APPENDIX B – WV INTERCONNECTION REQUEST FORM (LEVEL 2) (Over 25kw)

Customer:

Name:_____Phone:(____) _____
Address:_____Municipality:_____
Account Number:_____

Consulting Engineer or Contractor:

Name:_____Phone:(____)_____
Address:_____
Estimated In-Service:_____

Existing Electric Service:

Capacity:_____Amps Voltage:_____Volts
Service Character: ☐ Single Phase ☐ Three Phase ☐ Secondary
☐ 3 Phase Transformer Connection ☐ Wye ☐ Delta

Location of Protective Interface Equipment on Property:
(include address if different from customer address) Attention:

Address:_____
City:_____State:_____Zip:_____
Phone:_____Fax:_____

List interconnection components/system(s) to be used in the Small Generators Facility that are Certified

Component/System NRTL Providing Label& Listing
1._____
2._____
3._____
4._____
5._____
Please provide copies of manufacturer brochures or technical specification

Energy Production Equipment/Inverter Information:

☐ Synchronous ☐ Induction ☐ Inverter ☐ Other_____
Rating:_____kW Rating;_____kVA
Rated Voltage:_____Amps
System Type Tested (Total System): ○ Yes ○ No; attach product literature
System Design Capacity:_____(kW)_____(kVA)

For Synchronous Machines:

Manufacturer:_____
Model No._____Version No._____
Submit copies of the Saturation Curve and the Vee Curve
Salient Non-Salient
Torque:_____lb-ft Rated RPM:_____Field Amperes_____at rated generator voltage and current and _____% PF over-excited
Type of Exciter:_____
Output Power of Exciter:_____
Type of Voltage Regulator:_____
Locked Rotor Current:_____Amps Synchronous Speed:_____RPM
Winding Connection:_____Min. Operating Freq./Time:_____
Generator Connection: ☐ Delta ☐ Wye ☐ Wye Grounded Direct-axis Synchronous Reactance (Xd)_____ohms
Direct-axis Transient Reactance(X'd)_____ohms
Direct-axis Sub-transient Reactance (X"d)_____ohms

For Induction Machines:

Manufacturer:_____
Model No._____Version No._____
Locked Rotor Current:_____Amps
Rotor Resistance (Rr)_____ohms Exciting Current____Amps
Rotor Reactance (Xr)_____ohms Reactive Power Required:_____
Magnetizing Reactance (Xm)_____ohms_____VARs (Full Load)
Stator Reactance (Rs)_____ohms____VARs (Full Load)
Stator Reactance (Xs)_____ohms
Short Circuit Reactance(X"d)_____ohms
Phases: ☐Single ☐ Three-Phase
Frame Size:_____Design Letter:_____Temp. Rise:_____O C.

For Inverter Based Facilities:

Inverter:
Manufacturer:_____Model:_____
Type: Forced Commutated Line Commutated
Rated Output_____Amps_____Volts
Efficiency_____%Power Factor_____%

Inverter Certification[1] (Click all that apply) ☐ UL1741-SA ☐ UL1741-SB ☐ Other (Attach explanation)

DC Source/Prime Mover:
☐Solar ☐Wind ☐Hydro ☐ Other_____
Rating:_____kW Rating:_____kVA
Rated Voltage:_____Volts
Open Circuit Voltage (If applicable):_____Volts
Rated Current:_____Amps
Short Circuit Current (If applicable):_____Amps

[1]Utility specified settings file must be installed on all IEEE-1547-2018/UL1741-SB certified inverters, see interconnection website for details. The applicant may provide evidence of CA Rule 21/UL1741SA and/or IEEE-1547-2018/UL1741SB test certification with this application and may be required to do so if certification documentation is not readily available.

Other Facility Information

Is this system part of a PPA (Power Purchase Agreement)? ○ Yes ○ No (If yes, please attach a copy of the PPA)

The following items must be attached to this form to be considered complete:

One Line Diagram attached:	○ Yes	○ No
Plot Plan attached:	○ Yes	○ No
Installation Test Plan attached:	○ Yes	○ No

Customer Signature:

_____	_____	_____
CUSTOMER	TITLE	DATE

Only submit this page for systems with: **Battery Storage**

Battery Information:

*Manufacturer: _____

*Model Number of Battery: _____

*Battery Max Output: _____ kW AC ☐ DC ☐

*Battery Storage Capacity: _____ kWh

*Number of Batteries: _____

(Attach additional sheets as necessary in the event of multiple units of various types / sizes)

Customer Signature

I hereby certify that all of the information provided in this application request form is true.

*Customer Generator Signature: _____

*Title: _____ *Date: _____