

**CITY OF CONCORD
INTERCONNECTION REQUEST
For Generating Facilities Larger than 20 kW Residential
or Larger than 100 kW Non-Residential**

Utility: _____

Designated Contact Person: _____

Address: _____

Telephone Number: _____

Fax: _____ 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 a City of Concord interconnection must submit this Interconnection Request by hand delivery, mail, e-mail, or fax to the City.

Request for: Fast Track Process ___ Study Process ___
(All Generating Facilities 2 MW and larger must use the Study Process.)

Processing Fee or Deposit

Fast Track Process – Non-Refundable Processing Fees

- If the Generating Facility is larger than 20 kW but not larger than 100 kW, the fee is \$250.
- If the Generating Facility is larger than 100 kW but not larger than 2 MW, the fee is \$500.

Study Process – Deposit

If the Interconnection Request is submitted under the Study Process, whether a new submission or an Interconnection Request that did not pass the Fast Track Process, the Interconnection Customer shall submit to the City a deposit not to exceed \$1,000 towards study costs.

Change in Ownership – Non-Refundable Processing Fee

If the Interconnection Request is submitted solely due to a transfer of ownership of the Generating Facility, the fee is \$50.

Interconnection Customer Information (Utility Billing Customer)

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: _____

Alternative Contact Information (if different from the Interconnection Customer)

Contact Name: _____

Title: _____

Address: _____

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

Fax: _____ E-Mail Address: _____

Installer

Name: _____

Address: _____

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

Fax: _____ E-Mail Address: _____

Application is for: _____ New Generating Facility
_____ Capacity Addition to Existing Generating Facility
_____ Transfer of Ownership of Existing Generating Facility

If capacity addition to existing Generating Facility, please describe: _____

Will the Generating Facility be used for any of the following?

To Supply Power to the Interconnection Customer? Yes ____ No ____

To Supply Power to the Utility? Yes ____ No ____

To Supply Power to Others? Yes ____ No ____

For installations at locations with existing electric service to which the proposed Generating Facility will interconnect, provide:

(Existing Account Number*)

Requested Point of Interconnection: _____

Interconnection Customer's Requested In-Service Date: _____

Generating Facility Information

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

Energy Source: Solar __ Wind __ Hydro __ Hydro Type (e.g. Run-of-River): _____
Diesel __ Natural Gas __ Fuel Oil __ Other (state type) _____

Prime Mover: Fuel Cell __ Recip Engine __ Gas Turbine __ Steam 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

Customer Requested Primary Voltage: _____

Customer Requested Secondary Voltage: _____

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

Equipment Type	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) _____

Individual Generator Power Factor

Rated Power Factor: Leading: _____ Lagging: _____

Total Number of Generators in wind farm 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 with the Interconnection Request.

Generating Facility Characteristic Data (for inverter-based machines)

Max design fault contribution current: _____ Instantaneous ____ or RMS? ____

Harmonics Characteristics: _____

Start-up requirements: _____

Generating Facility Characteristic Data (for rotating machines)

RPM Frequency: _____

(*) Neutral Grounding Resistor (if applicable): _____

Synchronous Generators:Direct Axis Synchronous Reactance, X_d : _____ 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:

Motoring Power (kW): _____

 I_2^2t or K (Heating Time Constant): _____Rotor Resistance, R_r : _____Stator Resistance, R_s : _____Stator Reactance, X_s : _____Rotor Reactance, X_r : _____Magnetizing Reactance, X_m : _____Short Circuit Reactance, X_d'' : _____

Exciting Current: _____

Temperature Rise: _____

Frame Size: _____

Design Letter: _____

Reactive Power Required In Vars (No Load): _____

Reactive Power Required In Vars (Full Load): _____

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

Note: Please contact the City prior to submitting the Interconnection Request to determine if the specified information above is required.

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) in accordance with the regional reliability council criteria. 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 Information

Will a transformer be used between the generator and the point of common coupling?

Yes ___ No ___

Will the transformer be provided by the Interconnection Customer? Yes ___ No ___

Transformer Data (if applicable, for Interconnection Customer-owned transformer):

Is the transformer: Single phase ___ Three phase ___ Size: _____ kVA

Transformer Impedance: _____ % on _____ kVA Base

If Three Phase:

Transformer Primary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded

Transformer Secondary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded

Transformer Tertiary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded

Transformer Fuse Data (if applicable, for Interconnection Customer-owned fuse):

(Attach copy of fuse manufacturer's Minimum Melt and 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: _____
- Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____
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- Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Current Transformer Data (if applicable):

(Enclose Copy of Manufacturer’s Excitation and 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 Information

Enclose copy of site electrical one-line diagram showing the configuration of all 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.

Is One-Line Diagram Enclosed? Yes ___ No ___

Enclose copy of any 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 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 ___

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: _____