



RENEWABLE ENERGY - SOLAR

INTERCONNECTION QUESTIONNAIRE • CITY OF ASHLAND, ELECTRIC DEPARTMENT

CUSTOMER'S INFORMATION:

NAME: _____ APPROXIMATE DATE TO BE IN SERVICE: _____

PHONE: (WORK) _____ (HOME) _____ (MOBILE) _____ EMAIL: _____

FACILITY ADDRESS: (HOUSE NUMBER AND STREET ADDRESS, CITY, STATE, ZIP CODE)

MAILING ADDRESS: (HOUSE NUMBER AND STREET ADDRESS, CITY, STATE, ZIP CODE)

SYSTEM INSTALLER:

NAME: _____ PHONE: _____ EMAIL: _____

ELECTRICAL ENGINEER OR CONTRACTOR:

NAME: _____ PHONE: _____ EMAIL: _____

TO PROCEED WITH ENGINEERING AND DETERMINE CHARGES THE FOLLOWING INFORMATION MAY BE REQUIRED:

1. ONE COMPLETE COPY OF THE SITE PLANS - ELCTRONIC FILE PREFERRED
2. ELECTRICAL ONE-LINE DIAGRAM - ELCTRONIC FILE PREFERRED
3. DESIRED METERING LOCATION (ONE LOCATION) AND DESIRED TRANSFORMER LOCATION
4. WILL EXISTING POWER FACILITIES REQUIRE RELOCATION? YES NO (IF "YES" MARK ON SITE PLAN)

REQUIRED ELECTRICAL INFORMATION

ELECTRICAL SERVICE SIZE 200 AMP 400 AMP OTHER (SPECIFY) _____ AMP

OVERHEAD UNDERGROUND VOLTAGE _____ / _____ SINGLE-PHASE THREE-PHASE

SERVICE ENTRANCE CONDUCTOR: _____ TOTAL NUMBER OF CONDUCTOR RUNS: _____

PHASE WIRE SIZE: _____ NEUTRAL WIRE SIZE: _____

BI-DIRECTIONAL METER: YES NO # OF METER: _____

PLANT SERVICE LOAD: _____ KW (NECESSARY LOAD TO MAINTAIN THE PV FACILITY ONLINE)

DISTRIBUTION LOAD: _____ KW (DISTRIBUTION LOAD OTHER THAN PLANT SERVICE)

ESTIMATED ENERGY PRODUCTION

MONTHLY OUTPUT: _____ KWH ANNUAL OUTPUT: _____ KWH

ENERGY PRODUCTION EQUIPMENT - PV MODULES

MANUFACTURER: _____ MODEL NUMBER: _____

POWER/UNIT: _____ WATTS/UNIT QUANTITY: _____

TOTAL POWER (DC RATING): _____ KW (PROVIDE EQUIPMENT SPECIFICATION SHEET IF AVAILABLE)

ENERGY PRODUCTION EQUIPMENT - INVERTERS

MANUFACTURER: _____ MODEL NUMBER: _____

RATED VOLTAGE: _____ VOLTS RATED CURRENT: _____ AMPS

UL LISTED: YES NO QUANTITY: _____

TOTAL KW (AC RATING): _____ KW (PROVIDE EQUIPMENT SPECIFICATION SHEET IF AVAILABLE)

ENERGY STORAGE EQUIPMENT - BATTERY SYSTEM, IF APPLICABLE

MANUFACTURER: _____ MODEL NUMBER: _____

RATED VOLTAGE: _____ VOLTS RATED CURRENT: _____ AMPS

RATED CAPACITY: _____ KWH OR AH RATED POWER: _____ KW

It is understood that if additional work is required of City of Ashland, Elec. Dept. due to customer revisions of the electrical load, voltage, or other information as supplied on this form, the additional costs shall be borne by the customer. **City of Ashland, Elec. Dept. provides for installed load, not future load. Prior to energizing the service all standards and service requirements must be met and approved by City of Ashland, Elec. Dept.**

DEVELOPER SIGNATURE _____ DATE _____

Return to: City of Ashland, Elec. Dept. 90 N. Mountain Ave.
Ashland, Oregon. Phone 541-488-5357 Fax 541-552-2436

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