GENERATION INTERCONNECTION REQUEST

(Application Form)

For generation greater than 40 kW connecting to 100 kV and below

Transmission Owner:	Southern Illinois Power Cooperative (SIPC)
Designated Contact Person:	Attn: Power Delivery Department
Address:	11543 Lake of Egypt Rd. Marion, IL 62959
Telephone Number:	(618) 964-1448

An Interconnection Request is considered complete when it provides all applicable and correct information required below as well as the processing fee discussed below.

Preamble and Instructions

An Interconnection Customer who requests an interconnection must submit this Interconnection Request by hand delivery, mail or e-mail to the Transmission Owner.

Processing Fee or Deposit

The Interconnection Customer shall submit to the Transmission Owner a non-refundable deposit of either Five Thousand Dollars ($5,000) for sites less than or equal to 5 MW or Twenty Thousand Dollars ($20,000) for sites greater than 5 MW but smaller than 50 MW towards the cost of required studies and equipment. All application processing fees will be applied to the total interconnection cost if an Interconnection Agreement is fully executed.

Interconnection Customer Information

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 (Primary): _____ Telephone (Alternate): _____

Fax: _____ E-Mail Address: _____

Alternative Contact Information (if different from the Interconnection Customer)

Contact Name: _____

Title: _____

Address:_____

Telephone (Primary): _____ Telephone (Alternate): _____

Fax: _____ E-Mail Address:_____

Application is for: _____New Generating Facility (40 – 5,000 kW)
_____Capacity addition to Existing Generating Facility
_____New Generating Facility (> 5,000 kW)

If capacity addition to existing facility, please describe (including a description of the existing net capability):

_____
_____

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

MISO Market Participant? Yes ___ No ___

To Supply Power to the Interconnection Customer? Yes ___No ___

To Supply Power to Others? Yes ____ No ____

Requested Point of Interconnection (GPS Coordinates):

_____
_____

Interconnection Customer's Requested In-Service Date: _____

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

_____ _____
(Local Electric Service Provider*) (Existing Account Number*)
[*To be provided by the Interconnection Customer if the local electric service provider is different from the Transmission Owner]

Contact Name: _____

Title: _____

Address: _____

Telephone (Primary): _____ Telephone (Alternate): _____

Fax: _____ E-Mail Address: _____

Generating Facility Information

Type of Generator: ____ Inverter ____Synchronous ____Induction

Generator Nameplate AC Rating: _____kW
Generator Nameplate kVAR: _____ (leading/lagging)

Interconnection Customer or Customer-Site Load: _____kW (if none, so state)

Typical Reactive Load (if known): _____

Maximum Physical Export Capability Requested: _____ kW

Total Number of Generators to be interconnected pursuant to this Interconnection Request: Single phase ____Three phase _____

Generating Facility Characteristic Data (for inverter-based machines)

Type: (Solar, Wind, Storage, Hydro, Biomass, etc.):

Inverter manufacturer and model: _____

AC and DC Nameplate Rating kW: _____

Max design fault contribution current: _____ Instantaneous_____ or RMS_____

Harmonics Contribution: _____

Generating Facility Characteristic Data (for rotating machines)
Generator Manufacturer, Model Name & Number: _____
RPM Frequency: _____
(*) Neutral Grounding Resistor (If Applicable): _____

Synchronous Generators:
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:
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: _____
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 Transmission Owner 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):
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. _____	_____	_____

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:_____

Current Transformer Data (If Applicable):

Manufacturer:_____ Type: _____ Accuracy Class:_____
Proposed Ratio Connection: _____

Potential Transformer Data (If Applicable):

Manufacturer:_____ Type: _____ Accuracy Class:_____
Proposed Ratio Connection: _____

General Information to include with application:

One-Line Diagram	____Yes ____No
Site Plan with .KMZ if available	____Yes ____No
System Protection and Control Scheme Documentation	____Yes ____No
Relay, Alarm, Control Schematics	____Yes ____No
Completed Power Systems Load Flow data sheet	____Yes ____No
List of adjustable set points for protective equipment or software	____Yes ____No
Transformer Fuse Manufacturer's TCC Curves	____Yes ____No
CT Manufacturer's Excitation and Ratio Correction Curves	____Yes ____No

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Applicant Signature
I hereby certify that, to the best of my knowledge, all the information provided in this Interconnection Request is true and correct.

Interconnection Customer: _____ Date: _____