

# **Northeastern REMC**

## ***Procedures for Interconnecting an Inverter-Based Small Generating Facility No Larger than 25 kW***

- 1.0 The member completes the Application for Member-Owned Generation ("Application") and submits it to Northeastern REMC.
- 2.0 Northeastern REMC will acknowledge to the Customer receipt of the Application within ten Business Days of receipt.
- 3.0 Northeastern will evaluate the Application for completeness and will notify the member within ten Business Days of receipt that the Application is or is not complete and, if not, advises what material is missing.
- 4.0 Northeastern will verify that the Generating Facility can be interconnected safely and reliably. Northeastern will complete this process within 15 Business Days. Unless Northeastern determines that the Generating Facility cannot be interconnected safely and reliably, Northeastern will approve the Application and return it to the member.
- 5.0 After installation, the member returns the Agreement for Interconnection to Northeastern. Prior to parallel operation, Northeastern may inspect the Generating Facility for compliance with standards which may include a witness test, and may schedule appropriate metering replacement, if necessary.
- 6.0 Northeastern will notify the member in writing that interconnection of the Generating Facility is authorized. If the witness test is not satisfactory, Northeastern has the right to disconnect the Generating Facility. The member has no right to operate in parallel until a witness test has been performed, or has been previously waived. Northeastern is obligated to complete this witness test within ten Business Days of the receipt of the Agreement for Interconnection. If Northeastern does not inspect within ten Business Days or by mutual agreement of the Parties, the witness test is deemed waived.

# Northeastern REMC Agreement for Interconnection

This must be completed after the generating system has been installed and prior to its connection to Northeastern REMC's distribution system.

1. The following certifies that the installed generating system meets all the applicable safety and performance standards of the National Electric Code, the National Electric Safety Code, all applicable state and local codes, and Northeastern REMC's interconnection requirements.

Signed (licensed electrical contractor): \_\_\_\_\_ Date: \_\_\_\_\_

License Holder (printed): \_\_\_\_\_ Indiana License #: \_\_\_\_\_

Installation Date: \_\_\_\_\_

2. I, \_\_\_\_\_ (system owner), certify that all of the information I have provided is true and accurate, and that I have read and understand the Northeastern REMC Net Billing Schedule (NB-1), and will comply with the same, and that I will maintain liability insurance as required for the entire time that my generator is connected to Northeastern REMC's distribution system.

Northeastern and the net billing member shall indemnify and hold the other party harmless from and against all claims, liability, damages, and expenses, including attorney's fees, based on injury to any person, including loss of life, or damage to any property, including loss of use thereof, arising out of, resulting from, or connected with an act or omission by such other party, its employees, agents, representatives, successors, or assigns in the construction, ownership, or maintenance of such party's facilities used in net billing.

\_\_\_\_\_  
System Owner

\_\_\_\_\_  
Date

## UTILITY INSPECTION AND APPROVAL

Application approved: \_\_\_\_\_ Date: \_\_\_\_\_

Application Number: \_\_\_\_\_

Witness Test Date: \_\_\_\_\_ By: \_\_\_\_\_ Waived?: \_\_\_\_\_

System Inspected: \_\_\_\_\_ Date: \_\_\_\_\_

Approval for Interconnection: \_\_\_\_\_ Date: \_\_\_\_\_

# Northeastern REMC

## Application for Operation of Member-Owned Generation

**This application should be completed and returned to a Northeastern REMC representative in order to begin processing the request. See Northeastern's Net Billing Schedule for additional information.**

INFORMATION: *This information is used by Northeastern REMC to determine the required equipment configuration for the net billing interface. Every effort should be made to supply as much information as possible.*

### OWNER/OPERATOR INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Generator Location (if different from above): \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening/Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Northeastern Account Number (from utility bill): \_\_\_\_\_

### ELECTRICAL CONTRACTOR

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

License Number: \_\_\_\_\_

### DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location, the date you plan to begin operation and the frequency with which you plan to operate.

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**GENERATOR INFORMATION**

System Type: \_\_\_\_\_ Wind \_\_\_\_\_ Solar \_\_\_\_\_ Biomass

Generator Rating \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA) Annual Estimated Generation \_\_\_\_\_ (kWh)

Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_

Type: \_\_\_\_\_ Date of manufacture: \_\_\_\_\_

Serial Number: \_\_\_\_\_

**INVERTER DATA** (attach manufacturer’s cut sheet showing UL 1741 listing)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Rated Voltage (Volts): \_\_\_\_\_ Rated Amperes: \_\_\_\_\_

Inverter Type (ferroresonant, step, pulse-width modulation, etc): \_\_\_\_\_

Harmonic Distortion: Maximum Single Harmonic (%) \_\_\_\_\_

Maximum Total Harmonic (%) \_\_\_\_\_

Note: Attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.

**ADDITIONAL INFORMATION**

*In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the project’s planned operating mode (e.g., combined heat and power, peak shaving, etc.), and its grid coordinates if available.*

**MEMBER SIGNATURE**

I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by Northeastern REMC’s Terms and Conditions for Service as listed in the Net Billing Schedule (NB-1) and return the Certificate of Completion when the Small Generating Facility has been installed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Contingent Approval to Interconnect the Small Generating Facility (For Northeastern REMC use only)**

Interconnection of the Net Billing Facility is approved contingent upon the Terms and Conditions for Service as listed in the Net Billing Schedule (NB-1) and return of the Certificate of Completion.

Company Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Application ID number: \_\_\_\_\_