State of Minnesota

Generation Interconnection Application

Page 1

ATTACHMENT 3 **APPLICATION**

WHO SHOULD FILE THIS APPLICATION: Anyone expressing interest to install generation which will interconnect with Red Lake Electric Cooperative (RLEC). This application should be completed and returned to RLEC's General Manager or Member Services Manager, in order to begin processing the request.

This application is used by RLEC to perform a preliminary interconnection review. The **INFORMATION:** Applicant shall complete as much of the form as possible. The fields in BOLD are required to be completed to the best of the Applicant's ability. The Applicant will be contacted if additional information is required. The response may take up to 15 business days after receipt of all the required information.

COST: A payment to cover the application fee shall be included with this application. The application fee amount is outlined in the "State of Minnesota Interconnection Process for Distributed Generation Systems".

| OWNER/APPLICANT | | | | | |
|---|--------------------|---|--|--|--|
| Company / Applicant's Name: | | | | | |
| Representative: | Phone Number: | FAX Number: | | | |
| Title: | | | | | |
| Mailing Address: | | | | | |
| Email Address: | | | | | |
| LOCATION OF GENERATION SYSTEM INTERCONNECTION | | | | | |
| Street Address, legal description or GPS coordinates: | | | | | |
| PROJECT DESIGN / ENGINEERING (if applicable) | | | | | |
| Company: | | | | | |
| Representative: | Phone: | FAX Number: | | | |
| Mailing Address: | | | | | |
| Email Address: | | | | | |
| ELECTRICAL CONTRACTOR (if applicable) | | | | | |
| Company: | | | | | |
| Representative: | Phone: | FAX Number: | | | |
| Mailing Address: | | | | | |
| Email Address: | | | | | |
| GENERATOR | | | | | |
| Manufacturer: | Model: | | | | |
| Type (Synchronous Induction, Inverte | Phases: 1 or 3 | | | | |
| Rated Output (Prime kW): | (Standby kW): | Frequency: | | | |
| Rated Power Factor (%): | Rated Voltage (Vol | ts): Rated Current (Amperes): | | | |
| Energy Source (gas, steam, hydro, wind, etc.) | | | | | |
| TYPE OF INTERCONNECTED OPERATION | | | | | |
| Interconnection / Transfer method: □ Open □ Quick Open □ Closed □ Soft Loading □ Inverter | | | | | |
| Proposed use of generation: (Check all that may apply) □ Peak Reduction □ Standby □ Energy Sales □ Cover Load | | Duration Parallel: □ None □ Limited □ Continuous | | | |
| Pre-Certified System: Yes / No (Circle one) | | Exporting Energy Yes / No (Circle one) | | | |

Generation Interconnection Application

| SEND THIS COMPLETED & SIGNED APPLICATION AND ATTACHMENTS TO Red Lake Electric Cooperative | | | | | | |
|--|--|----------|---------------------|--|--|--|
| Applicant Signature: | | Da | ite: | | | |
| Applicant Name (print): | | | | | | |
| With this Application, we are requesting Red Lake Electric Cooperative (RLEC) to review the proposed Generation System Interconnection. We request that RLEC identifies the additional equipment and costs involved with the interconnection of this system and to provide a budgetary estimate of those costs. We understand that the estimated costs supplied by RLEC will be estimated using the information provided. We also agree that we will supply, as requested, additional information, to allow RLEC to better review this proposed Generation System interconnection. We have read the "State of Minnesota Distributed Generation Interconnection Requirements" and will design the Generation System and interconnection to meet those requirements. | | | | | | |
| Zip Code of the Facility Location: SIGN OFF AREA: | | | | | | |
| Pre-Incentive Install Cost and Cost Compon Facility Energy Source: (Circle One) Solar | ents: Wind Biom | ass Othe | er (Please Specify) | | | |
| Nameplate Capacity of Facility: | | | | | | |
| PROJECT INFORMATION (Required by MN Statute 216B.16611 subd. 3a) | | | | | | |
| | | | | | | |
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| | | | | | | |
| RLEC's facilities. If there is an intent to sell power and energy, also define the target market. | | | | | | |
| transition peak shaving, open-transition peak shaving, emergency power, etc.). Also, does the Applicant intend to sell power and energy or ancillary services and/or wheel power over | | | | | | |
| Give a general description of the manner of operation of the generation (cogeneration, closed- | | | | | | |
| Attach a single line diagram showing the switchgear, transformers, and generation facilities. | | | | | | |
| DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION | | | | | | |
| Construction start date: | n start date: Completion (operational) date: | | | | | |
| ESTIMATED START/COMPLETION DATES | | | | | | |
| Maximum anticipated load (generation not o | kW: | kVA: | | | | |
| intended as a commitment or contract for billing purposes. Minimum anticipated load (generation not operating): kW: kVA: | | | | | | |
| The following information will be used to help properly design the interconnection. This Information is not | | | | | | |
| ESTIMATED LOAD INFORMATION | | | | | | |