

UGI INTERCONNECTION APPLICATION

For a Level 2, 3 or 4 Review - Applicants proposing to install generation approaching 2,000 kW or larger should contact UGI for guidance in determining the appropriate application process.

(To be filled out and submitted prior to installation)

CUSTOMER GENERATOR CONTACT INFORMATION

Legal Name and Mailing Address of Customer-Generator: (if an Individual, Individual's Name)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (If other than Above): _____

Mailing Address (If other than Above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information: (if different from Customer-Generator above)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

The Customer-Generator Facility's Information:

Facility Address: _____

City: _____ State: PA _____ Zip Code: _____

Nearest Crossing Street: _____

Electric Distribution Company ("EDC"): UGI Utilities, Inc.

Account #: _____ Meter #: _____

Existing Service Voltage: _____ VAC Existing Service Capacity: _____ Amps _____ Phase

Current Annual Energy Consumption: _____ kWh Estimated In-service Date: _____

Do you plan to export power¹? _____

If Yes, Estimated Maximum: _____ kW_{AC}, Estimated Gross Annual Energy Production: _____ kWh

One-line Diagram Attached (Required): _____ Site Plan Attached (Required): _____

Energy Source: _____ Gross Generator Rating: _____ kW_{AC}

Utility Accessible Disconnect or Lock Box: _____

Requested Level of Review: _____ **Type of Generation Equipment:** _____

¹If net metering is anticipated, a Net Metering – Application for Service should be submitted with this application.

Equipment Installation Contractor: Indicate by owner if applicable

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (If other than Above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Electrical Contractor: (If Applicable) Indicate if not applicable

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (If other than Above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Consulting Engineer: (If Applicable) Indicate if not applicable

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (If other than Above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Application Fee:

The Applicant shall deposit a not refundable application fee which is approved by the Pennsylvania Public Utility Commission and is listed on UGI's Website. Depending on the level of review and nature of the energy generating equipment, additional study and review fees, as permitted by Pennsylvania Public Utility Commission Regulations may be required and are not a part of the aforementioned application fee.

Application Fee Enclosed: _____ Amount: _____

Customer-Generator Insurance Disclosure:

General Liability Insurance coverage is not required under Pennsylvania Public Utility Commission Regulations. However, the Customer still has responsibility and/or liability for any damage(s) or injury(ies) caused by the Customer-generator Facility and/or the Customer's Interconnection Facilities. The Customer-Generator is advised to consider obtaining appropriate coverage.

Customer-Generator Signature:

I hereby certify that to the best of my knowledge, all of the information provided in this Application is accurate.

Legal Name of Customer-Generator: _____

Customer-Generator Signature: _____ Date: _____

Printed Name: _____ Title: _____

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Customer-Generator Equipment Information for Inverter Based Systems
(May be applicable to a Level 2, 3 or 4 Review)

DC Source information:

Energy Source: _____

DC Source Rating: _____ kW_{DC}

Nominal DC Voltage: _____ V_{DC}

Ampere Rating: _____ Amps_{DC}

Inverter Information:

Inverter Manufacturer: _____

Inverter Type; _____

Model Number of Inverter: _____

Number of Units¹: _____

Inverter Rating: _____ kW_{AC}

Ampere Rating: _____ Amps_{AC}

Power Factor: _____ %,

Number of Phases: _____

Frequency: _____ Hz,

IEEE1547/UL1741 Certification²: _____

Evidence of Certification attached: _____

¹ Attach additional sheets as necessary in the event of multiple units of various types/sizes

²The applicant is encouraged to provide evidence of IEEE1547/UL1741 Test Certification with this application, and may be required to do so in the event such evidence is not readily accessible UGI.

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Customer-Generator Equipment Information for Parallel Rotating Equipment Based Systems (May be applicable to a Level 3 or 4 Review)

It is anticipated that many projects proposing to utilize directly coupled rotating generation may not have the specific information necessary for UGI to adequately evaluate the impact of the proposed facility on UGI's electrical distribution system at the time of the initial application. Often times the equipment for which this information is needed hasn't been specified. The type information necessary may be conveyed during a scoping meeting or other correspondence early on during the project development. Depending on the nature of the project, this is often an iterative process. Different UGI analytical systems may require that data be provided conforming to specific standard formats which will be conveyed by UGI. While not all inclusive, examples of the information commonly required are as follows:

For Synchronous Machines: Copies of the Saturation Curve and the Vee Curve - Salient vs. Non-Salient - Torque: (lb-ft) - Rated RPM - Field Amperes at rated generator voltage and current and % PF over-excited - Maximum Leading and Lagging Reactive Output Power - Type of Exciter - Output Power of Exciter - Type of Voltage Regulator - Direct-axis Synchronous Reactance (X_d) ohms - Direct-axis Transient Reactance (X'_d) ohms - Direct-axis Sub-transient Reactance (X''_d) ohms - Rated Nominal Frequency

For Induction Machines: Rotor Resistance (R_r) ohms - Exciting Current (Amps) - Rotor Reactance (X_r) (ohms) - VARs (No Load) - Magnetizing Reactance (X_m) - Stator Resistance (R_s) - VARs (Full Load) - Stator Reactance (X_s) – Short Circuit Reactance (X''_d) - Number of Phases - Frame Size - Design Letter - Temp. Rise °C

Protective Equipment: The Customer Generator shall design a protective scheme that will provide the protective functions specified in IEEE 1547 and submit it to the EDC for review & acceptance. The submittal shall include a single line drawing showing the location of instrument transformers (current and voltage) and the location of the relays, breakers and fuses. Indicate the manufacturer and model number of each type of device. Breaker data shall include continuous and interrupting ampere ratings. If relays are used, indicate function, the tripping source and its voltage.

Isolation Transformer: Manufacturer - Manufacturer reference number - Nominal Voltage Ratio – High / Low Voltage Taps - Number of Units - Rated kVA – Percentage Impedance @ kVA base – High / Low Voltage Winding Configuration.