STANDARD PROCESS INTERCONNECTION APPLICATION

Date Prepared: _____

Contact Information:

Legal Name and address of Interconnecting Customer applicant (or, if an Individual, Individual's Name)
Company Name: _____Contact Person:_____

Mailing Address:

City: _____ State: _____ Zip Code:

Telephone (Daytime): _____ (Evening):

Facsimile Number: _____ E-Mail Address:

Alternative Contact Information (if different from Applicant)

Name: _____

Mailing Address:

City: _____ State: _____ Zip Code:

Telephone (Daytime): _____ (Evening):

Facsimile Number: _____ E-Mail Address:

Ownership (include % ownership by any electric utility): _____

Confidentiality Statement: "I agree to allow information regarding the processing of my application (without my name and address) to be reviewed by the Massachusetts DG Collaborative that is exploring ways to further expedite future interconnections." Yes___ No___

Generating Facility Information

Location (if different from above): _____

_____

Electric Service Company: HG&E Account Number (if available): _____

Type of Generating Unit: Synchronous_____ Induction_____ Inverter_____

Manufacturer: _____ Model: _____

Nameplate Rating: _____(kVAR) _____ (Volts) _____ Single_____ or 3_____ Phase

System Total Design Capacity: _____(kW AC) _____(kVA) _____(kWh-AC) (if applicable)

Prime Mover: Fuel Cell__ Recip Engine___ Gas Turb___ Steam Turb___ Microturbine__ PV__ Other___

Energy Source: Solar___ Wind__ Hydro___ Diesel___ Natural Gas___ Fuel Oil__ Other_____
(Specify)

IEEE 1547.1 (UL 1741) Yes_____ No ___

Need an air quality permit from DEP? Yes____ No ___ Not Sure ___

If "yes", have you applied for it? Yes____No____

Is there other electrical work being done in the facility? Yes ___ No ___

Planning to Export Power? Yes____ No____ A Cogeneration Facility? Yes____ No_____

Anticipated Export Power Purchaser: _____

Export Form? Simultaneous Purchase/Sale____ Net Purchase/Sale___ Net Metering__ Other_____ (Specify)

Est. Install Date: _____ Est. In-Service Date: _____ Agreement Needed By: _____

Application Process

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true:

Interconnecting Customer Signature: _____ Title: _____ Date: _____

The information provided in this application is complete:

Company Signature: _____ Title: _____ Date: _____

Generating Facility Technical Detail

List components of the generating facility that are currently certified and/or listed to national standards

	Equipment Type	Manufacturer	Model	National Standard
1.				
2.				
3.				
4.				
5.				
6.				

Total Number of Generating Units in Facility? _____

Generator Unit Power Factor Rating: _____

Max Adjustable Leading Power Factor? _____ Max Adjustable Lagging Power Factor? _____

Generator Characteristic Data (for all inverter-based machines)

Max Design Fault Contribution Current? _____ Instantaneous ____ or RMS?

Harmonics Characteristics:

Start-up power requirements:_____

Generator Characteristic Data (for all rotating machines)

Rotating Frequency: _____ (rpm) Neutral Grounding Resistor (If Applicable): _____

Additional Information for Synchronous Generating Units

Synchronous Reactance, Xd: _____ (PU) Transient Reactance, X'd: _____ (PU)

Subtransient Reactance, X"d: _____ (PU) Neg Sequence Reactance, X_2: _____ (PU)

Zero Sequence Reactance, Xo: _____ (PU) KVA Base: _____

Field Voltage: _____ (Volts) Field Current: _____ (Amps)

Additional information for Induction Generating Units

Rotor Resistance, Rr: _____ Stator Resistance, Rs:

Rotor Reactance, Xr: _____ Stator Reactance, Xs:

Magnetizing Reactance, Xm: _____ Short Circuit Reactance, Xd":

Exciting Current: _____ Temperature Rise:

Frame Size: _____

Total Rotating Inertia, H: _____ Per Unit on KVA Base: _____

Reactive Power Required In Vars (No Load): _____

Reactive Power Required In Vars (Full Load): _____

Additional information for Induction Generating Units that are started by motoring

Motoring Power: _____ (KW) Design Letter: _____

Interconnection Equipment Technical Detail

Will a transformer be used between the generator and the point of interconnection? Yes_____ No

Will the transformer be provided by Interconnecting Customer? Yes_____ No

Transformer Data (if applicable, for Interconnecting Customer-Owned Transformer):

Nameplate Rating: _____ (kVA) Single ___ or Three ___ Phase

Transformer Impedance: _____ (%) on a _____ KVA Base

If Three Phase:
Transformer Primary: _____ (Volts) ___Delta ____ Wye _____ Wye Grounded ____ Other

Transformer Secondary: _____ (Volts) ___Delta ____ Wye _____ Wye Grounded ____ Other

Transformer Fuse Data (if applicable, for Interconnecting Customer-Owned Fuse):

(Attach copy of fuse manufacturer's Minimum Melt & Total Clearing Time-Current Curves)

Manufacturer:_____ Type:_____ Size: _____ Speed: _____

Interconnecting Circuit Breaker (if applicable):

Manufacturer:_____ Type:_____ Load Rating:_____ (Amps) Interrupting Rating:_____ (Amps) Trip Speed:_____ (Cycles)

Interconnection Protective Relays (if applicable):

(If microprocessor-controlled)

List of Functions and Adjustable Setpoints for the protective equipment or software:

	Setpoint Function	Minimum	Maximum
1.			
2.			
3.			
4.			
5.			
6.			

(If discrete components)
(Enclose copy of any proposed Time-Overcurrent Coordination Curves)

Manufacturer:_____ Type:_____ Style/Catalog No.:_____ Proposed Setting:

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Manufacturer:_____ Type:_____ Style/Catalog No.:_____ Proposed Setting:

Manufacturer:_____ Type:_____ Style/Catalog No.:_____ Proposed Setting:

Manufacturer:_____ Type:_____ Style/Catalog No.:_____ Proposed Setting:

Current Transformer Data (if applicable):

(Enclose copy of Manufacturer's Excitation & Ratio Correction Curves)

Manufacturer:_____ Type:_____ Accuracy Class:_____ Proposed Ratio Connection:

Manufacturer:_____ Type:_____ Accuracy Class:_____ Proposed Ratio Connection:

Potential Transformer Data (if applicable):

Manufacturer:_____ Type:_____ Accuracy Class:_____ Proposed Ratio Connection:_____

Manufacturer:_____ Type:_____ Accuracy Class:_____ Proposed Ratio Connection:_____

General Technical Detail

Enclose 3 copies of site electrical One-Line Diagram showing the configuration of all generating facility equipment, current and potential circuits, and protection and control schemes with an Electrical registered professional engineer (PE) stamp in the state of Massachusetts.

Enclose 3 copies of any applicable site documentation that indicates the precise physical location of the proposed 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 Application Address)

_____

_____

Enclose copy of any applicable site documentation that describes and details the operation of the protection and control schemes.

Enclose copies of applicable schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).

Please enclose any other information pertinent to this installation.

Certificate of Completion for Expedited/Standard Process Interconnections

Installation Information: **Check if owner-installed**

Customer or Company Name (print): _____ **Contact Person, if Company:**

Mailing Address:

City: _____ **State:** _____ **Zip Code:**

Telephone (Daytime): _____ **(Evening):**

Facsimile Number: _____ **E-Mail Address:**

Address of Facility (if different from above): _____

Electrical Contractor's Name (if appropriate): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone (Daytime): _____ **(Evening):** _____

Facsimile Number: _____ **E-Mail Address:** _____

License number: _____

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of _____
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

_____

Name (printed): _____

Date: _____

As a condition of interconnection you are required to send/fax a copy of this form along with a copy of the signed electrical permit to the person listed below at HG&E:

Name: Steve Roy
Company: Holyoke Gas & Electric
Address: 99 Suffolk Street
City, State ZIP: Holyoke, MA 01040
Fax No.: 413-536-9353
E-mail: sroy@hged.com