Procedure Under Which to Evaluate Interconnection Request[1]

Please indicate below which review procedure applies to the interconnection request. The final review procedure is subject to confirmation by the EDC. [In cases where the Applicant selects the wrong review procedure, the EDC must be able to correct the selection.]

☐ **Level 2 -–** Lab Certified interconnection equipment with an aggregate electric nameplate capacity less than or equal to 2 MW. Indicate type of certification below. [There is only one type of certification.] (Application fee amount is $100.00 plus $1.00 per kW).

☐ Lab certified - tested to IEEE 1547.1 and other specified standards by a nationally recognized testing laboratory and is appropriately labeledis defined in the Illinois Distributed Generation Interconnection Standard. Provide a copy of the lab certification with this form. [Since this term is defined in the DG Rule, the definition should be reference here. This type of reference will help the Applicant understand that they need to review the Rule for additional details and will avoid confusion if the dual definitions do not match.]

☐ **Level 3 –** Small generator facility does not export power. Nameplate capacity rating is equal to less than 50KW if connecting to area network or equal to or less than 10 2 MW if connecting to a radial distribution feeder. (Application fee amount is $500.00 plus $2.00 per kW).

☐ **Level 4 –** Nameplate capacity rating is less than 10 2 MW and the small generator facility does not qualify for a Level 1, Level 2 or Level 3 review or, the small generator facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is $1,000 plus $2.00 per kW, to be applied toward any subsequent studies related to this application).

[1] **Note:** *Descriptions for interconnection review categories do not list all criteria that must be satisfied. For a complete list of criteria, please refer to* ***83 Ill. Admin. Code Part 466, Electric Interconnection****.*

Small Generator Facility Information

Estimated Commissioning Date: _____

List interconnection components/system(s) to be used in the Small Generation Facility that are lab certified ~~(required for Level 2 Interconnection requests only)~~[This information should be provided whether or not it is a Level 2 review.].

List the Component/System and the Nationally Recognized Testing Laboratory ("NRTL") Providing Label & Listing

1._____

2._____

3._____

4._____

5._____

Please provide copies of manufacturer brochures or technical specifications

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 small 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
Zere Sequence Reactance: _____ ohms
Neutral Impedance or Grounding Resister (if any): _____ ohms

For Induction Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed small 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.

<u>Reverse Power Relay Information (Level 3 Review Only)</u>

Manufacturer:_____
Relay Type: _____Model Number:_____
Reverse Power Setting:_____
Reverse Power Time Delay (if any):_____

<u>Additional Information For Inverter Based Facilities</u>

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 Interconnection Request ~~a~~Application ~~request f~~Form is true.

~~Interconnection Customer~~Applicant's Signature: _____

Title: _____ Date:_____

An application fee is required before this~~e~~ application can be processed. Please verify that the appropriate fee is included with the application:

Amount_____

EDC Acknowledgement

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

EDC Signature: _____ Date: _____

Printed Name:_____Title:_____