Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1. Name of Facility
   Pressler, Jim Residence - J Pressler

2. Facility Address
   36483 Warwick Drive
   Rehoboth Beach, DE 19971

Is the facility located within the PJM control area? ☑ **Yes** ☐ **No**
If No, does the Facility have import capabilities? ☐ **Yes** ☐ **No**

3. Name of Owner
   Jim Pressler
   Mailing Address
   36483 Warwick Drive
   Rehoboth Beach, DE 19971

Phone 302-396-4821 Fax _____

Email jim.pressler@gmail.com

4. Name of Operator
   same as owner
   Mailing Address
   _____
   _____

Phone _____ Fax _____

Email _____

5. Name of Contact Person
Allyson Browne, SRECTrade, Inc.
Mailing Address
201 California Street, Suite 630
San Francisco, CA 94111

Phone 877-466-4606 Fax 732-453-0065

Email applications@srectrade.com

6. Name of REC/SREC Owner
same as owner
Mailing Address
_____
_____

Phone_____ Fax _____

Email_____

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:
_____
_____
_____

8. Operational Characteristics:

Fuel Types Used (check all that apply):

☐ Gas combustion from the anaerobic digestion of organic material

☐ Geothermal

☐ Ocean, wave or tidal actions, currents, or thermal differences

☐ Qualified Biomass[i]

☐ Qualified Fuel Cells[ii]

☐ Qualified Hydroelectric[iii]

☐ Qualified Methane Gas captured from a landfill gas recovery system[iv]

☑ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS)____n/a_____

Rated Capacity (in megawatts)_0.00784 MW_____

If multiple fuel types are utilized, attach the formula for computing the proportion of output per fuel type by megawatts per hour generated.

Facility **Final Approved Interconnection Date**___7/16/15_____

If co-firing with fossil fuels, co-fire start date_n/a_____

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation[v]?

   ☑ Yes ☐ No

   Is the Applicant's facility a community owned generating facility[vi]?

   ☐ Yes ☑ No

   Can the output from the customer-sited generation be appropriately metered?

   ☑ Yes ☐ No

I, Allyson Browne (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.

2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.

3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.

4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.

5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: Allyson Browne

Date: 9/28/2015

delmarva power

A PHI Company

PART 1

DELAWARE LEVEL 1 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Application & Conditional Agreement – to be completed prior to installation)

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: Jim Pressler

Mailing Address: 36483 Warwick Drive

City: Rehoboth State: DE Zip Code: 19971

Contact Person (If other than above): _____

Mailing Address (If other than above): _____

Telephone (Daytime): 302-396-4821 (Evening): _____

Facsimile Number: _____ E-Mail Address (Required): jim.pressler@gmail.com

Alternate Contact Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

FACILITY INFORMATION

Facility Address: 36483 Warwick Drive

City: Rehoboth Beach State: DE Zip Code: 19971

DPL Account # of Facility Site: 5500 3208 794

Energy Source: Photovoltaics ☒ Prime Mover: Photovoltaics ☒

Type of Application: Initial ☒ Addition/Upgrade ☐ [1]

DC Nameplate Rating: 7.84 (kW) 7840 (kVA), AC Inverter Rating 6 (kW), AC System Design Capacity: 6 (kW) 6000 (kVA)

[1] Initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.

Generator (or PV Panel) Manufacturer, Model #: SolarWorld 280w MONO Black
(A copy of Generator Nameplate and Manufacturer's Specification Sheet May Also be Submitted)

Inverter Manufacturer: Fronius Model # & Rating: PRIMO 6.0

Number of Inverters: 1

Ampere Rating: 25 $Amps_{AC}$, Number of Phases: ☒ 1 ☐ 3, Voltage Rating: 240 V_{AC},

Nominal DC Voltage: 374.4 V_{DC}, Power Factor: .85-100 %, Frequency: 60 Hz,

DPL Accessible Disconnect or Lock Box: ☐ Yes ☒ No, If Yes, Location: _____

One-line Diagram Attached (Required): ☒ Yes ☐ No, Site Plan Attached (Required): ☒ Yes ☐ No

Do you plan to export power?[2] ☒ Yes ☐ No, If Yes, Estimated Maximum: 6 kW_{AC}

Estimated Gross Annual Energy Production: 10503 kWh

Is the inverter IEEE/UL1741 lab certified? Yes ☒ No ☐ (If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing. If no, facility is not eligible for Level 1 Application.)

Estimated Commissioning Date: 5/1/15

EQUIPMENT INSTALLATION CONTRACTOR Check if owner-installed ☐

Name: Alutech United Inc
Mailing Address: 117 Dixon St
City: Selbyville State: DE Zip Code: 19975
Telephone (Daytime): 800-233-1144 (Evening): 302-841-9059
Facsimile Number: 302-436-5100 E-Mail Address (Required): derek@greenstreetsolar.com

ELECTRICAL CONTRACTOR

Name: Alutech United Inc
Mailing Address: 117 Dixon St
City: Selbyville State: DE Zip Code: 19975
Telephone (Daytime): 800-233-1144 (Evening): 302-841-9059
Facsimile Number: 302-436-5100 E-Mail Address: russell@alutech.com
License number: T1-0005686
Active License? Yes ☒ No ☐

Is small generator facility eligible for Net Metering? Yes ☒ No ☐

[2] Yes, if your expected maximum output of the inverter (kW AC) is greater than the lowest load you anticipate at your facility during maximum PV output (kW). The difference would be the amount you may export.

INSURANCE DISCLOSURE

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer is not required to obtain general liability insurance coverage as a precondition for interconnection approval; however, the interconnection customer is advised to consider obtaining appropriate insurance coverage to cover the interconnection customer's potential liability under this agreement.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this Agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer Signature: _____ Date: 3/24/15

Printed Name: Jim Pressler Title: Homeowner

.....

Conditional Agreement to Interconnect Small Generator Facility *(for EDC use only)*

Receipt of the application fee is acknowledged and, by its signature below, the EDC has determined the interconnection request is complete. Interconnection of the small generator facility is conditionally approved contingent upon the attached terms and conditions of this Agreement the return of the attached Certificate of Completion duly executed, verification of electrical inspection and successful witness test or EDC waiver thereof.

EDC Signature: _____ Date: _____

Printed Name: _____ Title: _____

delmarva power

A PHI Company

PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Final Agreement – must be completed after installation and prior to interconnection)

Certificate of Completion

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Name: Jim Pressler

Mailing Address: 36483 Warwick Drive

City: Rehoboth Beach State: DE Zip Code: 19971

Telephone (Daytime): 302-396-4821 (Evening): _____

Facsimile Number: _____ E-Mail Address: jim.pressler@gmail.com

FACILITY INFORMATION

Facility Address: 36483 Warwick Drive

City: Rehoboth Beach State: DE Zip Code: 19971

DPL Account # of Facility Site: 5500 3208 794

Energy Source: Photovoltaics ☒ Prime Mover: Photovoltaics ☒

DC Nameplate Rating: 7.84 (kW) 7840 (kVA), AC Inverter Rating 6 (kW), AC System Design Capacity: 6 (kW) 6000 (kVA)

Inverter Manufacturer: Fronius Model # & Rating: PRIMO 6.0

Number of Inverters: 1

EQUIPMENT INSTALLATION CONTRACTOR Check if owner-installed ☐

Name: Alutech United Inc

Mailing Address: 117 Dixon St

City: Selbyville State: DE Zip Code: 19975

Telephone (Daytime): 800-233-1144 (Evening): 302-841-9059

Facsimile Number: 302-436-5100 E-Mail Address: derek@greenstreetsolar.com

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed: _____ Date 6/10/15
(Signature of interconnection customer)

Printed Name: Jim Pressler

Type of Application: New/Initial ☒ Growth/Increase ☐ System Capacity 7.84 KW (DC)

Check if copy of signed electric inspection form is attached ☒

.....

ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION *(for EDC use only)*

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? *(Initial)* Yes (DCD) No (_____)
If not waived, date of successful Witness Test: _____ Passed: *(Initial)* (_____)

EDC Signature: Diana C. DeAngelis Date: 7/16/15

Printed Name: Diana C. DeAngelis Title: Reg Affairs Head

First State Inspection Agency, Inc.
1001 Mattlind Way
Milford, DE 19963

1-800-468-7338
302-422-3859

Alutech United, Inc.
James Rodrigue
PO Box 329
Selbyville, DE 19975

CERTIFICATE

Final Inspection Date: 6-[illegible]
Application #: 012[illegible]
Owner: Jim[illegible]ler
Occupancy: Sola[illegible]
Location: 364[illegible] Warwick Dr.
Reh[illegible]ch, Sussex Co., DE

This certifies that the installatio[illegible]rical equipment listed on referenced application has been appro[illegible]eting the requirements of the National Electric Code, util[illegible]ities and Agency rules. Any modification, addition or alteratio[illegible]system, after the date of final inspection, will require a new [illegible]ections and certifications.

Robert [illegible]
Chief Electrical Inspector

P.S. CERT

FSIA-4

436-5100

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes* ☒ No

Alutech United, Inc.
Company Name of Installer

Signature of Company Representative

117 Dixon Street
Address

Derek Dykes
Print Name of Co. Representative

Selbyville, DE 19975
Address

***If Yes, please attach the following documentation:**

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
  - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
  - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

☐ Yes* ☒ No

b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

☒ Yes* ☐ No

Alutech United, Inc.
Company Name of Installer

Signature of Company Representative

117 Dixon Street
Address

Derek Dykes
Print Name of Co. Representative

Selbyville, DE 19975
Address

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**

Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

    b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

If you answered yes to "b." above, complete the following as evidence:

Alutech United, Inc. DBA Green Street Solar
Installation Company Name

employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date: 6/1/15 Project Complete Date: 7/16/15

Employee Full Name	Home Address (As per Tax Withholding)	Social Security Number (Last 4 digits Only)
* See Attachment		

Total Delaware Resident Employees: 20 Total Number of Employees: 26

% of Delaware Residents (Delaware Residents Divided by Total Employees): 77%

	NAME	STREET ADDRESS	CITY	ST	ZIP	SS#
1	Jason Roth		Laurel	DE	19956	90
2	Jason Killen		Frankford	DE	19945	18
3	Brian Reed		Georgetown	DE	19947	00
4	George Carey		Selbyville	DE	19975	69
5	Dustin Brittingham		Georgetown	DE	19947	01
6	George Pfaller		Georgetown	DE	19947	48
7	W. Jeffrey Timmons		Rehoboth Beach	DE	19971	52
8	James Webb		Harrington	DE	19952	63
9	Donnie Baker		Laurel	DE	19956	60
10	Adam Ash		Frankford	DE	19945	24
11	Derek Dykes		Laurel	DE	19956	74
12	Aaron Woods		Seaford	DE	19973	25
13	Alfred Bangert		Laurel	DE	19956	92
14	Daniel Fleetwood		Frankford	DE	19945	68
15	Richard Gedon		Selbyville	DE	19975	24
16	David Linehan		Millsboro	DE	19966	85
17	Michael Haymond		Greenwood	DE	19950	01
18	John Basch		Salisbury	MD	21801	96
19	Russell Pfaller		Pittsville	MD	21850	98
20	Lisa Bloom		Ocean City	MD	21842	74
21	Mark Caldwell		Ocean City	MD	21842	20
22	Richie Wright		Salisbury	MD	21801	40
23	Jose Cordoba		Frankford	DE	19945	42
24	Antione Johnson		Seaford	DE	19973	29
25	Erik Diaz		Ocean City	MD	21842	15
26	Victor Martinez-Taylor		Selbyville	DE	19975	42

The street addresses and the leading 2 digits of the last four digits of each employee have been redacted to preserve the confidentiality of these employees, in accordance with the amended protocol for EER applications.