

Interconnection Request And Equipment Information Form (100 kW and Less)

Synchronizer Information (for Synchronous Generators)

| | | | |
|---------------------------------|------------------------------------|---------------------------------|--|
| Manufacturer | | | |
| Manufacturer's Reference Number | | | |
| Synchronizer: | <input type="checkbox"/> Automatic | <input type="checkbox"/> Manual | |

Inverter Information

| | | | |
|-----------------------------|---------------------------------------|--------------------|--------------------------------------|
| | | | |
| Manufacturer | | Model No. | |
| Terminal Voltage | <input type="checkbox"/> Single Phase | | <input type="checkbox"/> Three Phase |
| Nameplate kW | | No. Of Units | |
| Frequency | | Rated Power Factor | |
| Product Certification Info. | | | |

Interconnection Transformer and Fuse Information (where applicable)

| | | | |
|-------------------|-------|------------------------|--|
| Manufacturer | | Model No. | |
| Primary Volts | | Connection: | <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase |
| Secondary Volts | | No. Of Units | |
| Nameplate kVA | | Three Phase Connection | <input type="checkbox"/> Wye Grounded <input type="checkbox"/> Delta <input type="checkbox"/> Wye |
| Primary Fuse Data | Type: | Size: | Speed: |

Interconnection Circuit Breaker Information (where applicable)

| | | | |
|--------------|--------|---------------------|------|
| Manufacturer | | Type No. | |
| Load Rating | Amps | Interrupting Rating | Amps |
| Trip Speed | Cycles | | |

Section 6: PROTECTIVE EQUIPMENT
(Complete all applicable items, attach a separate sheet if necessary)

| | |
|--|--|
| 6.1 Provide manufacturer's information for the protection package or devices | Provide manufacturer's documentation for protective functions: 1) Under/Over Voltage 2) Over/Under Frequency 3) Anti-Islanding 4) Over-current |
| 6.2 Range of available settings for each Protective Function | Provide list of Protection Functions with available ranges of protection settings for tripping or shutdown, along with time delays. |
| 6.3 Proposed Settings (Set point and times) | Provide list of Protection Functions with settings for tripping or shutdown, along with time delays. Example: High Voltage Trip 127V, Time delay 0.1 sec |

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**Section 7: DOCUMENTATION REQUIRED – Three (3) copies of each required.
(Information below to be submitted for all projects. All diagrams are to be neatly drawn – 11” x 17” size preferred. Free hand drawn and illegible diagrams will not be accepted by NSPI).**

- 7.1. Electrical One-Line Diagram: All
Required: A Single-line drawing showing the electrical relationship and descriptions of the significant electrical components such as the generator, inverters, cables and wiring, switches, meters, transformers, circuit breakers, with operating voltages and ratings.
- 7.2. Site Plan: All
Provide a site plan showing the physical arrangement of the major equipment, including generating equipment, transformers, switches, control panels, the Customer's existing metered services and the interconnection with NSPI's Distribution System. Include the civic address, references, etc. Provide Property Identification Number (PID).
- 7.4. Protective Device Data: All
For all protective devices used to protect and control the interconnection, please provide proposed protective device settings, circuit breaker and fuse data and coordination curves, and a description of how the protection scheme is intended to function.
- 7.5. Point of Contact: All
If the interconnection and start-up process is to be coordinated through a party or individual other than the Customer, provide the name, company, address and phone number of that individual or party with whom the utility is to coordinate the interconnection.

Signatures:

I hereby certify that, to the best of my knowledge, all the information provided in this Interconnection Request And Equipment Information Form is true and correct.

Customer-generator: _____ (Printed)

| | | | |
|---------------|------------|-------|--|
| Completed By: | Signature: | Date: | |
|---------------|------------|-------|--|

Contact Information- Send completed form in hardcopy to:

Nova Scotia Power Inc.,
P.O. Box 910
Halifax, NS
B3J 2W5
Attn: Erika Smeltzer