**Standard Interconnection Application**
**Generating Facilities with Rated Capacities**
**Greater Than 25 kW and Less Than 1 MW**

A Customer-Generator applicant ("Applicant") hereby makes application to Lea County Electric Cooperative, Inc. (LCEC) to install and operate a generating facility with rated capacity greater than 25 kW and less than 1MW interconnected with the LCEC utility system.

Written applications should be submitted by mail, e-mail or fax to LCEC as follows:

Lea County Electric Cooperative, Inc.
1300 West Ave D, Lovington, NM 88260
Fax Number: 575-396-3634
E-Mail Address: lcecnet.com
Contact Name: Bobby Kimbro
Contact Title: Manager of Engineering and Operations

An application is a Complete Application when it provides all applicable information required below and has paid a processing fee of $250.00. (Additional information to evaluate a request for interconnection may be required and will be so requested from the Interconnection Applicant by Utility after the application is deemed complete).

**SECTION 1. APPLICANT INFORMATION**

Legal Name of Interconnecting Applicant (or, if an Individual, Individual's Name)
Name:_____
Mailing Address: _____
City: _____; State:_____; Zip Code: _____
Facility Location (if different from above): _____
Telephone (Daytime): _____
Telephone (Evening): _____
Fax Number:_____
E-Mail Address: _____

_____ _____

LCEC _____ (Existing Account Number, if generator to be interconnected on the Customer side of a utility revenue meter)

Type of Interconnect Service Applied for (choose one): _____ Network Resource, _____ Energy Only, _____ Load Response (no export) _____ Net metering

**SECTION 2. GENERATOR QUALIFICATIONS**

Data apply only to the Generating Facility, not the Interconnection Facilities.

Energy Source: ___ Solar, ___ Wind, ___ Hydro, ___ Hydro Type (e.g. Run-of-River): _____, ____Diesel, ___ Natural Gas, ___ Fuel Oil, ___ Other (state type) _____

Prime Mover: ___ Fuel Cell, ___ Recip. Engine, ___ Gas Turbine, ___ Steam Turbine, ___ Microturbine, ___ PV, ___ Other

Type of Generator: ____Synchronous ____Induction ____ Inverter

Generator Nameplate Rating: _____kW (Typical); Generator Nameplate kVA: _____

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

Typical Reactive Load (if known): _____

Maximum Physical Export Capability Requested: _____ kW (not to exceed 120% of peak kW)

List components of the Generating Facility Equipment Package that are currently certified:

| | Equipment Type | Certifying Entity |
|---|---|---|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Is the prime mover compatible with the certified protective relay package?
____Yes ____No

Generator (or solar collector)
Manufacturer, Model Name & Number:_____
Version Number: _____
Nameplate Output Power Rating in kW:
(Summer) _____;(Winter) _____
Nameplate Output Power Rating in kVA:
(Summer) _____; (Winter) _____

Individual Generator Power Factor
Rated Power Factor: Leading: _____Lagging: _____
Total Number of Generators to be interconnected pursuant to this Interconnection Application: _____; Elevation: _____; ___Single phase; ___Three phase

Inverter Manufacturer, Model Name & Number (if used): _____
List of adjustable set points for the protective equipment or software: _____
Note: A completed Power Systems Load Flow data sheet must be supplied with the Interconnection Application.

Generating Facility Characteristic Data (for inverter-based machines):
Max design fault contribution current: _____Instantaneous or RMS?_____
Harmonics Characteristics:_____
Start-up requirements:_____

Generating Facility Characteristic Data (for rotating machines):
RPM Frequency: _____
(*) Neutral Grounding Resistor (If Applicable): _____

Synchronous Generators:
Direct Axis Synchronous Reactance, X d: _____ P.U.
Direct Axis Transient Reactance, X' d: _____P.U.
Direct Axis Sub transient Reactance, X" d: _____P.U.
Negative Sequence Reactance, X2: _____ P.U.
Zero Sequence Reactance, X0: _____ P.U.
KVA Base: _____
Field Volts: _____
Field Amperes: _____

Induction Generators:
Motoring Power (kW): _____
I2t 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 Utility prior to submitting the Interconnection Application 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.

**SECTION 3. INTERCONNECTION FACILITIES INFORMATION**

Will a transformer be used between the generator and the Point of Common Coupling? ___Yes ___No

Transformer Data (If Applicable, for Interconnection Customer-Owned Transformer):

Is the transformer: ____single phase _____three phase? Size: _____kVA
Transformer Impedance: _____percent 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):

(Attach copy of fuse manufacturer's Minimum Melt and Total Clearing Time-Current Curves)
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. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

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:_____
Manufacturer:_____Type:_____ Style/Catalog No.:_____ Proposed Setting: _____

Manufacturer:_____Type:_____ Style/Catalog No.:_____ Proposed Setting: _____
Manufacturer: _____Type:_____ Style/Catalog No.:_____ Proposed Setting: _____

Current Transformer Data (If Applicable):
(Enclose Copy of Manufacturer's Excitation and Ratio Correction Curves)
Manufacturer: _____
Type: Accuracy Class: Proposed Ratio Connection: ____
Manufacturer: _____
Type: Accuracy Class: Proposed Ratio Connection: ____

Potential Transformer Data (If Applicable):
Manufacturer:_____
Type: Accuracy Class: Proposed Ratio Connection: ____
Manufacturer:_____
Type: Accuracy Class: Proposed Ratio Connection: ____

**SECTION 4. GENERAL INFORMATION**

Enclose a copy of site electrical one-line diagram showing the configuration of all Generating Facility equipment, current and potential circuits, and protection and control schemes.

This one-line diagram must be signed and stamped by a licensed Professional Engineer if the Generating Facility is larger than 50 kW. Is One-Line Diagram Enclosed?
____Yes ____No

Enclose a copy of any site documentation that indicates the precise physical location of the proposed Generating Facility (e.g., USGS topographic map or other diagram or documentation).

Proposed location of protective interface equipment on property (include address if different from the Interconnection Customer's address) _____

Enclose a copy of any site documentation that describes and details the operation of the protection and control schemes. Is Available Documentation Enclosed?
___Yes ____No

Enclose copies of schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable). Are Schematic Drawings Enclosed?
___Yes ____No

The cooperative shall not be required to purchase and pay for any power in excess of 120% of the peak demand from the facility. The facility shall not be constructed or designed to exceed 120% of peak demand usage. The inverter shall also be sized accordingly.

The cooperative shall install the metering necessary to determine the net metered energy delivered from the facility to the cooperative and from the cooperative to the facility for each billing period. The energy rate to be paid for the energy supplied by the facility in any month shall be the avoided cost rate filed with the New Mexico Public Regulation Commission and billing for any power from the cooperative will be at the cooperatives approved rate applicable to the service provided by the facility.

**SECTION 5. APPLICANT SIGNATURE**

I hereby certify that, to the best of my knowledge, all the information provided in the Interconnection Application is true and correct. I also agree to install a Warning Label provided by (utility) on or near my service meter location. Generating systems must be compliant with IEEE, NEC, ANSI, and UL standards, where applicable. By signing

below, the Applicant also certifies that the installed generating equipment meets the appropriate preceding requirement(s) and can supply documentation that confirms compliance.

Applicant also certifies that, all reasonable cost of connection, switching, metering, transmission, distribution, safety provisions, and administrative costs along with any studies or engineering fees incurred by the Cooperative directly related to the installation and maintenance of the physical facilities necessary to permit interconnected operation with facility exclusive of any cost included in the calculation of the Avoided Cost, shall be borne by and be the responsibility of the facility.

Signature: _____
Title:_____
Date: _____

**UTILITY SIGNATURE**

Signature:_____
Title:_____
Date:_____

**SECTION 6. INFORMATION REQUIRED PRIOR TO PHYSICAL INTERCONNECTION**

**(Not required as part of the application, unless available at time of application.)**

Installing Electrician: _____ Firm: _____
License No.: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Installation Date: _____

Interconnection Date: _____

Signed (Inspector – if required): _____
Date: _____
(In lieu of signature of Inspector, a copy of the final inspection certificate may be attached)