



ORCAS POWER AND LIGHT COOPERATIVE

INTERCONNECTION APPLICATION

Revised 7/12/11

FOR INSTALLATION OF MEMBER OWNED, GRID CONNECTED, ALTERNATE- ELECTRIC GENERATING FACILITY

Homeowner/Member Information

Name: _____ OPALCO Account #: _____ Date: _____

Mailing Address: _____

Installation Address (if different than above): _____

Contact Phone #: _____ Site Phone #: _____

E-mail: _____ FAX #: _____

Alternate Electric Facility Information

Energy Source: Photovoltaic (Solar) Micro Hydro Wind Other

Interconnect Type: Net Meter Buy/Sell

Solar PV Type:

System Capacity: _____ kW Estimated Yearly Generation: _____ kWh

Solar Module Manufacturer: _____ Model No. _____

Quantity of Solar PV Modules: _____

Type of Array Mounting: Fixed Tracking Roof Ground

Inverter Manufacturer: _____ Model No. _____

Quantity: _____ Power Rating: _____ Voltage: _____

UL 1741 Listed: Yes No

Solar Module Made in WA Yes No

Batteries (if applicable) Manufacturer: _____ Model No. _____

Quantity: _____ Voltage: _____ Total Amp/hour Rating: _____

Wind Turbine:

Estimated Average Wind Speed at Location (if known): _____ mph.

System Capacity: _____ kW Estimated Yearly Generation: _____ kWh

Wind Turbine Manufacturer: _____ Model No. _____

Rated Power Output, Watts: _____ at _____ mph Wind Speed.

Inverter Manufacturer: _____ Model No. _____

UL 1741 Listed: Yes No

Turbine Blades Made in WA Yes No

Micro Hydro:

Head: _____ ft. Flow: _____ gal/min Pipe Size: _____ Pipe Length: _____

System Capacity: _____ kW Estimated Yearly Generation: _____ kWh

Turbine Manufacturer: _____

Control Manufacturer: _____
Inverter Manufacturer: _____ Model No. _____
Voltage: _____ Operating Power Factor: _____ Proposed Capacity: _____

Other Qualified Alternate –Electric Generating Facility:

Please Describe: _____

System Designer & Installation Contractor Information

Design/Installation Contractor: _____ Contractor's License #: _____

Address: _____

Phone #: _____ Mobile #: _____

E-mail: _____ FAX #: _____

Electrical Contractor: _____ Contractor's License #: _____

Address: _____

Phone #: _____ Mobile #: _____

E-mail: _____ FAX #: _____

Electrical Work Permit #: _____ Date Approved for Service: _____

Proposed Installation Date: _____

MORE Incentive Program

All MORE incentives are funded through voluntary contributions; OPALCO offers no guaranteed incentive payments. The MORE incentive only applies to interconnect systems approved by OPALCO after July 1, 2010.

MORE Incentive payments will be paid per kilowatt hour of production, with a rate based on the year in which the system is interconnected. The interconnect year is defined when the Washington State Department of Labor and Industries has conducted its final inspection and approved the system. The incentive will be paid annually based on a fiscal year of July 1 to June 30. Refer to MORE Committee Policy 1 and Member Service Policy 14 for details.

** I wish to participate in the MORE Incentive Program and I certify that I have read and understood the MORE Committee Policy 1.*

Signature of Member: _____ Date: _____

The following items must accompany this application:

Single Line Electrical Drawing

Property site sketch or drawing, indicate the location of the electric meter and disconnect switch.

(Applicable permit drawings may be used.)

Directions to the Site if not straight forward and found on Google Maps

\$100 Application Fee

Signed Agreement for Interconnection

Owner Acknowledgement:

** I certify that the above information is correct. I understand that interconnection is subject to the terms described in OPALCO Member Service Policy 14 and the Interconnection Standards and that OPALCO must pre-approve the installation of the member's parallel generation system prior to construction.*

** I will allow a representative of Orcas Power & Light Cooperative and/or a State Electrical Inspector to verify and approve system installation and capacity.*

** I understand that to participate in either the Washington State Renewable Energy Production Incentive and/or the OPALCO MORE Production Incentive, I must purchase from OPALCO and have installed an AMI production meter.*

Signature of Member: _____ Date: _____

Return all documents to: **OPALCO Energy Services, 183 Mt. Baker Rd. Eastsound, WA 98245**

Pre-approval site/system inspection:

For OPALCO Use Only

Location of Disconnect Approved: YES NO Notes: _____

Location of Production Meter Approved: YES NO Notes: _____

System Line Diagram Approved: YES NO Notes: _____

Service ready to proceed with installation: YES NO Notes: _____

Inspected by: _____ Date: _____

Comments:

MORE Incentive Payment:

For OPALCO Use Only

Date system was approved by Washington State Labor and Industries: _____

Interconnection Year: _____

Production Incentive Rate: _____ per kWh Includes bonus of \$.10/kWh

Production Meter #: _____

Year	Date	Meter Read	Incentive Amount	Approval
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

- Incentive Amount = Production Incentive Rate x Yearly kWh production