

# Southeastern Electric Cooperative Distributed Resource Interconnection Application

**WHO SHOULD FILE THIS APPLICATION:** Anyone (DR Owner/Operator/Applicant) expressing interest to install Distributed Resources (DR) which will interconnect with the Southeastern Electric Cooperative Electrical Power System (EPS). This application shall be completed and returned to the Cooperative in order to begin processing the request.

**INFORMATION:** This application is used by the Cooperative to perform a preliminary interconnection review. The Applicant shall complete as much of the form as possible. The fields in **BOLD** are required to be completed to the best of the Applicant's ability. The Applicant will be contacted if additional information is required.

**COST:** An Applicant intending to operate generation over 150 kW and less than 10 MW nameplate capacity in parallel with the Cooperative electrical distribution system is required to pay \$TBD for initial interconnection/transmission studies. This payment shall be included with this application. Additional fees may be required. Any unspent funds will be returned upon completion of the initial studies.

<b>DR OWNER/OPERATOR/APPLICANT</b>		
Company / Applicant's Name:		
Representative:	Phone Number:	FAX Number:
Title:		
Mailing Address:		
Email Address:		
<b>LOCATION OF DISTRIBUTED RESOURCE EPS INTERCONNECTION</b>		
Street Address, legal description, or GPS coordinates:		
<b>PROJECT DESIGN / ENGINEERING (if applicable)</b>		
Company:		
Representative:	Phone:	FAX Number:
Mailing Address:		
Email Address:		
<b>ELECTRICAL CONTRACTOR (if applicable)</b>		
Company:		
Representative:	Phone:	FAX Number:
Mailing Address:		
Email Address:		
<b>DISTRIBUTED RESOURCE</b>		
Manufacturer:		Model:
Type (Synchronous Induction, Inverter, etc.):		Phases: 1 or 3
Rated Output (Prime kW):	(Standby kW):	Frequency:
Rated Power Factor (%):	Rated Voltage (Volts):	Rated Current (Amperes):
Energy Source (gas, steam, hydro, wind, etc.):		
<b>TYPE OF INTERCONNECTED OPERATION</b>		
Interconnection / Transfer method:		
<input type="checkbox"/> Open <input type="checkbox"/> Quick Open <input type="checkbox"/> Closed <input type="checkbox"/> Soft Loading <input type="checkbox"/> Inverter		



# **Southeastern Electric Cooperative Distributed Resource Interconnection Application**

With this Application, we are requesting the Cooperative to review the proposed Distributed Resource System Interconnection. We request that the Cooperative identify the additional equipment and costs involved with the interconnection of this system and to provide a budgetary estimate of those costs. We understand that the estimated costs supplied by the Cooperative will be estimated using the information provided. We also agree that we will supply, as requested, additional information, to allow the Cooperative to better review this proposed Distributed Resource System interconnection. We have read the "Interconnection Requirements for Customer-Owned Distributed Resources" and will design the Distributed Resource System and interconnection to meet those requirements.

**Applicant Name (print):**

**Applicant Signature:**

**Date:**

**SEND THIS COMPLETED & SIGNED APPLICATION AND ATTACHMENTS TO THE  
COOPERATIVE, ATTENTION, Todd Nelson  
Email: todd@southeastern.coop**