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: Bill McGrory

Mailing Address: 359 Mourning Dove Dr

City: Newark State: DE Zip Code: 19713

Contact Person (If other than above): _____

Mailing Address (If other than above): _____

Telephone (Daytime): 302-738-8478 (Evening): _____

Facsimile Number: _____ E-Mail Address (Required): wpmcgrory@comcast.net

Alternate Contact Information

Name: Sarah Ruane - Advanced Solar Heating & Air Conditoning

Mailing Address: PO BOX 7765

City: Newark State: DE Zip Code: 19714

Telephone (Daytime): 302-731-1000 (Evening): _____

Facsimile Number: 302-729-1800 E-Mail Address: sruane@sunnydelaware.com

FACILITY INFORMATION

Facility Address: 359 Mourning Dove Dr

City: Newark State: DE Zip Code: 19713

DPL Account # of Facility Site: 5501 0971 905

Energy Source: Photovoltaics Prime Mover: Photovoltaics

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

DC Nameplate Rating: 9.72 (kW) ____ (kVA), AC Inverter Rating 10000 (kW), AC System Design Capacity: 9.72 (kW) ____ (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 #: Hyundai 270W
(A copy of Generator Nameplate and Manufacturer's Specification Sheet May Also be Submitted)

Inverter Manufacturer: Solaredge Model # & Rating: SE10000A-US

Number of Inverters: 1

Ampere Rating: 30 $Amps_{AC}$, Number of Phases: ■ 1 ☐ 3, Voltage Rating: 240 V_{AC},

Nominal DC Voltage: 200 V_{DC}, Power Factor: 98 %, Frequency: 50 Hz,

DPL Accessible Disconnect or Lock Box: ■ Yes ☐ No, If Yes, Location: next to meter

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: 30 per day kW_{AC}

Estimated Gross Annual Energy Production: 11400 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: 05/01/15

EQUIPMENT INSTALLATION CONTRACTOR Check if owner-installed ☐

Name: Advanced Solar Heating & Air Conditioning

Mailing Address: PO BOX 7765

City: Newark State: DE Zip Code: 19714

Telephone (Daytime): 302-731-1000 (Evening):

Facsimile Number: 302-729-1800 E-Mail Address (Required): sruane@sunnydelaware.com

ELECTRICAL CONTRACTOR

Name: Chappe Saxton

Mailing Address: PO BOX 670

City: Bear State: DE Zip Code: 19701

Telephone (Daytime): 302-559-3321 (Evening):

Facsimile Number: 302-292-1197 E-Mail Address: csaxton.compasselectric@gmail.com

License number: T1-0005260

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: 4/14/15

Printed Name: William McGroary Title: homeowner

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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: _____

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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: Bill McGrory

Mailing Address: 359 Mourning Dove Dr

City: Newark State: DE Zip Code: 19713

Telephone (Daytime): 302-738-8478 (Evening): _____

Facsimile Number: _____ E-Mail Address: wpmcgrory@comcast.net

FACILITY INFORMATION

Facility Address: 359 Mourning Dove Dr

City: Newark State: DE Zip Code: 19713

DPL Account # of Facility Site: 5501 0971 905

Energy Source: Photovoltaics Prime Mover: Photovoltaics

DC Nameplate Rating: 9.72 (kW) ____ (kVA), AC Inverter Rating 10000 (kW), AC System Design Capacity: 9.72 (kW) ____ (kVA)

Inverter Manufacturer: Solaredge Model # & Rating: SE10000A-US

Number of Inverters: 1

EQUIPMENT INSTALLATION CONTRACTOR Check if owner-installed ☐

Name: Advanced Solar Heating & Air Conditioning

Mailing Address: PO BOX 7765

City: Newark State: DE Zip Code: 19714

Telephone (Daytime): 302-731-1000 (Evening): _____

Facsimile Number: 302-729-1800 E-Mail Address: sruane@sunnydelaware.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 9/21/15
(Signature of interconnection customer)

Printed Name: Bill McGrory

Type of Application: New/Initial ■ Growth/Increase ☐ System Capacity 9.72 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 (HC) No (_____)
If not waived, date of successful Witness Test: _____ Passed: *(Initial)* (_____)

EDC Signature: 2015.10.12 11:20:56 -04'00' Date: 10/12/2015

Printed Name: Harry Cabell Title: Acct Coordinator

EAGLE INSPECTION AGENCY, LLC
57 MATTHEWS ROAD, NEWARK, DE 19713-2555
DIRECT PHONE: 302-379-3635 OFFICE & FAX: 302-368-1312

CERTIFICATE OF APPROVAL
FOR
FIRE/SAFETY INSPECTION

THIS CERTIFICATE OF APPROVAL IS FOR ELECTRICAL INSPECTION OF THE BELOW LISTED PERSONS OR BUSINESS DESIRING APPROVAL FOR THE BUILDING OR PREMISES DESCRIBED.

Compass Electric LLC
Charles P. Saxton, Jr., Master License #T1-0005260, Exp. 6/30/16

FOR

Bill McGrory, 359 Mourning Dove Drive, Middle Run Crossing, Newark, DE 19711

THIS CERTIFICATE OF APPROVAL FOR ELECTRICAL INSTALLATIONS CONSTITUTES APPROVAL OF WIRES AND EQUIPMENT INSPECTED TO DATE. IF ANY ALTERATIONS ARE MADE TO THE EXISTING SYSTEM, A NEW APPLICATION FOR INSPECTION SHALL BE SUBMITTED TO THIS AGENCY.

TYPE OF INSPECTION

Final inspection for 9.72 kW solar array and equipment wiring and connections

THE ABOVE WIRING AND EQUIPMENT HAVE BEEN INSPECTED AND ARE IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE [NEC] AND THE NATIONAL FIRE PROTECTION ADMINISTRATION [NFPA].

NOT AN EQUIPMENT GUARANTEE

INSPECTED BY: John Graden

JOHN C. GRADEN, INSPECTOR
License No. T6-0000113

DATE OF FINAL INSPECTION: September 2, 2015