

Designated Contact Danson, Laura Daymuch

Application for Electrical Interconnection Generating Facility – Level 1, 2, or 3 Interconnection Review (For Generating Facilities with Electric Nameplate Capacities no Larger than 20 MW)

Instructions

An Interconnection Customer who requests a Utah Public Service Commission jurisdictional interconnection must submit this Interconnection Request by hand delivery, mail, or delivery service to the public utility, PacifiCorp, d/b/a Rocky Mountain Power. This application should be completed by Interconnection Customers that are not eligible for net metering and with facility nameplate capacities no larger than 20 MW. This application form applies to all generating facilities except inverter-based generating facilities with a capacity of 25 kW or less. The Interconnection Customer is to complete all fields of this application form to the extent that such requested information is applicable to the proposed Generating Facility. If questions exist about the applicability of the requested information or assistance is needed, please contact the designated contact person identified below:

Designated Contact Person.	Laura Kaypusii		
Address: 825 NE Multnoma	ah, Suite 1600, Portland,	OR 97232	
Telephone Number: 503-81	3-7040		
Facsimile Number: 503-813	3-6893		_
Legal Name of the Customer (or,			
Name:			
Contact Person:			
Mailing Address:			
		Zip Code:	
Telephone (Daytime):		(Evening):	
Facsimile Number:			_
Address of Customer Facility Wi	nere Proposed Generation	ng Facility will be Interconnected:	
Street Address:			
City:	State:	Zip Code:	



System Installer/Consulting Engineer:

Name:		
Contact Person:		
Physical Address:		
City:	State:	Zip Code:
Telephone (Daytime):		(Evening):
Facsimile Number:	_	
E-Mail Address:		
Application is for:	New Generating Fac	Where Generator Will Be Interconnected: cility existing Generating Facility
If capacity addition to existing Ge	enerating Facility, pleas	se describe:
Will the Generating Facility be us To Supply Power to the In To Supply Power to Other For installations at locations with interconnect, provide:	nterconnection Custome	
(Local Electric Service Provider*) Type of Service: Single Phase	•	(Existing Account Number*)
	_	
Interconnection Customer's Reque	ested In-Service Date: _	



Is Facility going to be a Qualified Facility ("QF")?
If yes, has Applicant completed FERC "Notice of Self Certification"? Yes No
Requested Procedure Under Which to Evaluate Interconnection Request 1:
Please indicate below which review procedure applies to the interconnection request.
Level 1 – Certified interconnection equipment with an aggregate electric nameplate capacity of 25 kW or less. There is no application fee for a generating facility qualifying for Level 1 review. Proof provided demonstrating certification with the following standards as applicable; please indicate type of certification below:
 ☐ IEEE Standard 1547; and ☐ UL Standard 1741 Inverters, Converters, and Controllers for Use in Independent Power Systems (January 2001).
Level 2 – Certified interconnection equipment with an aggregate electric nameplate capacity of 2 MW or less. Generation facility does not qualify for a Level 1 review or has been reviewed but not approved under a Level 1 review. The application fee amount is \$50 plus \$1.00 per kW of the Generating Facility's capacity. Proof provided demonstrating certification with the following standards as applicable; please indicate type of certification below:
 ☐ IEEE Standard 1547; and ☐ UL Standard 1741 Inverters, Converters, and Controllers for Use in Independent Power Systems (January 2001).
Level 3 – Aggregate electric nameplate capacity rating is 20 MW or less and the Generating facility is not certified; does not qualify for a Level 1 or Level 2 review; or has been reviewed but not approved under a Level 1 or Level 2 review. The application fee amount is \$100 plus \$2.00 per kW of the Generating Facility's capacity.
¹ Note: Descriptions for interconnection review categories do not list all Level 1, 2, and 3 criteria that must be satisfied. For a complete list of criteria, please refer to R746-312, Electrical Interconnection. Level 1 interconnection review of certified inverter-based Generating Facilities having a generation capacity of 25 kW or less requires a separate application form.
Generating Facility Information:
Energy Source: Solar Wind Hydro - Hydro Type (e.g. Run-of-River): Diesel Natural Gas Fuel Oil Biomass Other (state type)



Prime Mover: Fuel Cell Reciprocating Engine Gas Turbine 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 Generating Facility equipment package that are currently certified (include proof from manufacture of certification in accordance with R746-312-5, Certifications):
Equipment Type or Package Certifying Entity 1
2.
3.
4.
5
Is the prime mover compatible with the certified protective relay package? Yes No Generator (or solar collector) Manufacturer, Model Name & Number:
Version Number:
Nameplate Output Power Rating in kW: (Summer) (Winter)
Nameplate Output Power Rating in kVA: (Summer) (Winter)
Rated Power Factor: Leading:Lagging:
Total Number of Generators in generation facility to be interconnected pursuant to this Interconnection Request: #: Elevation: Single phase Three phase



Inverter Manufacturer, Model Name & Number (if used):	
List of adjustable set points for the protective equipment or software:	
Note: A completed Power Systems Load Flow data sheet must be supplied	ed with the Interconnection Request.
Proposed Generating Facility Characteristic Data (for inverter-base	d machines):
Manufacturer: Model:	
Type: Forced Commutated Line Commutated	
Electric Nameplate Capacity Rated Output: Amps	_ VoltskW
Efficiency:% Power Factor:%	
Max design fault contribution current:	eous RMS
Harmonics characteristics:	<u></u>
Start-up requirements:	
Proposed Generating Facility Characteristic Data (for rotating mach	
RPM Frequency:	
(*) Neutral Grounding Resistor (if applicable):	
Synchronous Generators: Submit copies of the Saturation Curve and the Vee Curve. Salient Non-Salient	
Torque: lb-ft Rated RPM:	<u> </u>
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
Min. Operating Freq./Time:	<u> </u>
Generator Connection: Delta Wye Wye Grounded	



Direct Axis Synchronous Reactance, Xd:	P.U.	
Direct Axis Transient Reactance, X' d:	P.U.	
Direct Axis Subtransient Reactance, X" d:	P.U.	
Negative Sequence Reactance, X ₂ :	P.U.	
Zero Sequence Reactance, X ₀ :	P.U.	
KVA Base:		
Field Volts:		
Field Amperes:		
Induction Generators: Manufacturer:		
Model No.:	Version No.:	
Locked Rotor Current:	Amps	
Phases: Single Three-Phase		
Motoring Power (kW):		
I ₂ ² t or K (Heating Time Constant):		
Rotor Resistance, Rr:		
Stator Resistance, Rs:		
Stator Reactance, Xs:		
Rotor Reactance, Xr:		
Magnetizing Reactance, Xm:		
Short Circuit Reactance, Xd":		
Exciting Current:		
Frame Size: Design Letter: Temp. Rise:	o _C .	
Reactive Power Required In Vars (No Load):		
Reactive Power Required In Vars (Full Load):		
Total Rotating Inertia, H:	Per Unit on kVA Base	

Excitation and Governor System Data for Synchronous Generators Only:

Provide appropriate IEEE model block diagram of excitation system, governor system and power system stabilizer (PSS). A PSS may be determined to be required by applicable studies. A copy of the manufacturer's block diagram may not be substituted.



Interconnection Facilities Inform Will a transformer be used between		e point of comm	on coupling?	Yes No
Will the transformer be provided by	the Interconnection	Customer?	Yes No)
Interconnection Customer Transferance sheet if necessary):	former Data (please	provide inforn	nation for all tr	ansformers, attach
Is the transformer: single phase	e three phase	Si	ze:	_kVA
Transformer Impedance:%	onkVA	A Base		
Transformer Primary:	Volts Delta	<u></u> Wye	☐ Wye Grou	ınded
Transformer Secondary:	Volts Delta	Wye	☐ Wye Grou	ınded
Transformer Tertiary:	Volts Delta	Wye	☐ Wye Grou	ınded
Transformer Fuse Data (if applic (Attach copy of fuse manufacturer's				
Manufacturer:	Type:	Size:	Speed: _	
Interconnecting Circuit Breaker	(if applicable):			
Manufacturer:	Type:			
Load Rating (Amps): Inter	rrupting Rating (Amp	os): T	rip Speed (Cycle	es):
Interconnection Protective Relays	s (if applicable):			
If Microprocessor-Controlled: List of Functions and Adjustable Se	etpoints for the protec	tive equipment	or software:	
Setpoint Function		Minimum	Maxii	num
1			_	
2				
3				
4				



6			
If Discrete Components (Enclose Copy of any Programme)		rrent Coordination Curves)	
Manufacturer:	Туре:	Style/Catalog No.:	Proposed Setting:
Manufacturer:	Type:	Style/Catalog No.:	Proposed Setting:
Manufacturer:	Type:	Style/Catalog No.:	Proposed Setting:
Manufacturer:	Type:	Style/Catalog No.:	Proposed Setting:
Manufacturer:	Type:	Style/Catalog No.:	Proposed Setting:
Manufacturer:	Type:	Style/Catalog No.:	Proposed Setting:
Manufacturer:		Proposed Ratio Connection: Proposed Ratio Connection:	
Potential Transformer	Data (If Applicable)	<u>:</u>	
Manufacturer:			
Type:	Accuracy Class:	Proposed Ratio Connection:	
Manufacturer:			
		Proposed Ratio Connection:	
¥ •	ctrical one-line diagram potential circuits, and penerating	•	



Enclose copy of any site documentation that indicates the precise physical location of the proposed Generating
Facility (e.g., USGS topographic map, distance from public utility facility number, other diagram or
documentation).
Plot Plan attached: Yes No
Enclose copy of any documents that provide proof of site control.
Site Control attached: Yes No



Applicant Signature:

I hereby certify that all of the info	mation provided in this application request form is correct.	
Applicant Signature:		
Name:		
	Date:	
An application fee may be require appropriate fee is included with the	d before the application can be processed. Please verify that the e application:	
Application fee included: Yes	☐ No ☐ N/A (for Level 1 review)	
Amount \$	_	
Printed Name:	Title:	