



**Small Generator Facility
Interconnection Equipment As-Built Specifications,
Initial Settings, and Operating Requirements***

Facility Location and Contact Information

Applicant:

Facility Operator (*if different than previous*):

Facility Contact Phone:

Cell phone:

Location Address/ GPS Coordinates:

City:

State:

Zip Code:

Application Completion Date:

Revision Date (*if applicable*):

Energy Production Equipment/Inverter Information

	Synchronous	Induction	Inverter	Other	
Electric Nameplate Rating:				kW	kVA
Rated Voltage:		Volts			
Rated Current:			Amps		
Phase:	Single	3-Phase			
System Type Tested (Total System):			Yes	No	(attach product literature)

Other Facility Information

Electrical One-Line Diagram (*showing complete circuit between generator and proposed point-of-interconnection, including all protective devices, etc.*)

Site Plan (*including all protective devices, including isolation device location, point(s) of common coupling, and generator location*)

Isolation Device Type:

Grounding Configuration:

Initial Commissioning Date:

* Initial operating set points and ‘as-built’ equipment data is to be recorded on or about the time of the Witness Test. It shall remain part of the permanent interconnection record described in OAR 860-082-0065. **Parties may not deviate from initial settings and agreed upon operating parameters except as permitted by the Rule, without written authorization of PGE.** The Interconnection Customer will furnish updated information to PGE any time a special operating requirement initial set point or the Interconnection Equipment is materially changed.



Switchgear/Circuit Interruption Devices

Switchgear type and control: (used to bring generator on line)

Circuit Breakers: Closed-transition Open-transition Auto Transfer Switch

Nameplate:

Telemetry

Telemetry Requirements:

System Configuration:

Data Scan Rate:

Data Point List:

Telemetry Data Delivery Location:

Initial Set Points at Point of Interconnection

Voltage: kVAr:

Power factor: Other:

Other:

Trip Re-Start Protocol

Reclosing Practice:

Hold out time:

Ramp Rate:

Notification required: Yes No



Operations and Maintenance Schedule

Operating Hours: _____ Availability: _____ %
Seasonal Effect:
Routine and Annual Maintenance Schedule:

Applicant Signature

I hereby certify that all of the information provided in this document is correct.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title (*if applicable*): _____