

Level 2, 3 and 4 Interconnection Application Navigation Guide

This guide is intended to Application.	support the successful complete	Energy Source Key								
принцини.		 Items required regardless of the generation type (highlighted) 								
INDEX:	ido		 Requirements for Inverter generators - includes inverter based batteries (Sections 5 & 6) 							
Page 1-5: Navigation Gu Page 5-8: Level 2 Applica	ation for customer completion	• Requirements for Battery generators - battery specific (Section 5)								
		 Requirements for Synchronous generators (Sections 7, 8, 10) 								
• Requirements for Induction generators (Section 7& 9)										
1. Project Name or Legal	Name of Interconnecting Applic	ant (or, if an Individual /	ndividual's Name)							
Name		Contact Person								
Company Name Proposed generation facility address		Account Number (Existing Account Number, if generator to be interconnected on the Customer side of a utility revenue meter.)	Existing account number or 'NEW" if a new meter is required.							
City, State, ZIP		Telephone (Day)								
Email Address (Please use email that is intended for use throughout the process)		Telephone (Evening)								
Interconnect Service Ty	pe (Must Choose One) Note*	Review recent NEB qualification	ons and changes when making this selection							
Network Resource Energy Only (Settlen Load Response (no e	export)									
Net metering (NEB)	Credit earning accou	nts for L2 and L4								
☐ Procurement										
	t from Interconnection Custome									
Name Account Number		Contact Person Owner of the facility (inc. percent ownership by any elec								
Address		Telephone (Day)								
City, State, ZIP		Telephone (Evening)								
Email Address		Fax								
3. <u>Installing Electrica</u>	Contractor Information									
Company		Representative								
Title		Fax								
Address		Telephone (Day)								
City, State, ZIP		Email Address								



4. <u>Timing</u>										
Requested In-Service Date	Anticipated	date of I	nterconne	ction.						
5. Generating Qualifica	itions									
Inverter Manufacturer				Model Name/ \	/ersion No				1	
									1	
PS-CAD Version No.				Quanity of Inv	erters				-	
PS-CAD Model attached Applicable for Level 4 only	□Y	'es 🗆	No (if <u>NO</u>	is selected, pl	ease requ	est m	anufacturer to pro	ovide ASAP)		
Aggregate Nameplate Outp	ut Power Rati	ing	Summe	er	This should be the NAMEPLATE RATING of the facil					
(in KW or KVA)		J	Winter		refer to	MPU	C c324 for the defin	nitions of these terms.		
					Range	of pow	er factor that the e	quipment is capable of	 f.	
Individual Generator Power	Factor		Rated F	Power Factor					-	
Generating Facility/Inverter	AC output vo	oltage		_	Volts	_	_	rating of the GSU tra		
Generating Facility Type), or the output rating	, of 1	
Phase	☐ Single Pha	ase \square	Three Ph	ase		٤	generation equipme	ent.	-	
Facility Type	☐ Synchron	ous [☐ Induct	ion 🗆 Inve	rter \Box	Othe	er			
Total Number of Generator	s in wind farr	ո (if app	licable) t	o be interconn	ected pur	rsuant	to this Interconn	ection		
Request	Elevation		3	Single Phase		Т	hree Phase			
Please provide Battery INV	ERTER details	, if diffe	rent							
Manufacturer				Model			PS-CAD Version	No		
Battery Storage Details (if a	pplicable)			Wiode.						
Battery Storage rating	<u> </u>	kW a	and	ΔΗζ	or KWH			☐ Grid/Utility	1	
(if applicable)		ĸvv	ana		JI KVVII		BESS charge type			
Describe an archine mande a			/-++	المصورة وطف طفانيين	+:\			∐ PV		
Describe operating mode of A short explanation on how BESS v						ie suppo	ort. etc.			
·			•		<u>, </u>				1	
List of adjustable set points	for the prote	ective eq	uipment	orsoftware						
Assessed D. L. L.			(2)	mps)	Either t	the out	tput of the facility a	at the high side of the	GSU	
Aggregate Rated system cu Generating facility Location	rrent		(al	111p3)	_		•	red), or the aggregate of		
(Road Name, Town, and Digital GPS	Coordinates							site's generation equip	_	
or Pole No)					0.11011	_				
Interconnection Customer	or		_kW , if n	one, explain				new service establishe		
Customer-Site Load						the J	proposed generation	n, then please state tha	it ne	
Typical Reactive Load (if known	own)								1	
Maximum Physical Export		kV	V							
Capability Requested:			_]	
Prime Mover:										
Photovoltaic/Reciprocating										
Engine/Fuel Cell/Turbine/O	ther									
(describe)									4	
Energy Source:										
Photovoltaic/Wind/Hydro/I	Diesel/									



Natural Gas/Fuel Oil/Recipro Engine Other (describe)	cating											
Is the equipment UL1741-SB If YES, attach any documentation pro facility to this application.		generator n	manufacture	er describing	ı the SB listii	ng for the generating	□Yes□	No				
Is the equipment 1547-2018 If YES, attach any documentation pr generating facility to this application	ovided by the g		manufactur	er describin	g the 1547	2018 listing for the	□Yes □	No				
List components of the Small	List components of the Small Generating Facility Equipment Package that are currently certified:											
Equipment Type (Major e	equipment) a	nd Qty			Ce	rtifying Entity (UL, IEE	E etc)					
Inverter name and model numb	er				List	the certifying entity typ	oe .					
Solar module name												
Battery name (if applicable)												
Is the prime mover compatible with the certified protective relay package? Note: A completed Power Systems Load Flow data sheet must be supplied with the Interconnection Application												
6. Small Generating Fac	ility Charact	teristic D	ata (for i	inverter-b	ased ma	chines)						
Max design fault current % of rated current/total amps This information should be provided with test data or a statement from the manufacturer. □ Instantaneous □ RMS? □ RMS							ous					
Harmonics Characteristics: (Maximum THD - Total harmonic distortion)												
Start-up requirements:	Unless a fac	ility is bla	ack-start c	apable, the	required	system conditions for st	tart-up should be	listed here.				
7. Small Generating Faci	lity Charact	eristic D	ata (for r	otating m	achines)							
RPM Frequency		(*)	Neutral	Groundin	g Resisto	r (If Applicable):						
8. Synchronous Generate				D.11		10.44 5						
Direct Axis Synchronous Read		_		_P.U.		KVA Base						
Direct Axis Transient Reactar			P.U.			Field Amperes						
Direct Axis Sub-Transient Rea		_		_P.U.		Field Volts						
Negative Sequence Reactand				_P.U.								
Zero Sequence Reactance, XO 9. Induction Generators				_P.U.			_					
Motoring Power (kW)					Stator R	esistance, Rs						
I 2t or K (Heating Time Const	ant)				Stator R	eactance, Xs						
Rotor Resistance, Rr					Magneti	zing Reactance, Xm						
Rotor Reactance, Xr					Short Cir	rcuit Reactance, Xd"						
Exciting Current					Tempera	ature Rise						
Frame Size					Design L	etter						
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 T & D Utility prior to submitting this Interconnection Application to determine if the specified information in Section 9 above is required.

10. Excitation and Governor System Data for Synchronous Generators Only Induction Generators

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.

A copy of the manufacturer's block diagram may not be substituted.										
11. Interconnection Facilities Information Transformer Data (If Applicable, for Interconnection Customer- Owned Transformer):										
Will a transfor	rmer be use	d between	the generato	or and the Point o	f Interconnecti	on?		□Yes	□No	
Will the trans	former be p	rovided by	the Intercon	nection Custome	r?			□Yes	□No	
Transformer F	Phasing and	size	Single	e phase	Three phase		kV	A (Size)		
Transformer I	mpedance			percent on	kVA Base					
If Transforme	r is three Ph	iase, please	provide foll	owing details						
	Tı	ansformer	Primary	Transform	er Secondary		Tran	sformer	Tertiary	
Volts										
Delta										
Wye										
Wye Grounde	ed .									
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					
Interconnecti	ng Circuit B	reaker or Re	eclosure (if a	pplicable):						
Manufacturer					Туре					
Load Rating (A	Amps):		Interrupt	ing Rating (Amps)	:	Trip Speed ((Cycles)			
Interconnection of applicable):	on Protectiv	e Relays		Microprocessor Manufacturer & Model						
If Microproce		•	-	owing informatio						
List of Functions			the protective (equipment or softwar	e 					
1	Set-Point	-unction		Minimum			Maximum			
3										
4										
5										
6										
If Discrete Co	mponents:	Enclose Copy	of any Proposed	d Time-Overcurrent Co	pordination Curve	s)				
Manufacturer		Type:			Style/Catalog	g No		Pr	roposed Setting	



Current Transforr	ner Dat	a (If Appli	cable): End	lose copy of	Manufac	turer Excitation	and Rat	tio Correcti	on Curves)	l						
Manufacturer				ype:		Accuracy Cla				d Ratio	Connection					
						<u>, </u>										
Potential Transfo	rmer D	ata (If App	licable):													
Manufacturer			•	ype:		Accuracy Cla	ass		Proposed Ratio Connection							
				•		•				The state of the s						
Canaval Information Chaplilist																
General Information Checklist Please select check box under "Reviewed Column" for each item listed below verifying that a complete package has been submitted and the																
Please select check box under "Reviewed Column" for each item listed below verifying that a complete package has been submitted and the Customer(s) are aware of all requirements																
			Checkli	st					Yes / No		Reviewed					
Enclose a copy of si			_	_		_										
Generating Facility			_		•											
devices from the Poschemes. If the Small		•			-	•										
signed and stampe		_	-		w, the	one-ine diag	graiii ii	iust be								
Signed and Stampe	a by a m	chised i ioi	essional Ei	igineer.					□Yes							
Is a One-Line Diagra	am Encl	osed?							□No							
Enclose a copy of any documentation that indicates the precise physical location Yes																
of the proposed Small Generating Facility. Including device layout that corresponds with									☐ Yes ☐ No							
single line diagram (e.g., USGS topographic map or other diagram or documentation).																
									Yes							
including address					-4-! -4	h			□ No □ Yes							
Enclose a copy of a				bes and d	etaiis t	ne operation										
of the protection a	na conti	or scrienies	•						Yes							
Site Control (Please	attach	if applicable	e)						□No							
Enclose copies of so	chemati	c drawings	for all prot	ection and	d contr	ol circuits, rel	lay cur	rent	□Yes							
circuits, relay poter	ntial circ	uits, and ala	arm/monit	oring circu	uits (if a	applicable)			□No							
Information Req	uired Pr	<u>ior to Physi</u>	cal Interco	nnection												
Installing																
Electrician																
Firm																
License No.								C't.								
Mailing Address			7in					City								
State			Zip Code				Tele	ohone								
Applicant's Signa	ture_															
I hereby certify th	nat, to t	ne best of m	ny knowled	dge, all the	inforn	nation provid	led in t	the Inter	connection	Applica	ation is					
true and correct.	-			-				-								
Generating syste		-							-	_						
Applicant also ce			_		pment	meets the ap	propr	iate prec	eding requi	iremen	t(s) and					
can supply docun	nentatio	ii tiiat COM	irins comp	nance.												
Signed		Custo	ner signatu	re				Date								

NAVIGATION GUIDE END



City, State, ZIP

Level 2, 3 and 4 Interconnection Application for Certified, Inverter-Based Generating Facilities 25KW and Greater

The Customer-Generator applicant ("Applicant") hereby makes application to the T & D Utility to install and operate a generating facility interconnected with the transmission and distribution utility system. This application will be considered as an application for interconnection of generators under Expedited interconnection review provided the generator is not greater than 10MW but shall serve as an Application for Standard interconnection review if greater than 10 MW or if Expedited review does not qualify the generator for interconnection. 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). Once complete, please sign and include your (\$) application fee, plus a separate \$40 Interconnection Ombudsman Fee per 65-407 C.M.R. ch. 328, § 2(B), and mail to the following address applicable for your service territory: **Versant Power** Example Document Types for filename **Distribution Interconnection Coordinator PO Box 932** - Application Bangor, ME 04402-0932 - One Line Drawing Or Email at: dginterconnections@versantpower.com - Schematic Drawings Ensure file name and subject line are identified as per format below: - Site Documentation Developer Name - City - mm/dd/yyyy - Document Type - Site Control (Make checks payable to: Versant Power or Contact for Funds Transfer Instructions) 1. Project Name or Legal Name of Interconnecting Applicant (or, if an Individual /Individual's Name Name **Contact Person Account Number** Company Name (Existing Account Number, if generator to be interconnected Proposed generation on the Customer side of a facility address utility revenue meter.) City, State, ZIP Telephone (Day) Telephone (Evening) Email Address (Please use email that is intended for use throughout the process) Interconnect Service Type (Must Choose One) Note* Review recent NEB qualifications and changes when making this selection **Network Resource** Energy Only (Settlement Only) Load Response (no export) Net metering (NEB) Procurement 2. Contact (if different from Interconnection Customer) Name **Contact Person** Owner of the facility (include Account Number percent ownership by any electric utility) Address Telephone (Day) City, State, ZIP Telephone (Evening) **Email Address** Fax **Installing Electrical Contractor Information** Company Representative Title Fax Address Telephone (Day)

Email Address



4. <u>Timing</u>											
Requested In-Service Date	2										
5. Generating Qualific	cations										
Inverter Manufacturer					Model Nam	e/ Vei	rsion No.				
PS-CAD Version No.					Quanity of	Inver	ters				
PS-CAD Model attached Applicable for Level 4 only		□Ye	s 🗆	No (if <u>N</u>	O is selected,	. plea	se request	manufacture	r to pro	vide ASA	A <i>P)</i>
Aggregate Nameplate Out	put Powe	er Ratin	ıg	Summ	ner			kW	kVA		ίVΑ
(in KW or KVA)			Winter				kW			kVA	
Individual Generator Powe	er Factor			Rated	Power Facto	r		Leading		l	agging
Generating Facility/Inverte	er AC out	put vol	ltage					Volts			
Generating Facility Type											
Phase	Sing	le Phas	se 🗆 -	Three P	hase						
Facility Type	☐ Syn	chrono	ous C	Indu	ction 🗆 II	nvert	er 🗆 O	ther			
Total Number of Generato	ors in win	d farm	(if app	licable)	to be interco	nnec	ted pursua	ant to this Inte	erconne	ection	
Request	Eleva	tion			Single Phase	<u>;</u>		Three Phase	e		
Please provide Battery IN	VERTER c	details,	if differ	ent							
Manufacturer					Model			PS-CAD V	ersion	No	
Battery Storage Details (if	applicab	le)									
Battery Storage rating (if applicable)			_kW a	ind	A	H or	KWH	BESS charg	ge type	☐ Grid	d/Utility V
Describe operating mode of A short explanation on how BESS								nnort etc			
		,				,					
List of adjustable set point	s for the	protec	tive eq	uipmen	t or software						
Aggregate Rated system c	urrent	_	(amps)								
Generating facility Location (Road Name, Town, and Digital Gi or Pole No)	n	ates									
Interconnection Customer Customer-Site Load	_	kW , if none, explain									
Typical Reactive Load (if k	nown)										
Maximum Physical Export Capability Requested:	-		k	W							
Prime Mover: Photovoltaic/Reciprocatin Engine/Fuel Cell/Turbine/ (describe)	_										
Energy Source: Photovoltaic/Wind/Hydro	/Diesel/										



Natural Gas/Fuel Oil/Reciprocating Engine Other (describe)									
Is the equipment UL1741-SB Listed? If YES, attach any documentation provided by the facility to this application.	e generator	manufacturer describin	g the SB listing for the generating	□Yes □No					
Is the equipment 1547-2018 Complian If YES, attach any documentation provided by the generating facility to this application.		r manufacturer describir	ng the 1547-2018 listing for the	□Yes □No					
List components of the Small Generati	ng Facility	y Equipment Packa	ge that are currently certified:						
Equipment Type (Major equipment)	and Qty		Certifying Entity (UL, IEE	E etc)					
Is the prime mover compatible with the certified protective relay package? Note: A completed Power Systems Load Flow data sheet must be supplied with the Interconnection Application									
6. Small Generating Facility Chara	cteristic	Data (for inverter-	based machines)						
Max design fault current % of rated current/total amps		☐ Instantaneous ☐ RMS							
Harmonics Characteristics: (Maximum THD - Total harmonic distortion)									
Start-up requirements:									
7. Small Generating Facility Chara	cteristic [Data (for rotating n	nachines)						
RPM Frequency	(*	*) Neutral Groundir	ng Resistor (If Applicable):						
8. Synchronous Generators									
Direct Axis Synchronous Reactance, X'	d:	P.U.	KVA Base						
Direct Axis Transient Reactance, X'd		P.U.	Field Amperes						
Direct Axis Sub-Transient Reactance, X	´d	P.U.	Field Volts						
Negative Sequence Reactance, X2	_	P.U.							
Zero Sequence Reactance, X0 9. Induction Generators		P.U.							
Motoring Power (kW)			Stator Resistance, Rs						
I 2t or K (Heating Time Constant)			Stator Reactance, Xs						
Rotor Resistance, Rr			Magnetizing Reactance, Xm						
Rotor Reactance, Xr			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 T & D Utility prior to submitting this Interconnection Application to determine if the specified information in Section 9 above is required.

10. Excitation and Governor System Data for Synchronous Generators Only Induction Generators

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.

				-,								
11. Interconnection Facilities Information Transformer Data (If Applicable, for Interconnection Customer- Owned Transformer):												
Will a transfor	rmer be us	ed betv	ween the	e generato	or and the Point o	f Inte	rconnectio	n?		□Yes	□No	
Will the trans	former be	provide	ed by th	e Intercon	nection Custome	r?				□Yes	□No	
Transformer F	Phasing an	d size		Single	e phase \Box	Three	phase		kV	A (Size)		
Transformer I	mpedance			F	percent on	kVA E	Base					
If Transforme	r is three P	hase, p	olease pi	rovide foll	owing details							
	7	ransfo	rmer Pri	imary	Transform	er Se	condary		Tran	sformer	Tertiary	
Volts												
Delta												
Wye												
Wye Grounde	ed .											
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	•	Туре										
Size		Spr										
Interconnecti	ng Circuit I	Breaker	r or Recl	osure (if a	pplicable):							
Manufacturer	•					Тур	е					
Load Rating (A	Amps):			Interrupti	ng Rating (Amps):				Trip Speed (Cycles)			
Interconnection of applicable):	on Protecti	ve Rela	ays		Microprocessor Manufacturer & Model							
· · · · · · · · · · · · · · · · · · ·		-	-		owing information							
	Set-Point			<u> </u>	Minimum				Maximum			
1												
2												
3												
4												
5												
6												
If Discrete Con	mponents:	(Enclose	e Copy of a	any Proposed	l Time-Overcurrent C	oordina	ation Curves)					
Manufacturer		Ty	ype:			Sty	e/Catalog	No		Proposed Setting		
						1						



Current Transform	ner Da	ta (If Applic	able): Enc	close copy of Manufa	cturer Excitation	and R	atio Correcti	on Curves)					
Manufacturer			Т	ype:	Accuracy Cla	ass	Proposed Ratio Connecti						
Potential Transfo	rmer D	ata (If Appl	icable):										
Manufacturer			Т	ype:	Accuracy Cla	ass		Proposed	d Ratio Connection				
General Information Checklist													
Please select check box under "Reviewed Column" for each item listed below verifying that a complete package has been submitted and the													
Customer(s) are awa	re of all r	equirements						N (2)					
Fueles a service of all	'A14		Checkli		f:	- II C	11	Yes / No	Reviewed				
Enclose a copy of si Generating Facility			_	_	_								
devices from the Po			_		_								
schemes. If the Sma			-		•								
signed and stampe	d by a li	censed Profe	essional Er	ngineer.				_					
								Yes					
Is a One-Line Diagra		□No											
Enclose a copy of any documentation that indicates the precise physical location Yes													
of the proposed Small Generating Facility. Including device layout that corresponds with													
single line diagram (e.g., USGS topographic map or other diagram or documentation). Proposed location of interface equipment and interconnection is shown on the site plan													
including address													
Enclose a copy of a	ny docı	ımentation t	hat descri	ibes and details t	he operation			□Yes					
of the protection a	nd cont	rol schemes.						□No					
Site Control (Please	attach	if applicable)					│ □ Yes │ □ No					
Enclose copies of se	chemat	ic drawings f	or all prot	ection and contr	ol circuits. rel	lav cı	urrent	Yes					
circuits, relay poter						.,		□No					
Information Req	uired P	rior to Physic	cal Interco	onnection									
Installing													
Electrician													
Firm													
License No.													
Mailing Address			7:				City						
State			Zip Code			Tele	ephone						
Applicant's Signa	<u>iture</u>												
I hereby certify the			-	-	-								
true and correct.													
Applicant also ce		•						•	gning below, the				
can supply docur			_		meets the up	, p. o	oriate prec	camb requi	rement(s) and				
Signed							Date						
Signed							Date						