

Distributed Generation Application (40kW_{ac} or less)

Cooperative

Name & Address

Pierce Pepin Cooperative Services
PO Box 420
W7725 US Highway 10
Ellsworth, WI 54011

Applicant

Name & Mailing Address

1. Contact Information –

The applicant is the party that is legally responsible for the Distributed Generation (DG) system

Applicants Last Name:

First Name:

Middle Initial:

Applicant's Service Address (proposed location of the DG facility):

Latitude - Longitude: (i.e., 49° 32' 06" N -- 91° 64' 18" W) -- optional

County

Applicant's Phone Number:

Email Address:

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Emergency Contact Numbers

Responsible Party's Day Phone

Responsible Party's Evening Phone

Responsible Party's Weekend Phone

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2. Electric Service Account Number

3. Applicant's Ownership Interest in the DG System

Owner Co-Owner Lease Other _____

4. Primary Intent of the DG System

Onsite use of power, and/or net energy billing Commercial power sales

5. Electricity Use, Production and Purchases

(a) Anticipated annual electricity consumption of the facility or site: (kWh)/yr.

(b) Anticipated annual electricity production of the DG system: (kWh)/yr.

(c) Anticipated annual electricity purchases [(a) minus (b)]: (kWh)/yr. *

* Value will be negative if there are net sales to the Cooperative

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6. Installing Contractor Information

Contractor's Last Name:

First Name:

Middle Initial:

Name of Company:

Contractor's Phone Number:

Email Address:

Contractor's Mailing Address:

7. Requested In-Service Date

7a. Cost of the System

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8. Provide One-Line Schematic Diagram of the System:

Number of Pages Attached:

Schematic is Attached

9. Generator/Inverter Information

Manufacturer:

Model Number:

Version Number:

Serial Number:

Electrical Service (check one):

Single Phase Three Phase

Generation Type (check one):

Synchronous Induction Inverter Other: _____

Total Name Plate AC/DC Ratings (fill out all fields):

kW_{ac}

kW_{dc}

Volts

Primary Energy Source (check one):

Wind Solar Biomass Manure Digester Landfill Gas Other _____

Note: If there is more than one generator and/or inverter, attach an additional sheet describing each.

9a. Energy Storage System (ESS) Information

ESS being installed? Yes No

ESS Size: _____ Amp/hour

Number of Batteries: _____

Battery Voltage (DC): _____

ESS Voltage (DC): _____ ESS purpose? Only backup Other _____

NOTE: See PPCS Distributed Generation (DG) with Optional Energy Storage Systems Requirements document for specific requirements.

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10. Site Plan Showing Location of the External Disconnect Switch (attach additional sheets as needed)

11. Liability Insurance

Carrier:

Limits:

Agent Name:

Phone Number:

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The Applicant, (Site Owner or Operator, if different) shall provide a Certificate of Insurance, both demonstrating that this liability insurance is in place.

12. Design Requirements-See attached Operational Standards

- a. Has the proposed distributed generation paralleling equipment been certified? Yes No
- b. If not certified, does the proposed distributed generator meet the operating limits defined in the attached Cooperative Operational Standards? Yes No

For items 12(a) and 12(b), if your answer is yes, please provide details (e.g., copies of manufacturer's specifications). If you do not know the answer, it is recommended you contact the equipment manufacturer for the answer and provide the same with the completed application.

13. Other Comments, Specification and Exceptions (attach additional sheets if needed)

14. Applicant and Installer Signature

To the best of my knowledge, all the information provided in this Application Form is complete and correct.

Applicant Signature:

Date:

Contractor Signature:

Date: