

# MINNESOTA VALLEY COOPERATIVE

## Application for Operation of Customer-Owned Generation

**This application should be completed and returned to the Minnesota Valley Cooperative Member Service representative listed below in order to begin processing the request. See Chapter 7835 CoGeneration and Power Production for further information.**

INFORMATION: *This application is used by the Cooperative to determine the required equipment configuration for the Customer interface. Every effort should be made to supply as much information as possible.*

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### **PART 1 OWNER/APPLICANT INFORMATION**

Owner/Customer Name: \_\_\_\_\_ Location # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### **PROJECT DESIGN/ENGINEERING (ARCHITECT) (as applicable)**

Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### **ELECTRICAL CONTRACTOR (as applicable)**

Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### **TYPE OF GENERATOR (as applicable)**

Photovoltaic \_\_\_\_\_ Wind \_\_\_\_\_  
Other \_\_\_\_\_

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**ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION**

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)  
Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
Generator Rating \_\_\_\_\_ (kW) Annual Estimated Generation \_\_\_\_\_ (kWh)

**Mode of Operation**

Isolated \_\_\_\_\_ Paralleling \_\_\_\_\_ Power Export \_\_\_\_\_

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**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 operate the generator and the frequency with which you plan to operate it.

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**PART 2**

(Complete all applicable items. Copy this page as required for additional generators)

**SYNCHRONOUS GENERATOR DATA**

Unit Number: \_\_\_\_\_ Total number of units with listed specifications on site: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Type: \_\_\_\_\_ Date of manufacture: \_\_\_\_\_  
Serial Number (each): \_\_\_\_\_  
Phases: Single Three R.P.M.: \_\_\_\_\_ Frequency (Hz): \_\_\_\_\_  
Rated Output (for one unit): \_\_\_\_\_ Kilowatt \_\_\_\_\_ Kilovolt-Ampere  
Rated Power Factor (%): \_\_\_\_\_ Rated Voltage (Volts): \_\_\_\_\_ Rated Amperes: \_\_\_\_\_  
Field Volts: \_\_\_\_\_ Field Amps: \_\_\_\_\_ Motoring power (kW): \_\_\_\_\_  
Synchronous Reactance (Xd): \_\_\_\_\_ % on \_\_\_\_\_ KVA base  
Transient Reactance (X'd): \_\_\_\_\_ % on \_\_\_\_\_ KVA base  
Subtransient Reactance (X''d): \_\_\_\_\_ % on \_\_\_\_\_ KVA base  
Negative Sequence Reactance (Xs): \_\_\_\_\_ % on \_\_\_\_\_ KVA base  
Zero Sequence Reactance (Xo): \_\_\_\_\_ % on \_\_\_\_\_ KVA base  
Neutral Grounding Resistor (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
 $I_2^2t$  or K (heating time constant): \_\_\_\_\_  
Additional information: \_\_\_\_\_



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**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., net metering, etc.), and its address or location.*

**END OF PART 2**  
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**SIGN OFF AREA**

The customer agrees to provide the Cooperative with any additional information required to complete the interconnection. The customer shall operate his equipment within the guidelines set forth by the cooperative.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:**

Cooperative contact: \_\_\_\_\_ Robert Walsh \_\_\_\_\_

Title: \_\_\_\_\_ Member Service Manager \_\_\_\_\_

Address: \_\_\_\_\_ PO Box 248 \_\_\_\_\_

\_\_\_\_\_ Montevideo, Mn 56265 \_\_\_\_\_

Phone: \_\_\_\_\_ 320-269-2163 \_\_\_\_\_

Fax: \_\_\_\_\_ 320-269-2310 \_\_\_\_\_

e-mail: \_\_\_\_\_ bwalsh@mnvalleyrec.com \_\_\_\_\_