



A Touchstone Energy® Cooperative 

APPLICATION TO INTERCONNECT SMALL GENERATION 150 kW OR LESS

Member hereby gives notice of intent to operate an interconnected generating facility pursuant to the "Standard for Interconnecting Small Generation 150 kW or less with Electric Power Systems (Interconnection Standard)". Permission to interconnect is not granted until an Interconnection Agreement has been completed between the Cooperative and the Member.

All applications must be fully complete before they will be accepted or approved by EnergyUnited. A completed application consists of the following:

- _____ This "Application to Interconnect"
- _____ **The Application Fee of \$250 for Residential members and \$500 for Commercial members**
- _____ A one-line diagram of the system showing the main components and metering of the system, including the external AC disconnect switch
- _____ Manufacturer's catalog or cut-sheet for the inverter showing pertinent specifications and certifications
- _____ Proof of Insurance (Liability coverage of \$100,000 for residential members and \$300,000 for commercial members)
- _____ Copy of the Report of Proposed Construction sent to the NC Utilities Commission

Please submit application and all required materials (Checks payable to EnergyUnited) to:

EnergyUnited, ATTN: Engineering, PO Box 1831, Statesville, NC 28687

TYPE OF INTERCONNECTION

Residential _____ Non-Residential _____

Net Meter Opt A _____ Net Meter Opt B _____ SGPPS _____

MEMBER/OWNER INFORMATION

Member Name: _____

EU Account #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

FOR ENERGYUNITED USE ONLY

Application Completed On: _____ Application No.: _____

Reviewed By: _____ Date: _____

APPROVED _____ **NOT APPROVED** _____

If Not Approved, list reason: _____



Application # _____

APPLICATION TO INTERCONNECT SMALL GENERATION 150 kW OR LESS

PROJECT DEVELOPER/ENGINEER

Name: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

.....
ELECTRICAL CONTRACTOR (as applicable)

Name: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

.....
ELECTRICAL INSPECTOR

Name: _____ County: _____ Phone: _____

Generator and Facility Information

Is this application for a New or Existing Facility? New _____ Existing _____

FACILITY LOCATION: _____

TYPE OF GENERATOR (as applicable)

Photovoltaic _____ Wind _____ Microturbine _____
Other _____

GENERATOR RATING

The following information is necessary to help properly design the Cooperative customer interconnection.
This information is not intended as a commitment or contract for billing purposes.

Total Site Load _____ (kW) (For Commercial members)
Generator Rating _____ (kW) Annual Estimated Generation _____ (kWh)
Is there a battery storage system installed? Yes _____ No _____

APPLICATION TO INTERCONNECT SMALL GENERATION 150 KW OR LESS

Generator / Inverter / Relaying Information

	# 1	# 2	# 3
Device Type	_____	_____	_____
Manufacturer Name	_____	_____	_____
Model Name & # (Specific)	_____	_____	_____
Nameplate Rating (kW AC)	_____	_____	_____
Nominal Voltage (Volts AC)	_____	_____	_____

Notes: - If more than 3 Generators / Inverters will be used, complete a separate attachment with the information above
 - If a customer owned transformer will be used, attach the transformer manufacturer's specifications to this application.
 - If the system utilizes relaying for protection, please attach proposed or suggested settings.

Proposed Installation Date: _____

Proposed Interconnection Date: _____

Certification

The interconnection protection system is tested and listed for compliance with the latest published edition of Underwriters Laboratories (UL) 1741 including the anti-islanding test. The system (is / will) be installed in compliance with IEEE 1547 as applicable, all manufacturer specifications, the National Electric Code and all local codes. No protection settings affecting anti-islanding have been or will be adjusted or modified.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct and the generator will comply with the Interconnection Standard stated above. I also agree to supply the Cooperative with any additional information that may be needed to complete the Interconnection process.

I acknowledge that I have reviewed and understand EnergyUnited's rate schedules and riders for standard service and small generation systems.

Signature of Member / Authorized Individual (if Corporation):

Date: _____