## Lumbee River Electric Membership Corporation Interconnection Application for Small Qualifying Facilities of ${\bf 25}$ kw and Less

## **Contact Information**

Member Informa	<u>ation</u>		
Member Name:			
Mailing Address:			
City:		State:	Zip Code:
Telephone:		Cell Phone:	
Fax Number:		E-mail Address:	
Installer Informa	<u>ition</u>		
Company Name:			
Contact Person: _			
Mailing Address:			
City:		State:	Zip Code:
Office Telephone:		Cell:	
Fax Number:	ax Number: E-Mail Address:		
Facility Informat	<u>ion</u>		
Address:			
			Zip Code:
Account Number:			
Inverter Manufacturer:		Model:	
Nameplate Rating	:(kW AC) _	(kVA AC)	(V AC) Single or Three Phase
System Design Capacity:		(kW AC) _	(kVA AC)
<b>Energy Source:</b>	Solar	Hydro □ Methane Gas □	]
Prime Mover:	Photovoltaic   Re Other:	eciprocating Engine	Fuel Cell □ Turbine □

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Requirements for Interconnection of Member-Owned Small Qualifying Generation Systems form must be submitted with this application along with required information. There is no fee associated with this application but a non-refundable interconnection fee of \$400 will be due when the Standard Interconnection Agreement is signed.

Estimated Install Date:		
Estimated In-Service Date:		
The member understands and agrees they a power quality, reliability, safety issues or present generation system at any time, and that the submitting a new "Application to Interconsobtaining new approval.	problems created bey are prohibited fr	by the interconnection and operation of their rom altering the accepted design without
The Cooperative reserves the right at any t Qualifying Facilities Generation System pr		<del>-</del>
	nd that the small rendards and required by other party asso	enewable generator system will comply with ments. I also authorize Lumbee River EMC ociated with the installation, as may be
Member-Owner Signature:		Date:
If application is mailed, please mail to:	Attention: Matt Lumbee River I P. O. Box 4210 Pembroke, NC	EMĈ
Approval to Install Facility (For Cooper		
Date Application Received:		
Installation of the Facility is approved congagreement to any system modifications, if Yes No		<del>_</del>
Approve: Yes No Approv	val Date:	
If no, specify reason(s):		
Cooperative Representative		
Signature:	Title:	Date: