

**Level 2, Level 3 & Level 4
Interconnection Request Application Form
(Greater than 25 kW to 10 MVA or less)**

Interconnection Customer Contact Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (if different from Customer Contact Information)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Facility Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electric Distribution Company (EDC) Serving Facility Site: _____

Electric Supplier (if different from EDC): _____

Account Number of Facility Site (existing EDC customers): _____

Inverter Manufacturer: _____ Model: _____

Equipment Contractor

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Electrical Contractor (if different from Equipment Contractor)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address: _____
License Number: _____

Electric Service Information for Customer Facility Where Generator Will Be Interconnected

Capacity: _____ (Amps) Voltage: _____ (Volts)

Type of Service: Single-Phase Three-Phase

If Three-Phase Transformer, Indicate Type:

Primary Winding Wye Delta

Secondary Winding Wye Delta

Transformer Size: _____ Impedance: _____

Intent of Generation

- Offset Load (Unit will operate in parallel, but will not export power to EDC)
- Net Meter (Unit will operate in parallel and will export power pursuant to Illinois Net Metering or other filed tariffs)
- Wholesale Market Transaction (Unit will operate in parallel and participate in PJM or MISO markets pursuant to a PJM Wholesale Market Participation Agreement or MISO equivalent)
- Back-up Generation (Units that temporarily operate in parallel with the electric distribution system for more than 100 milliseconds)

Note: Backup units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement.

Generator & Prime Mover Information

ENERGY SOURCE (Hydro, Wind, Solar, Process Byproduct, Biomass, Oil, Natural Gas, Coal, Storage, etc.):		
ENERGY CONVERTER TYPE (Wind Turbine, Photovoltaic Cell, Fuel Cell, Steam Turbine, etc.):		
NAMEPLATE CAPACITY: <input type="checkbox"/> kW or <input type="checkbox"/> kVA	NUMBER OF UNITS:	TOTAL EXPORT CAPACITY: <input type="checkbox"/> kW or <input type="checkbox"/> kVA
GENERATOR TYPE (Check one): <input type="checkbox"/> Induction <input type="checkbox"/> Inverter <input type="checkbox"/> Synchronous <input type="checkbox"/> Other		

Requested Procedure Under Which to Evaluate Interconnection Request¹

Please indicate below which review procedure applies to the interconnection request. The review procedure used is subject to confirmation by the EDC.

- Level 2** – Lab-certified interconnection equipment with an aggregate electric nameplate capacity not exceeding the specifications in Section 466.90(b)(2). Lab-certified is defined in Section 466.20. (Application fee is \$100 plus \$1.00 per kVA.)
- Level 3** – Distributed energy resource facility does not export power. Nameplate capacity rating is less than or equal to 50 kW if connecting to area network or less than or equal to 10 MW if connecting to a radial distribution feeder. (Application fee amount is \$500 plus \$2.00 per kVA.)
- Level 4** – Nameplate capacity rating is less than or equal to 10 MVA and the distributed energy resource facility does not qualify for a Level 1, Level 2 or Level 3 review, or the distributed energy resource facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is \$1,000 plus \$2.00 per kVA, to be applied toward any subsequent studies related to this application.)

¹ **Note:** Descriptions for interconnection review categories do not list all criteria that must be satisfied. For a complete list of criteria, please refer to 83 Ill. Adm. Code 466, Electric Interconnection of Distributed Energy Resource Facilities.

Distributed Energy Resource Facility Information

Commissioning Date: _____

List interconnection components/systems to be used in the DER facility that are lab-certified.

Winding Connection: _____ Min. Operating Freq./Time: _____
 Generator Connection: Delta Wye Wye Grounded
 Direct-axis Synchronous Reactance: (Xd) _____ ohms
 Direct-axis Transient Reactance: (X'd) _____ ohms
 Direct-axis Sub-transient Reactance: (X''d) _____ ohms
 Negative Sequence Reactance: _____ ohms
 Zero Sequence Reactance: _____ ohms
 Neutral Impedance or Grounding Resister (if any): _____ ohms

For Induction Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed DER facility.

Manufacturer: _____
 Model
 No.: _____ Version No.: _____
 Locked Rotor Current: _____ Amps
 Rotor Resistance (Rr): _____ ohms Exciting Current: _____ Amps
 Rotor Reactance (Xr): _____ ohms Reactive Power Required: _____
 Magnetizing Reactance (Xm): _____ ohms _____ VARs (No Load)
 Stator Resistance
 (Rs): _____ ohms _____ VARs (Full Load)
 Stator Reactance (Xs): _____ ohms
 Short Circuit Reactance (X''d): _____ ohms
 Phases: Single Three-Phase
 Frame Size: _____ Design Letter: _____ Temp. Rise: _____ °C.

Limited Export and Non-Export Controls Information

Manufacturer: _____
 Model Number: _____ M
 Limited Export or Non-Export? Limited Export Non-Export

Control Type: Reverse Power Protection Minimum Power Protection
 Relative Distributed Energy
 Resource Rating Configured Power Rating
 Limited Export Power Control Limited Export using
 Systems mutually agreed-upon means
 Directional Power Protection

Export Capacity Value
(in kW): _____

Control Power Setting: _____

Control Power Time Delay (if any): _____

Additional Information For Inverter-Based Facilities

Inverter Information:

Manufacturer: _____ Model: _____

Type: Forced Commutated Line Commutated

Rated Output: _____ Watts _____ Volts

Efficiency: _____ % Power Factor: _____ %

Inverter UL 1741 Listed: Yes No

DC Source / Prime Mover:

Rating: _____ kW Rating: _____ kVA

Rated Voltage: _____ Volts

Open Circuit Voltage (if applicable): _____ Volts

Rated Current: _____ Amps

Short Circuit Current (if applicable): _____ Amps

Other Facility Information:

One Line Diagram attached: Yes

Plot Plan attached: Yes

Battery Storage Facility Information (If Applicable)

Do the batteries share an inverter with a renewable energy system? Yes No

Does the applicant intend to have the batteries charged by the distribution grid? Yes No

System Manufacturer: _____

Model: _____

Battery Type: _____

Battery Charge/Discharge Rating (kW AC): _____

Maximum Battery Charge/Discharge Rate (kW AC per second): _____

Battery Energy Capacity (kWh): _____

Power Factor Settings Range: _____

Battery Storage Inverter Information

Energy System

Manufacturer: _____ Model: _____ Type: Forced Commutated

Line

Commutated

Rated Output Watts: _____ Volts: _____ Efficiency: _____ % Power Factor: _____ %

Inverter IEEE 1547 / UL 1741

Listed: Yes No

Number of Inverters: _____ Total Capacity: _____ kW

DC Source / Prime

Mover: _____ - Rating: _____ kW Rating: _____

kVA Rated Voltage: _____ Volts

Open Circuit Voltage (If Applicable): _____ Volts

Rated Current: _____ Amps

Battery Operational Information

Backup – allows for partial or whole home transition to off-grid during a grid outage. Yes No

Solar Self-Powered – the battery will charge from the renewable energy source during normal operation and discharge to serve loads behind your meter. Yes No

Solar Non-Export – limits the export of energy to the grid to zero for both the battery and inverter, even if the battery system is fully charged and there is excess renewable source energy. Yes No

Time-Based Control (sometimes called time-of-use or TOU mode) – the battery charges during off-peak hours and discharges to serve onsite loads during on-peak hours. Yes No

Describe any other intended operation of the battery: _____

Customer Signature

I hereby certify that all of the information provided in this Interconnection Request Application Form is true.

Applicant Signature: _____

Title: _____ Date: _____

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

Amount: _____

EDC Acknowledgement

Receipt of the application fee is acknowledged and this interconnection request is complete.

EDC Signature: _____ Date: _____

Printed Name: _____ Title: _____

(Source: Amended at 46 Ill. Reg. 9666, effective May 26, 2022)

Please mail completed application to:

MidAmerican Energy Company

Attn: Private Generation

P.O. Box 4350

Davenport, IA 52808-9986

PrivateGeneration@midamerican.com

Fax: 563-336-3568