Generating Facility Expedited/Standard Process
Interconnection Application

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)

NOTE: add lines/sections for coordinating contractor & local electrical contractor as appropriate.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

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

Confidentiality Statement: ***not applicable in RI or NH:*** "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

Address of Facility: _____

City:_____State:_____Zip Code:_____

Electric Service Company: _____ Account Number: _____ Meter Number _____

Type of Generating Unit: Synchronous_____ Induction_____ Inverter_____

Manufacturer: _____ Model: _____

Nameplate Rating: _____ (kW) _____ (kVAR) _____ (Volts) Single___ or Three___ Phase

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 (UL1741) Listed? Yes_____ No _____

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

If "yes", have you applied for it? 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 Facilities 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:_____

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

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).

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.

MAIL COMPLETE PACKAGE TO: National Grid, Attn: Distributed Generation - Alex Kuriakose (E1.553), 40 Sylvan Rd, Waltham, MA, 02451-1120