

**SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT NO. 1**  
*Preliminary Application for Operation of Customer-Owned Generation*

**FORM 6-1**

**Who should file this application:** Any customer(s) expressing interest to install generation on their premises. This application should be completed as soon as possible and returned to a District representative in order to begin processing the request.

**Information:** This application is used by the District to perform a Preliminary Interconnection Study to determine the interface requirements at the customer's service point. The applicant should attempt to fill in as much of the form as possible. The applicant will receive a preliminary estimate for the utility interface requirements that may be used in calculating the overall project requirements.

**Further Action:** The Preliminary Interconnection Study will determine the need to submit a copy of the Final Application for Parallel Operation of Customer-Owned Generation.

**Equipment Testing:** Prior to final approval of the customer's generation, protective and control system testing is required. District representatives and Owner representatives must be present to witness and verify the testing for proper operation.

**Owner/Applicant Information**

Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Representative \_\_\_\_\_

**Project Design/Engineering (Architect) (as applicable)**

Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Representative \_\_\_\_\_

**Electrical Contractor (as applicable)**

Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Representative \_\_\_\_\_

**Generator Data**

Manufacturer (if available) \_\_\_\_\_ Model \_\_\_\_\_  
Type: Synchronous  Induction  Phases: Single  Three  Frequency (Hz) \_\_\_\_\_  
Rated Output: \_\_\_\_\_ kW \_\_\_\_\_ kVA  
Rated Power Factor: \_\_\_\_\_ (%) Rated Voltage (Volts): \_\_\_\_\_ Rated Amperes: \_\_\_\_\_  
Energy Source (gas, steam, hydro, etc.) \_\_\_\_\_

**Transfer Switch Data**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Type \_\_\_\_\_ Rating \_\_\_\_\_ ANSI /UL 1008 Listed? YES  NO   
What Standards does it meet? \_\_\_\_\_  
Is transfer switch operational in closed-transition mode? YES  NO   
What is maximum time the transfer switch takes to operate? \_\_\_\_\_  
Can it be programmed to operate in parallel with District for more than 100 milliseconds (0.100 sec)? YES  NO

**Estimated Load Information**

The following information will be used to help properly design the District/customer interconnection. This information is not intended as a commitment or contract for billing purposes.

Minimum anticipated load (generation not operating) \_\_\_\_\_ kW \_\_\_\_\_ kVA

Maximum anticipated load (generation not operating) \_\_\_\_\_ kW \_\_\_\_\_ kVA

**Description of Proposed Installation and Operation**

Please attach a single line diagram showing the customer's primary switchgear, transformers, and generation facilities. Give a general description of the manner of operation of the generation (cogeneration, peak shaving, emergency power, etc.) Please attach additional sheets if necessary.

**Signature**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information below to be completed by Snohomish County Public Utility District**

**PUD Customer Service Representative completes the following:**

Executive Account Rep \_\_\_\_\_ Phone \_\_\_\_\_

Project Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

District service point location \_\_\_\_\_  
(Attach map if available)

Copy of Application and attachment to:

\_\_\_\_\_ System Planning & Protection Manager

**\* Original of this document to be retained in customer's file in Customer Service Department \***