Roosevelt County Electric Cooperative, Inc.

NMPRC Rule 568 EXHIBIT 1B

Standard Interconnection Application

Generating Facilities with Rated Capacities Greater Than 10 kW

Please tear out application and return to Roosevelt County Electric Cooperative, Inc.

A Customer-Generator applicant ("Applicant") hereby makes application to Roosevelt County Electric Cooperative, Inc. (Utility) to install and operate a generating facility with rated capacity greater than 10 kW interconnected with the _____ utility system.

Application Fee: $100 for facilities from 10kw to 100 kW

$100 plus $1 per kW for facilities greater than 100 kW

As authorized by NMPRC Rule 17.9.568.12, if the above fees do not cover the total costs, a small utility may collect from the interconnection customer the reasonable costs incurred to obtain necessary expertise from consultants to review interconnection applications for generating facilities with rated capacities greater than 10 kW. A small utility shall provide a good faith estimate of the costs of such consultants to an interconnection customer within ten (10) business days of the date the interconnection application is delivered to the utility.

Written applications should be submitted by mail, e-mail or fax to Roosevelt County Electric Cooperative, Inc., as follows:

Roosevelt County Electric Cooperative, Inc.
PO Box 389
Portales, NM 88130
Phone Number: 1-575-356-4491 Fax Number: 575-359-1651
E-Mail Address: sancheza@rcec.org
Contact Name: Antonio R. Sanchez, Jr, PE. Title: Engineering Manager

An application is a Complete Application when it provides all applicable information required below. (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): _____

GPS Location: _____

Telephone (Daytime): _____ Telephone (Evening): _____

Fax Number: _____ E-Mail Address: _____

_____ _____
(Utility) (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

Please tear out application and return to Roosevelt County Electric Cooperative, Inc.

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

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, Xd: _____ P.U.
Direct Axis Transient Reactance, X' d: _____P.U.
Direct Axis Subtransient 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

Please tear out application and return to Roosevelt County Electric Cooperative, Inc.

Please tear out application and return to Roosevelt County Electric Cooperative, Inc.

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 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 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 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

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.

Signature of Applicant: _____ 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.:_____ Telephone:_____

Mailing Address: _____

City:_____ State:_____ Zip Code:_____

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)

Please tear out application and return to Roosevelt County Electric Cooperative, Inc.