



Your Touchstone Energy® Cooperative 

507 N. Union
P.O. Box 70
McLouth, KS 66054-0070
Telephone: (888) 796-6111
Fax: (913) 796-6164
www.ljec.coop

Small Generating Facility Certificate of Completion

Generating Facility Owner Information

Interconnection Customer: _____

Contact Person (if different from above): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

Is the Small Generating Facility owner-installed? Yes No

Location of the Small Generating Facility (if different from above)

Address: _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor Information

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

License number: _____ Jurisdiction: _____


Date Approval to Install Facility granted by the Cooperative: _____

Building/Electrical Code and Inspection Information

The Small Generating Facility has been installed and inspected in compliance with the local building/electrical code of (if applicable): _____

Attach signed electrical inspection.



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Inspector Information

If local codes do not require an electrical inspection, an inspection must be performed by a Professional Engineer or electrician licensed in the state of Kansas. **Approval to energize the small generating facility in parallel with LJEC's system will not be granted until the Member's facility has been inspected and approved by a local government inspector, licensed electrician, or Professional Engineer, as applicable.**

I certify that the installation complies with all applicable codes and regulations, including, but not limited to, the National Electric Code (NEC), National Electric Safety Code (NESC), IEEE 929, and IEEE 1547.

In the state of Kansas I am a licensed: Engineer _____ Electrician _____

License Number: _____

Signed (Inspector): _____ Date: _____

Print Name: _____

Form Submittal Information

As a condition of interconnection, you are required to send or fax a copy of **this form** to the address below. Include a copy of the **signed electrical permit** if required by local codes/regulations. A copy of the **insurance policy** covering the facility where the generator is located is also required as part of this submittal.

Leavenworth-Jefferson Electric Cooperative

507 N. Union

P.O. Box 70

McLouth, KS 66054-0070

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Approval to Energize the Small Generating Facility in Parallel with Utility (For Cooperative use only)

Parallel operation of the Small Generating Facility with the Cooperative's system is approved contingent upon the Terms and Conditions for Interconnecting an Inverter-Based Small Generating Facility No Larger than 10kW.

Cooperative Representative Signature: _____

Title: _____ Date: _____

For questions or comments please call: Local (913) 796-6111 or Toll Free (888) 796-6111.