

Town of Thatcher

Application for Operation of Customer-Owned Distributed Generation

This application should be completed as soon as possible and returned to the Thatcher Customer Service representative in order to begin processing the request. See Distributed Generation Customer Guidelines for additional information.

INFORMATION: *This application is used by Thatcher to determine the required equipment configuration for the Customer interface. Every effort should be made to supply as much information as possible.*

PART 1 OWNER/APPLICANT INFORMATION

Customer: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Representative: _____

PROJECT DESIGN/ENGINEERING (ARCHITECT) (as applicable)

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

ELECTRICAL CONTRACTOR (as applicable)

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

ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION

The following information will be used to help properly design the THATCHER customer interconnection. This information is not intended as a commitment or contract for billing purposes. *Distributed Generation shall not exceed 125% of the customer's total connected load at the site where the Distributed Generation is located.*

Total Site Load _____ (kW)
Generator Rating _____ (kW) Annual Estimated Generation _____ (kWh)

Mode of Operation

Isolated _____

Interconnected Power Export _____

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DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location and when you plan to operate the generator.

PART 2

(Complete all applicable items. Copy this page as required for additional generators)

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 oscillograph prints showing inverter output voltage and current waveforms.

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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.

END OF PART 2

SIGN OFF AREA

The customer agrees to provide Thatcher with any additional information required to complete the interconnection. The customer shall operate his equipment within the guidelines set forth by Thatcher.

Applicant

Date

**TOWN OF THATCHER CONTACT FOR APPLICATION SUBMISSION AND FOR
ADDITIONAL INFORMATION:**

Thatcher contact: Alan Bryce
Title: Building Inspector
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