

# Gainesville Regional Utilities (GRU)

## Application for Interconnection and Parallel Operation of Customer-Owned Generation

**This application should be completed and returned to GRU Conservation Services Representative in order to begin processing the request. See Customer Guidelines for Electric Power Generation and Interconnection for additional information.**

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

### PART 1

#### Section A. OWNER/APPLICANT INFORMATION

Owner/Operator

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

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

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

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

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

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**Section B. 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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**Section C. INSTALLATION CONTRACTOR (as applicable)**

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

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

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

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

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

State Contractor License Number (Important) \_\_\_\_\_

Are Sub-Contractors being used? \_\_\_\_ (Y or N), If yes, List similar information as above on additional sheet(s).

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**Section D. TYPE OF GENERATION (as applicable)**

Photovoltaic \_\_\_\_\_ Wind \_\_\_\_\_ Microturbine \_\_\_\_\_

Diesel Engine \_\_\_\_\_ Gas Engine \_\_\_\_\_ Combustion Turbine \_\_\_\_\_

Other \_\_\_\_\_

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**Section E. ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION**

The following information is necessary to help properly design GRU 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 \_\_\_\_\_

**Intended Use**

Inadvertent \_\_\_\_\_ Intermittent \_\_\_\_\_ Continuous \_\_\_\_\_

**Section F. 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, the frequency with which you plan to operate it and whether you plan to operate it during on or off-peak hours. Use additional sheets as needed.

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\_\_\_\_\_

**PART 2**

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

**INVERTER DATA** (if applicable)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Rated Power Factor (%): \_\_\_\_\_ Rated Voltage (Volts): \_\_\_\_\_ Rated Amperes: \_\_\_\_\_  
Inverter Type (ferroresonant, step, pulse-width modulation, etc): \_\_\_\_\_

Type commutation: forced line  
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.

**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<sub>2</sub><sup>2</sup>t or K (heating time constant): \_\_\_\_\_  
 Additional information: \_\_\_\_\_

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**INDUCTION GENERATOR DATA**

Rotor Resistance (Rr): \_\_\_\_\_ ohms Stator Resistance (Rs): \_\_\_\_\_ ohms  
 Rotor Reactance (Xr): \_\_\_\_\_ ohms Stator Reactance (Xs): \_\_\_\_\_ ohms  
 Magnetizing Reactance (Xm): \_\_\_\_\_ ohms Short Circuit Reactance (Xd''): \_\_\_\_\_ ohms  
 Design letter: \_\_\_\_\_ Frame Size: \_\_\_\_\_  
 Exciting Current: \_\_\_\_\_ Temp Rise (deg C<sup>o</sup>): \_\_\_\_\_  
 Reactive Power Required: \_\_\_\_\_ Vars (no load), \_\_\_\_\_ Vars (full load)  
 Voltage Regulator: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
 Additional information: \_\_\_\_\_

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**PRIME MOVER (Complete all applicable items)**

Unit Number: \_\_\_\_\_ Type: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_ Date of manufacture: \_\_\_\_\_  
 H.P. Rated: \_\_\_\_\_ H.P. Max.: \_\_\_\_\_ Inertia Constant: \_\_\_\_\_ lb.-ft.<sup>2</sup>  
 Energy Source (hydro, steam, wind, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**GENERATOR TRANSFORMER (Complete all applicable items)**

TRANSFORMER (between generator and utility system)  
 Generator unit number: \_\_\_\_\_ Date of manufacture: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 High Voltage: \_\_\_\_\_ KV, Connection: delta wye, Neutral solidly grounded? \_\_\_\_\_  
 Low Voltage: \_\_\_\_\_ KV, Connection: delta wye, Neutral solidly g rounded? \_\_\_\_\_  
 Transformer Impedance(Z): \_\_\_\_\_ % on \_\_\_\_\_ KVA base.  
 Transformer Resistance (R): \_\_\_\_\_ % on \_\_\_\_\_ KVA base.  
 Transformer Reactance (X): \_\_\_\_\_ % on \_\_\_\_\_ KVA base.  
 Neutral Grounding Resistor (if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**POWER CIRCUIT BREAKER (if applicable)**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Rated Voltage (kilovolts): \_\_\_\_\_ Rated ampacity (Amperes) \_\_\_\_\_  
 Interrupting rating (Amperes): \_\_\_\_\_ BIL Rating: \_\_\_\_\_  
 Interrupting medium / insulating medium (ex. Vacuum, gas, oil ) \_\_\_\_\_ / \_\_\_\_\_  
 Control Voltage (Closing): \_\_\_\_\_ (Volts) AC DC

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Control Voltage (Tripping): \_\_\_\_\_ (Volts) AC DC Battery Charged Capacitor

Close energy: Spring Motor Hydraulic Pneumatic Other: \_\_\_\_\_

**POWER CIRCUIT BREAKER (continued)**

Trip energy: Spring Motor Hydraulic Pneumatic Other: \_\_\_\_\_

Bushing Current Transformers: \_\_\_\_\_ (Max. ratio) Relay Accuracy Class: \_\_\_\_\_

Multi ratio? No Yes: (Available taps) \_\_\_\_\_

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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., combined heat and power, peak shaving, etc.) in the space provided in Section F.*

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

The customer agrees to provide GRU with any additional information required to complete the interconnection. **The customer shall complete an Interconnection Agreement form in addition to this Application prior to operation of the referenced DR system.** The customer shall operate his equipment within the guidelines set forth by GRU.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
GRU Acknowledgement of Receipt

\_\_\_\_\_  
Date

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**GRU CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:**

GRU contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

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