Blue Ridge Electric Membership Corporation d/b/a Blue Ridge Energy
Application for Operation of
Member-Owned Generation

This application should be completed and returned to the Cooperative representative in order to begin processing the request.

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

PART 1

Member/Applicant Information

Member/Owner
Name: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Representative: _____
Email Address: _____ Fax Number: _____

Project Design/Engineering (as applicable)

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

Electrical Contractor (as applicable)
Company: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Representative: _____
Email Address: _____ Fax Number: _____

Type of Generator (as applicable)

Photovoltaic _____Wind _____ Micro-turbine ____ Diesel Engine _____Gas Engine____
Combustion Turbine _____ Other (Describe) _____

Estimated Load, Generator Rating and Mode of Operation Information

The following information is necessary to help properly design the Cooperative member 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 _____

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.

_____
_____
_____
_____
_____
_____
_____

PART 2
(Complete all applicable items)

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^2t or K (heating time constant): _____
Additional information: _____
_____

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.^{2}
Energy Source (hydro, steam, wind, etc.) _____

Generator Transformer (Complete all applicable items)

Generator unit number: _____Date of manufacturer: _____
Manufacturer: _____ Serial Number: _____
High Voltage: _____KV, Connection: delta wye, Neutral solidly grounded? _____
Low Voltage: _____ KV, Connection: delta wye, Neutral solidly grounded? _____
Transformer Impedance (Z): _____% on _____ KVA base.
Transformer Resistance (R): _____% on _____ KVA base.
Transformer Reactance (X): _____% on _____ KVA base.
Neutral Grounding Resistor (if applicable): _____
_____

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.

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
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) _____

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.), and its address or grid coordinates.

Interconnect Member Signature

The member agrees to provide the Cooperative with any additional information required to complete the interconnection. The member shall operate member-owned equipment within the guidelines set forth by the Cooperative.

Applicant: _____Date: _____

Cooperative Contact for Application Submission

Blue Ridge Electric Membership Corporation d/b/a Blue Ridge Energy
Attention: Energy Solutions Manager
Address: P.O. Box 112
Lenoir, NC 28645-0112
Telephone Number: 1-800-451-5474
Fax: (828) 758-2699
E-Mail Address: renewables@myblueridgeenergy.com

Date Adopted: 09/11 (Originally adopted by the Board of Directors as Attachment 2 to Policy Statement Number: 6-8B)

Dates Revised: 10/12 (On this date Attachment 2 was converted to Operational Procedure 5-1-5-O-2), 2/13, 05/17, 7/18, 08/20