

KUB Application for Interconnection of Distributed Generation

(GREATER THAN 50 KW DC AND LESS THAN OR EQUAL TO 1,000 KW DC)

This application should be completed and returned to the KUB representative in order to begin processing the request. Current Application Fee - \$500.

PART 1

CUSTOMER INFORMATION

Name: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Representative: _____
Email Address: _____ Electric Service Account Number: _____
Fax Number: _____

PROJECT DESIGN/ENGINEERING (AS APPLICABLE)

Company: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Representative: _____
Email Address: _____ Fax Number: _____
PE License: _____ State: _____

ELECTRICAL CONTRACTOR (AS APPLICABLE)

Company: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Representative: _____
Email Address: _____ Fax Number: _____
Contractor's License #: _____ City/County/State: _____

ESTIMATED LOAD/GENERATION AND SYSTEM LOCATION INFORMATION

The following information is necessary to help properly design the Distributor customer interconnection.

System Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Total Site Load _____ (highest kW demand last 12 months)
Residential _____ Commercial _____ Industrial _____
System Rating _____ (DC kW) Annual Estimated Generation _____ (kWh)

PART 2

INVERTER DATA

Manufacturer: _____ Model: _____
Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____
Inverter Type (ferroresonant, step, pulse-width modulation, etc): _____
Single or Three Phase _____ Type Commutation: Forced _____ Line _____
Harmonic Distortion: Maximum Single Harmonic (%) _____ Maximum Total Harmonic (%) _____
Quantity of Inverters in System: _____

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): _____ / _____
Type of DC Disconnect (ex. Integrated, Separate): _____
Control Voltage (Closing): _____ (Volts) AC DC
Control Voltage (Tripping): _____ (Volts) AC DC Battery Charged Capacitor
Close Energy: Spring Motor Hydraulic Pneumatic Other: _____
Trip Energy: Spring Motor Hydraulic Pneumatic Other: _____
Bushing Current Transformers: _____ (Max. ratio) Relay Accuracy Class: _____
Multi Ratio? No Yes (Available taps) _____
Description of Control System _____

TRANSFORMER

(Please determine connection and ownership requirements from KUB prior to completing this section)

Owner (KUB or Generation Site): _____
Manufacturer: _____ Model: _____
3-Phase Transformer Rating (KVA): _____ Nominal Impedance (Percent): _____
Primary Winding: Rated Voltage (Volts): _____/_____ Connection (Delta, Wye) _____
Secondary Winding: Rated Voltage (Volts): _____/_____ Connection (Delta, Wye) _____
Primary Winding Protective device type, Mfr, model, and rating: _____

ADDITIONAL INFORMATION – SINGLE LINE DIAGRAM

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, batteries, number and location of PV panels, etc.), specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the address or grid coordinates of the facility.

PERMISSION TO INTERCONNECT

Customer must not operate their generating facility in parallel with KUB's system until they receive written authorization for parallel operation from KUB. Unauthorized parallel operation could result in injury to persons and /or damage to equipment and/or property for which the customer may be liable.

END OF PART 2

SIGN OFF AREA

The customer agrees to provide KUB with any additional information required to complete the interconnection.

Applicant

Date

KUB CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

KUB Contact: Bill Warren

Title: Business Management Analyst

Address: 4505 Middlebrook Pike, Knoxville, TN 37921

Phone: (865) 558-2592 Fax: (865) 558-2199