



Application for Net Metering Facility Interconnection Level 2 Interconnection

(Applies to commercial net metering facilities between 25 kW and 200 kW capacity.
May also apply to net metering facilities of 25 kW or less not meeting Level 1 requirements)

1) Applicant:

Name: _____

Company Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell/Evening: _____

E-Mail Address: _____

2) System Installer:

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Telephone: _____ Cell: _____

E-Mail Address: _____

3) Consulting Engineer (if applicable):

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Telephone: _____ Cell: _____

E-Mail Address: _____

4) Facility Information:

MW&L Account where interconnection will occur (from MW&L bill): _____

Do you plan to aggregate? Yes No (If yes, refer to Interconnect Rules section 16)

Specify accounts eligible for aggregation: _____

Estimated Commissioning Date: _____

Will this system include a battery? Yes No

If yes, please include a battery specifications sheet from the manufacturer, a one line and site plan showing where the battery will connect, and a signed letter from the applicant stating they will not allow the battery to back feed power to the utility.

Location (if different from Applicant's address listed above):

Street Address: _____

City: _____ State: _____ Zip Code: _____

5) Required Facility Information to be Attached:

- Electrical One-Line Diagram Attached (*showing all protective devices, MW&L meter, etc.*)
- Site Plan Attached (*documenting MW&L meter location, system disconnect location, etc.*)

6) Electric Service Information for Where Net Metering Facility Will be Interconnected:

Main Service Entrance Rating: _____ Amps

Service Voltage: _____ Volts

Type of Service:

- Single-Phase
- 3-Phase Wye
- 3-Phase Delta

7) Net Metering Facility Information:

List interconnection components/system(s) to be used in the Net Metering Facility that are lab certified by a Nationally Recognized Testing Laboratory (NRTL).

Component/System	NRTL Providing Label& Listing
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please attach copies of manufacturer brochures or technical specifications.

8) Energy Source:

- Solar
- Wind
- Hydro
- Other (*specify*) _____

Generator Nameplate Capacity: _____ DC kW _____ kVA
(total for all solar arrays, wind turbines, etc. or AC generator capacity if not inverter-based)

9) Facility Generation is:

- a) **Inverter-Based (DC to AC)**
- b) **Synchronous Generator (AC only)**
- c) **Induction Generator (AC only)**

a) Inverter-Based Facility:

DC Source Rating of panels:

Manufacturer: _____

Model No. _____

Quantity (*number of solar panels, fuel cells, etc.*): _____

Rated Voltage (*individual unit*): _____ Volts

Open Circuit Voltage (*if applicable*): _____ Volts

Rated Current (*individual unit*): _____ Amps

Short Circuit Current (*if applicable*): _____ Amps

Inverter Information:

Manufacturer: _____

Model No. _____

Quantity _____

Nameplate Capacity Rated Output: _____ Amps _____ Volts _____ kW

Efficiency: _____ % Power Factor: _____

System Type Tested (Total System): Yes No; attach product literature.

b) Synchronous Generator Information:

Manufacturer: _____

Model No. _____

Saturation Curve and the Vee Curve (*submit copies*): Salient Non-Salient

Torque: _____ lb-ft Rated RPM: _____

Field Amperes: _____ at rated generator voltage and current and _____ PF over-excited

Type of Exciter: _____

Output Power of Exciter: _____

Type of Voltage Regulator: _____

Locked Rotor Current: _____ Amps

Synchronous Speed: _____ RPM

Winding Connection: _____

Min. Operating Freq./Time: _____

Generator Connection: Delta Wye Wye Grounded

Direct-axis Synchronous Reactance (X_d): _____ ohms pu (per unit)

Direct-axis Transient Reactance (X'_d): _____ ohms pu

Direct-axis Sub-Transient Reactance (X''_d): _____ ohms pu

Armature Resistance (r_a): _____ ohms pu Zero

Sequence Reactance (X_0): _____ ohms pu

Negative-Sequence Reactance (X_2): _____ ohms pu

c) Induction Generator Information:

Manufacturer: _____

Model No. _____

Locked Rotor Current: _____ Amps

Rotor Resistance (R_r): _____ ohms pu Exciting Current _____ Amps

Rotor Reactance (X_r): _____ ohms pu Reactive Power Required: _____

Magnetizing Reactance (X_m): _____ ohms pu _____ VARs (No Load)

Stator Resistance (R_s): _____ ohms pu _____ VARs (Full Load)

Stator Reactance (X_s): _____ ohms pu

Short Circuit Reactance (X''_d): _____ ohms pu

Phases: Single 3-Phase

Frame Size: _____ Design Letter: _____ Temp. Rise: _____ °C

10) Applicant Signature :

I hereby certify that all of the information provided in this application request form is correct.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title (if applicable): _____

An application fee is required before the application can be processed. Please verify that the appropriate fee is included with the application request form:

Application fee payable to MW&L included.

Amount: \$ _____ (See Rate Schedule for Net Metering)

11) Mail Completed Interconnection Application with Application Fee to:

ATTN: Engineering Services
MW&L
PO Box 638
McMinnville, OR 97128

12) Utility Receipt Acknowledged:

Receipt of this Net Metering Interconnection Request and Application Fee is hereby acknowledged.

Approval for a Level 2 Net Metering Facility interconnection is contingent upon the Applicant's Net Metering Facility passing the screens and completing the review process set forth in MW&L Interconnection Rules for Net Metering as adopted by the Water and Light Commission.

Utility Signature: _____ Date: _____

Printed Name: _____ Title: _____

13) Staff Recommends: **Approval; OR **No Approval (attach written explanation)****

Utility Signature: _____ Date: _____

Printed Name: _____ Title: _____

14) Utility Interconnection Application Approval (mayor and clerk of Commission authorized to sign agreement):

Utility Signature: _____ Date: _____

Printed Name: _____ Title: General Manager