LEVELS 2-4
INTERCONNECTION REQUEST APPLICATION FORM
(For Distributed Generation Facilities 10 MVA or Less)

INSTRUCTIONS:

1. ***Indicates required information.**
2. Mail completed form with application fee (see page 2) to your utility

INTERCONNECTION CUSTOMER CONTACT INFORMATION			
*Owner / Company *(Legal Entity Name)*		*Contact Name	
*Mailing Address	*City	*State	* Zip
*Phone No. *(Daytime)*	Phone No. *(Evening)*	Facsimile No.	*Email Address

ALTERNATE CONTACT INFORMATION *(if different from Customer Contact Information)*			
Owner / Company *(Legal Entity Name)*		Contact Name	
Mailing Address	City	State	Zip
Phone No. *(Daytime)*	Phone No. *(Evening)*	Facsimile No.	Email Address

FACILITY LOCATION (*if different from Customer Contact Information*)			
*Facility Address or Latitude and Longitude	*City	* State	* Zip
*Utility Serving Facility Site	Account No. of Facility Site *(existing utility customers)*	*Meter No. (*existing utility customers)*	

EQUIPMENT CONTRACTOR			
*Name		*Contact Name	
*Mailing Address	*City	*State	* Zip
*Phone No. *(Daytime)*	Phone No. *(Evening)*	Facsimile No.	*Email Address

ELECTRICAL CONTRACTOR *(if different from Equipment Contractor)*			
Name		Contact Name	
Mailing Address	City	State	Zip
Phone No. *(Daytime)*	Phone No. *(Evening)*	Facsimile No.	*Email Address
License No. *(if applicable)*	Active License? *(if applicable)* ☐ YES ☐ NO		

ELECTRIC SERVICE INFORMATION FOR CUSTOMER FACILITY WHERE GENERATOR WILL BE INTERCONNECTED			
*Capacity *(Service Entrance)* (Amps)	Voltage (Volts)	*Type of Service ☐ Single Phase ☐ Three Phase	
If 3 Phase Transformer, indicate type: *Primary* Winding ☐ Wye ☐ Delta *Secondary* Winding ☐ Wye ☐ Delta		Transformer Size	Impedance
*Does this application require a group interconnection study? ☐ YES ☐ NO			
*Is this project an expansion of a current distributed generation facility? ☐ YES ☐ NO			

APPLICANT OWNERSHIP INTEREST *(check one)*

☐ Owner ☐ Lease ☐ 3rd Party PPA ☐ Other (Please explain)

*INTENT OF GENERATION *(check one)*

☐ Offset Load (Unit will operate in parallel, but will not export power to utility).

☐ Net Metering (Unit will operate in parallel and will export power to utility pursuant to Iowa Utilities Board rule 199 IAC 15.11(5) and the utility's net metering or net billing tariff).

☐ Self-Use and Sales to the Utility (Unit will operate in parallel and may export and sell excess power to utility pursuant to Iowa Utilities Board rule 199 IAC 15.5 and the utility's tariff).

☐ Wholesale Market Transaction [Unit will operate in parallel and participate in MISO (Midwest Independent System Operators) or other wholesale power markets pursuant to separate requirements and agreements with MISO or other transmission providers, and applicable rules of the Federal Energy Regulatory Commission].

☐ Back-Up Generation (Units that temporarily operate in parallel with the electric distribution system for more than 100 milliseconds).

NOTE: Back-up units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement.

*GENERATOR AND PRIME MOVER INFORMATION

Energy Source

☐ Hydro ☐ Wind ☐ Solar ☐ Process Byproduct ☐ Biomass ☐ Oil ☐ Natural Gas ☐ Coal ☐ Other

If Solar: Number of Inverters Number of Panels Tilt (degrees) Azimuth (180° is South facing)

Array Type: Fixed ☐ Single Axis ☐ Dual Axis ☐

Energy Converter Type

☐ Wind Turbine ☐ Photovoltaic Cell ☐ Fuel Cell ☐ Reciprocating Engine ☐ Other

Generator #1 Size (kW) or (kVA)	Generator #1 Nameplate Rating (AC) (kW)	Generator #2 Size (kW) or (kVA)	Generator #2 Nameplate Rating (AC) (kW)
Generator #3 Size (kW) or (kVA)	Generator #3 Nameplate Rating (AC) (kW)	**Total** No. of Units	**Total** Capacity of All Generators (kW) or (kVA)

*REQUESTED PROCEDURE UNDER WHICH TO EVALUATE INTERCONNECTION REQUEST *(check one)*

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

☐ Level 2 - Lab-certified interconnection equipment with an aggregate electric nameplate capacity less than or equal to 2 MVA for non-inverter based systems or inverter-based systems as defined in 199 IAC 45.8(2)(b). Lab-certified is defined in Iowa Utilities Board chapter 45 rules on Electric Interconnection of Distributed Generation Facilities (199 IAC 45.1). (Application fee is $250 plus $1.00 per kVA. If the utility performs a Witness Test as specified in 199 IAC 45.5(10), the utility may charge the interconnected customer an additional cost-based fee of no more than $125.)

☐ Level 3 - Distributed generation facility does not export power. Nameplate capacity rating is less than or equal to 50 kVA if connecting to area network or less than or equal to 10 MVA 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 generation facility does not qualify for a Level 1, Level 2, or Level 3 review, or the distributed generation 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.)

NOTE: Descriptions for interconnection review categories do not list all criteria that must be satisfied. For a complete list of criteria, please refer to Iowa Utilities Board chapter 45 rules on Electric Interconnection of Distributed Generation Facilities (199 IAC 45).

DISTRIBUTED GENERATION FACILITY INFORMATION

Commissioning Test Date *(If the Commissioning Test Date changes/unknown, the interconnection customer must inform the utility as soon as aware of the changed/known date, but no later than 15 business days.)*

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

*Component/System	NRTL Providing Label and Listing

Copies of manufacturer brochures and/or technical specifications included. ☐ YES

*ENERGY PRODUCTION EQUIPMENT/INVERTER INFORMATION

☐ Synchronous ☐ Induction ☐ Inverter ☐ Other

Rating (kW)	Rating (kVA)	*Rated Voltage Volts	*Rated Current Amps

System Type Tested? *(Total System)* ☐ YES ☐ NO *(attach product literature)*

*FOR SYNCHRONOUS MACHINES

NOTE: Contact utility to determine if all the information requested in this section is required for the proposed distributed generation facility.

Manufacturer

Model No.	Version No.	Submit Copies of the Saturation Curve and the Vee Curve ☐ 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	Minimum Operating Frequency/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)	Natural Impedance or Grounding Resister (if any) (ohms)

*FOR INDUCTION MACHINES

NOTE: Contact utility to determine if all the information requested in this section is required for the proposed distributed generation facility.

Manufacturer	Model No.

Version No.	Locked Rotor Current (Amps)

Rotor Resistance (Rr) (ohms)	Exciting Current (Amps)	Rotor Resistance (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 (Xd) (ohms)	Phases ☐ Single Phase ☐ Three Phase	

Frame Size	Design Letter	Temp. Rise (°C)

REVERSE POWER RELAY INFORMATION (LEVEL 3 REVIEW ONLY)

Manufacturer	Model No.

Relay Type	Reverse Power Setting	Reverse Power Time Delay *(if any)*

FOR INVERTER-BASED FACILITIES

Inverter Information

Manufacturer	Model No.

Type ☐ Forced Commutated ☐ Line Commutated	Rated Output Watts Volts

Efficiency %	Power Factor %	Inverter UL1741 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 - A basic drawing of an electric circuit in which one or more conductors are represented by a single line and each electrical device and major component of the installation, from the generator to the point of interconnection, are noted by symbols.

One Line Diagram attached ☐ YES

Plot Plan - A map or sketch showing the distributed generation facility's location in relation to streets, alleys, or other geographic markers (i.e. section pin, corner pin, buildings, permanent structures, etc.).

Plot Plan attached ☐ YES

*CUSTOMER SIGNATURE

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

Applicant Signature *(signature must reflect Contact Name under section Interconnection Applicant Contact Information)*	Date

Printed Name	Title

An application fee is required before the application can be processed. Please verify that the appropriate fee is included with the application (see page 2).

Amount
$

FOR UTILITY ENERGY USE ONLY

Date Received	Project ID

UTILITY ACKNOWLEDGEMENT

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

Utility Representative's Signature	Date

Printed Name	Title

Submit completed form to :
MidAmerican Energy Company
Attn: Private Generation
P.O. Box 4350
Davenport, IA 52808-9986

PrivateGeneration@midamerican.com
Fax: 563-336-3568

Elections if Pursuing Net Metering
MidAmerican Energy Company Rate PG

Two elections are needed if 'Net Metering' is chosen as the interconnection customer's intent for the private generator consistent with the applicable rate schedule, Rate PG, in MidAmerican's approved electric tariff. Please refer to the 'Annual Cash-Out' section of Rate PG for a description of the annual private energy credit cash-out.

Please indicate the interconnection customer's choices regarding the following two Rate PG elections:

Elected Billing Cycle for annual cash-out of accumulated private energy credits	
☐ January	☐ April

INITIAL I-CARE CONTRIBUTION SELECTION			
Initial I-CARE Contribution Election	☐ 50%(default)	☐ 75%	☐ 100%