

 Oakdale Electric Cooperative		Board Policy
Policy Name: Isolation on Request		Policy No: 6.09
Last Reviewed/Revised: 07-27-2023		Page 1 of 2

Objective: To establish procedures for members to request isolation of the Cooperatives primary system neutral from the member's secondary neutral system at the transformer serving the member.

Policy: Oakdale Electric Cooperative will make available to members with animal confinement facilities, a service to isolate the Cooperatives primary system neutral from the member's secondary neutral to reduce the amount of the Cooperatives contribution to the voltage in the member's animal contact areas. Such service is considered nonstandard, but will be made available on the following basis:

1. The Cooperative shall only allow isolation on operating livestock farms to address stray voltage concerns.
2. The members must complete an application requesting isolation. "Application for Isolation on Request." (Exhibit 1)
3. The member must have the farm inspected and certified to be safe for isolation by a State licensed Electrical Inspector or State Certified Master Electrician, and the cooperative must receive copy of the certification.
4. The Cooperative requires that the member allow stray voltage testing in the animal confinement area before and after the farm has been isolated. Testing must also be allowed any time after the Cooperative make's changes to the system that may impact neutral-to earth voltage levels or animal contact voltages.
5. The Cooperative will notify all other utilities in the area of the request to isolate the farm. Only after all other utilities are properly separated will the Cooperative isolate the farm.
6. The Cooperative also will notify all other adjacent animal confinement operations of the request for isolation, and monitor those facilities for adverse impact. Any costs required for modifications to the system to maintain a reasonable and adequate quality of power for other members may be borne by the member requesting isolation of the farm, at the discretion of the Cooperative.
7. The Cooperative shall require the property owner(s) and/or the Member(s) to sign an "Agreement for the non-standard Service-Neutral Isolation." (Exhibit 2).
8. If testing by the Cooperative indicates that the contribution by the cooperative in the cow

contact area is below the “level of concern” as defined by the Wisconsin Public Service Commission a monthly fee for isolation will be required. There will be a free trial period of ninety (90) days (after recordings to determine animal contact voltage) to allow the member time to make a decision on the need for the isolator. After that period the Cooperative will begin assessing the monthly fee. Once the Cooperative begins assessing the fee, it shall be assessed for a minimum period of twelve (12) months.

9. If testing by the Cooperative indicates that the contribution by the cooperative in the cow contact area is above the “level of concern” as defined by the Wisconsin Public Service Commission there will be no monthly charge for isolation. This will be considered a temporary installation, and the isolator will be removed at such a time as the corrections on system have been made by the Cooperative.
10. The member will be required to pay for the cost of any excess facilities or work requested beyond the basic isolator installation. These costs must be paid prior to installation.
11. This policy applies to all members requesting isolation after April 30, 1997. For any installation prior to that date the cooperative strongly encourages the member to have the premises inspected by a State Certified Electrical Inspector or a State Licensed Master Electrician for the safety of those living and working on the premises.

Responsibility: Oakdale Electric Cooperative Management.

Issued: 04-30-97	Reviewed Date (no revisions): 07-27-2023	Revised Date: 05-29-02, 07-29-2020
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APPLICATION FOR ISOLATION

We the undersigned do hereby apply for isolation on request to separate our service neutral from OEC's primary system neutral. WE have read and understand OEC's policy regarding Isolation on Request. We understand that OEC will take no action on this application until we have supplied the Cooperative with a certification of electrical compliance to State and National electric codes and signed and notarized AGREEMENT FOR NON-STANDARD SERVICE-NEUTRAL ISOLATION.

PROPERTY OWNERS NAME: _____

MEMBERS NAME: _____

LOCATION NUMBER: _____ FIRE NUMBER _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ FARM PHONE _____

The neighboring livestock farms may be affected by isolation of the farm, the Cooperative will notify and monitor the effects of neutral separation on these other farms. PLEASE LIST BELOW THE LIVESTOCK FARMS WITHIN A ONE (1) MILE RADIUS OF THE FARM REQUESTING ISOLATION:

FARM #1 _____ PHONE # _____

FARM #2 _____ PHONE # _____

FARM #3 _____ PHONE # _____

FARM #4 _____ PHONE # _____

This application must be signed by the property owner(s). If the member is someone other than the property owner, both parties shall sign this application.

OWNER'S SIGNATURE _____ DATE _____

MEMBER'S SIGNATURE _____ DATE _____

APPLICATION FOR ISOLATION

Isolation requires the separation of any other interconnections to the Cooperative's system. List below any other utilities involved so OEC can notify them. (Telephone, Gas, Cable TV). This is needed to assure that any other utility grounding systems do not provide a direct interconnect between the primary and secondary neutral systems intended to be separated. This request will serve as a notice to make the needed changes, to achieve the separation and notify the utility personnel of any hazards separation may pose to the operation of their system.

LOCATION OF PENDING ISOLATION

NAME: _____ FIRE NUMBER _____

COOPERATIVE'S LOCATION NUMBER: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP _____

HOME PHONE: _____ FARM PHONE: _____

UTILITIES TO BE SEPARATED

TELEPHONE: _____

CABLE TV: _____

GAS: _____

OTHER: _____

Date the separation was completed: _____

Completed by: _____

(NOTE TO OTHER UTILITIES: PLEASE MAIL THIS FORM BACK TO OEC AT THE ADDRESS ABOVE OR FAX IT TO (608) 372-5173)

AGREEMENT FOR NON-STANDARD SERVICE: NEUTRAL ISOLATION

I/We, _____ are member(s)
of Oakdale Electric Cooperative (Cooperative”) and receive electric service from the
Cooperative at the premises located at _____
_____, Wisconsin.

Location Account Number: _____

I/We have requested that the Cooperative disconnect the common bond between the utility primary (7,200/12,470 volt) system neutral and the (120/240 volt) premises electrical system neutral, and install a neutral isolator/coupler.

I/We realize that if the Cooperative, pursuant to this request, modifies the standard connection between the primary and secondary by disconnecting the permanent neutral bond, a potentially hazardous situation is created on the farm premises. For example, in the event of lightning or other fault conditions, dangerously high voltages may be present on the farm wiring system. The neutral isolator/coupler device will be installed in an effort to reduce the potentially hazardous situation on the farm premises.

I/We understand that the Cooperative in no manner warrants the operation of the isolator/coupler. The Cooperative, being familiar with this device, has cautioned me that it is subject to device failure. I understand if a device failure occurs and remains undetected, the farm could be subject to excessive voltages with the associated risk of serious injury to persons or property.

I/We realize that failure of the neutral isolator/coupler device cannot be detected by visual or audible means prior to, during or after its failure. Tests on this device are only an indication of its serviceability. The Cooperative will provide simple device testing and inspection from time to time, designed only to detect major malfunctions of the unit.

I/We agree to notify the Cooperative of any unusual conditions or suspected malfunctions of the neutral isolator/coupler device, and the Cooperative will immediately reconnect primary and secondary neutrals until a replacement unit can be obtained and installed or the apparent problem resolved.

I/We understand that due to the necessity of installing the neutral isolator/coupler device in a location near the Cooperative’s transformer, the location of the device is considered hazardous for non-Cooperative personnel. I/We agree not to allow any tampering with the neutral isolator/coupler device, its connections, any other Cooperative equipment on our property, by ourselves or any person other than an authorized representative of the Cooperative.

AGREEMENT FOR NON-STANDARD SERVICE: NEUTRAL ISOLATION

I/We understand that this request is made without relying upon any representations made by the Cooperative or its representatives.

I/We for myself/ourselves and all other persons or organizations affiliated with us, agree that the Cooperative is immune from civil liability for any injury we may sustain that is related to the installation and/or operation of the isolator(s). We also agree to hold the Cooperative harmless from civil liability for any injury that anyone else claims is related to the installation and/or operation of the isolator.

I/We agree to pay for the modifications required to implement this non-standard service as follows: costs to be paid prior to installation to modify existing facilities \$_____: costs to be paid monthly for installation, operation, maintenance, and testing of the isolator/coupler of \$_____ per month to be applied to my electric service account as a facility surcharge on the location account number shown above.

I/We understand all of the above considerations and have full authority to make this Agreement and to perform to its terms.

Signature(s) Must Be Notarized

Date: _____ Signed: _____
Property owner(s) signature required

Subscribed and sworn to before me
this _____ day of _____, 20_____.

Notary Public State of Wisconsin

My commission expires _____.

Date: _____ Signed: _____
Members(s) signature(s) required if different than the property owner(s)

Subscribed and sworn to before me
this _____ day of _____, 20_____

Notary Public State of Wisconsin

My commission expires _____