

JACKSON COUNTY RURAL ELECTRIC MEMBERSHIP CORPORATION
MEMBER OWNED SOLAR DISTRIBUTED GENERATION APPLICATION

This application should be completed and returned to Jackson County REMC in order to begin processing the request for a member owned solar distributed generation facility. This application is used by the Jackson County REMC to determine the required equipment configuration for the DG Owner/Operator interface. Every effort should be made to supply as much information as possible. See Member Owned Distributed Generation Manual for additional information.

PART 1

DG Owner/Operator Information:

Account Number: _____

Name: _____

Mailing Address: _____

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

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

Estimated Load and Generator Rating:

The following information is necessary to help properly design Jackson County REMC's customer interconnection. This information is not intended as a commitment or contract for billing purposes.

Total Site Load _____(kW) Generator Rating _____(kW) Annual Est. Generation _____(kWh)

Load Type: Residential _____ Commercial _____ Industrial _____

Mode of Operation Information:

Isolated _____ Paralleling _____ Power Export _____

Project Design / Engineering Architect: *(as applicable)*

Company Name: _____

Mailing Address: _____

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

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

Electrical Contractor: *(as applicable)*

Company Name: _____

Mailing Address: _____

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

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

Description and 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

Inverter Data:

Manufacturer: _____ Model: _____

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

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

Type Commutation: Forced _____ Line _____

Harmonic Distortion: Maximum Single Harmonic (%) _____

Maximum Total Harmonic (%) _____

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

Additional Information:

In addition to the items listed, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment 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 and its address or grid coordinates.

The customer agrees to provide Jackson County REMC with any additional information required to complete the interconnection. The customer shall operate his equipment within the guidelines set forth by the cooperative.

(Applicant Name)

(Date)

Jackson County REMC Contact Information:

(Name)

(Title)

PO Box K Brownstown, In 47220
(Address)

812-358-4458 812-358-1788
(Phone) (Fax)

(Cell Phone)

(Email Address)