

SOUTHEASTERN ILLINOIS ELECTRIC COOPERATIVE

Application for Operation of Member-Owned Generation

This application should be completed and returned to the Cooperative in order to begin processing the request.

INFORMATION: *This application is used by the Cooperative to determine the required equipment configuration for the Member interface. Every effort should be made to supply as much information as possible.*

PART 1:

OWNER/APPLICANT INFORMATION

Owner/Customer

Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Account # _____ Map Location #: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

TYPE OF GENERATOR

Photovoltaic _____ Wind _____ Microturbine _____

Diesel Engine _____ Gas Engine _____ Combustion Turbine _____

Other _____

ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION

The following information is necessary to help properly design the Cooperative customer interconnection. This information is not intended as a commitment or contract for billing purposes.

Total Site Load _____ (kW)

Residential _____ Commercial _____ Industrial _____

Generator Rating _____ (kW) Annual Estimated Generation _____ (kWh)

Generator Rating Expressed In: Circle One AC DC

Mode of Operation

Isolated _____ Paralleling _____ Power Export _____

PROJECT DESIGN/ENGINEERING (ARCHITECT) (if applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

ELECTRICAL CONTRACTOR (if applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location, the date you plan to operate the generator, the frequency with which you plan to operate it and whether you plan to operate it during on or off-peak hours.

PART 2:

(This section shall be completed for all generators rated 50KW or more)

SYNCHRONOUS GENERATOR DATA

Unit Number: _____ Total number of units with listed specifications on site: _____

Manufacturer: _____

Type: _____ Date of manufacture: _____

Serial Number (each): _____

Phases: Single Three R.P.M.: _____ Frequency (Hz): _____

Rated Output (for one unit): _____ Kilowatt _____ Kilovolt-Ampere

Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____

Field Volts: _____ Field Amps: _____ Motoring power (kW): _____

Synchronous Reactance (Xd): _____ % on _____ KVA base

Transient Reactance (X'd): _____ % on _____ KVA base

Subtransient Reactance (X''d): _____ % on _____ KVA base

Negative Sequence Reactance (Xs): _____ % on _____ KVA base

Zero Sequence Reactance (Xo): _____ % on _____ KVA base

Neutral Grounding Resistor (if applicable): _____

I₂t or K (heating time constant): _____

Additional information: _____

INDUCTION GENERATOR DATA

Rotor Resistance (R_r): _____ ohms Stator Resistance (R_s): _____ ohms

Rotor Reactance (X_r): _____ ohms Stator Reactance (X_s): _____ ohms

Magnetizing Reactance (X_m): _____ ohms Short Circuit Reactance (X_d''): _____ ohms

Design letter: _____ Frame Size: _____

Exciting Current: _____ Temp Rise (deg C°): _____

Reactive Power Required: _____ Vars (no load), _____ Vars (full load)

Additional information: _____

PRIME MOVER (Complete all applicable items)

Unit Number: _____ Type: _____

Manufacturer: _____

Serial Number: _____ Date of manufacture: _____

H.P. Rated: _____ H.P. Max.: _____ Inertia Constant: _____ lb.-ft.²

Energy Source (hydro, steam, wind, etc.) _____

GENERATOR TRANSFORMER (Complete all applicable items)

TRANSFORMER (between generator and utility system)

Generator unit number: _____ Date of manufacturer: _____

Manufacturer: _____

Serial Number: _____

High Voltage: _____ KV, Connection: delta wye, Neutral solidly grounded? _____

Low Voltage: _____ KV, Connection: delta wye, Neutral solidly grounded? _____

Transformer Impedance(Z): _____ % on _____ KVA base.

Transformer Resistance (R): _____ % on _____ KVA base.

Transformer Reactance (X): _____ % on _____ KVA base.

Neutral Grounding Resistor (if applicable): _____

INVERTER DATA (if applicable)

Manufacturer: _____ Model: _____

Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____

Maximum AC Output: _____ KW-AC

Inverter Type (ferroresonant, step, pulse-width modulation, etc): _____

Type commutation: forced line

Harmonic Distortion: Maximum Single Harmonic (%) _____

 Maximum Total Harmonic (%) _____

Note: Attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.

POWER CIRCUIT BREAKER (if applicable)

Manufacturer: _____ Model: _____
 Rated Voltage (*kilovolts*): _____ Rated ampacity (*Amperes*) _____
 Interrupting rating (*Amperes*): _____ BIL Rating: _____
 Interrupting medium / insulating medium (ex. Vacuum, gas, oil) _____ / _____
 Control Voltage (Closing): _____ (Volts) AC DC
 Control Voltage (Tripping): _____ (Volts) AC DC Battery Charged Capacitor
 Close energy: Spring Motor Hydraulic Pneumatic Other: _____
 Trip energy: Spring Motor Hydraulic Pneumatic Other: _____
 Bushing Current Transformers: _____ (Max. ratio) Relay Accuracy Class: _____
 Multi ratio? No Yes: (Available taps) _____

ADDITIONAL INFORMATION

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the project’s planned operating mode (e.g., combined heat and power, peak shaving, etc.), and its address or grid coordinates.

END OF PART 2

SIGN OFF AREA

The Member agrees to provide the Cooperative with any additional information required to complete the interconnection. The Member agrees that the installation and operation of this equipment shall be in accordance with the Cooperative policies, riders, rules, regulations, by-laws, rates and tariffs, as amended from time to time.

Member

Date

Please send the completed application to the Cooperative at the address listed below:

SouthEastern Illinois Electric Cooperative, Inc.
 100 Cooperative Way
 P.O. Box 1001
 Carrier Mills, IL 62917
 Attention: Engineering Department
 (800)833-2611

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