

WHO SHOULD FILE THIS APPLICATION: Anyone expressing interest to install generation which will interconnect with the Area EPS (McLeod Co-op Power). This application should be completed and returned to the Area EPS Generation Interconnection Coordinator, in order to begin processing the request.

INFORMATION: This application is used by the Area EPS Operator 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. The response may take up to 15 business days after receipt of all the required information.

COST: A payment to cover the application fee shall be included with this application. The application fee amount is outlined in the “State of Minnesota Interconnection Process for Distributed Generation Systems”. (\$100 for 20 kW and under, \$250 for over 20 kW).

OWNER/APPLICANT		
Company / Applicant’s Name:		
Representative:	Phone Number:	FAX Number:
Title:		
Mailing Address:		
Email Address:		
LOCATION OF GENERATION SYSTEM INTERCONNECTION		
Street Address, legal description or GPS coordinates:		
PROJECT DESIGN / ENGINEERING (if applicable)		
Company:		
Representative:	Phone:	FAX Number:
Mailing Address:		
Email Address:		
ELECTRICAL CONTRACTOR (if applicable)		
Company:		
Representative:	Phone:	FAX Number:
Mailing Address:		
Email Address:		
GENERATOR		
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.)		
TYPE OF INTERCONNECTED OPERATION		
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		
Proposed use of generation: (Check all that may apply)		Duration Parallel:
<input type="checkbox"/> Peak Reduction <input type="checkbox"/> Standby <input type="checkbox"/> Energy Sales <input type="checkbox"/> Cover Load		<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Continuous
Pre-Certified System: Yes / No (Circle one)		Exporting Energy Yes / No (Circle one)

ESTIMATED LOAD INFORMATION		
The following information will be used to help properly design the interconnection. This Information is not intended as a commitment or contract for billing purposes.		
Minimum anticipated load (generation not operating):	kW:	kVA:
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ESTIMATED START/COMPLETION DATES		
Construction start date:	Completion (operational) date:	
DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION		
<p><u>Attach a single line diagram showing the switchgear, transformers, and generation facilities. Give a general description of the manner of operation of the generation (cogeneration, closed-transition peak shaving, open-transition peak shaving, emergency power, etc.). Also, does the Applicant intend to sell power and energy or ancillary services and/or wheel power over Area EPS facilities. If there is an intent to sell power and energy, also define the target market.</u></p>		
SIGN OFF AREA:		
<p>With this Application, we are requesting the Area EPS Operator to review the proposed Generation System Interconnection. We request that the Area EPS identifies 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 Area EPS Operator, will be estimated using the information provided. We also agree that we will supply, as requested, additional information, to allow the Area EPS Operator to better review this proposed Generation System interconnection. We have read the "State of Minnesota Distributed Generation Interconnection Requirements" and will design the Generation System and interconnection to meet those requirements.</p>		
Applicant Name (print):		
Applicant Signature:	Date:	
<p>SEND THIS COMPLETED & SIGNED APPLICATION AND ATTACHMENTS TO Sue Pawelk, McLeod Cooperative Power, P.O. Box 70, Glencoe, MN 55336</p>		