

Mansfield Municipal Electric Department
Solar PV Generating Facility Interconnection Application

Contact Information:

Date Prepared: _____

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Fax Number: _____ E-Mail Address: _____

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate): Name: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Fax _____ E-Mail Address: _____

PV System Information:

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

Electric Account Number: _____ Meter Number: _____

Inverter Manufacturer: _____ Model Name and Number: _____

Nameplate Rating: ____ (kW) ____ (AC Volts) Single ____ or ____ Three Phase

DC-STC rating: ____ (KW) IEEE 1547.1 (UL 1741) Listed? Yes ____ No ____

Max Design Fault Contribution Current? _____ Inst _____ or _____ RMS

Harmonics Characteristics: _____ Start up power requirements: _____

Generating Unit Power Factor Rating: _____

Will a transformer be used between the generator and the point of interconnection Yes ____ No ____

Planning to Export Power? Yes ____ No ____

Estimated Install Date: _____ Estimated In-Service Date: _____

The resale of electricity from a third party is not allowed in MMED territory; therefore any DG system must be owned by the MMED customer. For billing policies please refer to MMED's net metering policy.

Additional Information required -- Attach this information to this application

1. An electrical one line diagram showing the configuration of all generating facility equipment, current and potential circuits, and protection and control schemes with a Massachusetts registered professional engineer (PE) stamp.
2. Enclose a copy of any applicable site documentation that describes and details the operation of the protection and control schemes.
3. Enclose copies of applicable schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).
4. Site plan showing the proposed installation.
5. Any other information pertinent to this installation.
6. Upon receipt of this application, MMED may request additional information.

Customer Signature

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

Customer Signature: _____ Date: _____

MMED Approval

APPROVAL: Business Manager: _____ Date: _____

APPROVAL: Line Foreman: _____ Date: _____

APPROVAL: Meter Foreman: _____ Date: _____

APPROVAL: Electrical Engineer: _____ Date: _____

APPROVAL: Director: _____ Date: _____

Final Inspection

APPROVAL: Meter Foreman: _____ Date: _____

APPROVAL: Business Manager: _____ Date: _____