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

1. Name of Facility
   DiMartine, Samantha Residence - S DiMartine

2. Facility Address
   102 6th Avenue, New Castle, DE 19720

   Is the facility located within the PJM control area? ☒ **Yes** ☐ **No**
   If No, does the Facility have import capabilities[1]? ☐ **Yes** ☐ **No**

3. Name of Owner
   Samantha DiMartine
   Mailing Address
   102 6th Avenue,
   New Castle, DE 19720

   Phone 3026075520 Fax _____

   Email dimartsr@gmail.com

4. Name of Operator
   same as owner
   Mailing Address

   Phone_____ Fax _____

   Email _____

[1] Documentation will be required to substantiate import capabilities into PJM

5. Name of Contact Person
Nancy Strahan, SRECTrade, Inc.

Mailing Address
201 California Street, Suite 630
San Francisco, CA 94111

Phone 1-877-466-4606 Fax 1-732-453-0065

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 - DC**) .0057 MW

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

Facility **Final Approved Interconnection Date** 03/16/2018

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

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

American Design and Build
Company Name of Installer

Signature of Company Representative

221 Gateway Drive
Address

Adam Kollar
Print Name of Co. Representative

Bel Air, MD 21014
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

American Design and Build
Company Name of Installer

Signature of Company Representative

221 Gateway Drive
Address

Adam Kollar
Print Name of Co. Representative

Bel Air, MD 21014
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.**

I, Nancy Strahan (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: _____

Date: 09/26/2018

Required Documentation:

- If the facility is customer-sited generation, attach a copy of the utility's **Final Approved Interconnection Agreement**

- One copy of U.S. Department of Energy, Energy Information Administration Form EIA-860, if rated capacity is >1.0 MW

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[i] "Qualified Biomass" means electricity generated from the combustion of biomass that has been cultivated in a sustainable manner as determined by Delaware Department of Natural Resources and Environmental Control (DNREC), and is not combusted to produce energy in a waste to energy facility or in an incinerator.

[ii] "Qualified Fuel Cells" means electricity generated by a fuel cell powered by Renewable Fuels, as that term is defined in Section 1.0 of the Rules and Procedures to Implement the Renewable Energy Portfolio Standard, Delaware Public Service Commission Regulation Docket No. 56.

[iii] "Qualified Hydroelectric" means electricity generated by a hydroelectric facility that has a maximum design capacity of 30 megawatts or less from all generating units combined that meet appropriate environmental standards as determined by DNREC.

[iv] "Qualified Methane Gas" means electricity generated by the combustion of methane gas captured from a landfill gas recovery system; provided, however, that:

1. Increased production of landfill gas from production facilities in operation prior to January 1, 2004 demonstrates a net reduction in total air emissions compared to flaring and leakage;
2. Increased utilization of landfill gas at electric generating facilities in operation prior to January 1, 2004 (i) is used to offset the consumption of coal, oil, or natural gas at those facilities, (ii) does not result in a reduction in the percentage of landfill gas in the facility's average annual fuel mix when calculated using fuel mix measurements for 12 out of any continuous 15 month period during which the electricity is generated, and (iii) causes no net increase in air emissions from the facility; and
3. Facilities installed on or after January 1, 2004 meet or exceed 2004 Federal and State air emission standards, or the Federal and State air emission standards in place on the day the facilities are first put into operation, whichever is higher.

[v] "Customer-sited Generation" means a generating unit that is interconnected on the end use customer's side of the retail electricity meter in such a manner that it displaces all or part of the metered consumption of the end-use customer.

[vi] "Community-owned Energy Generating Facility" means a renewable energy generating facility that has multiple owners or customers who share the output of the generator, which may be located either as a stand-alone facility or behind the meter of a participating owner or customer. The facility shall be interconnected to the distribution system and operated in parallel with an electric distribution company's transmission and distribution facilities.

Documentation Required for Delaware Labor/Workforce Bonus

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?

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

The following individuals (list every employee) were employed by

_____

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)

Total Delaware Resident Employees:_____ Total Number of Employees:_____

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

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:

_____

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:_____ Project Complete Date:_____

Employee Full Name	**Home Address City, State Only (As per Tax Withholding)**	**Social Security Number (Last 2 digits Only)**

Total Delaware Resident Employees:_____ Total Number of Employees:_____

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

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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: Samantha Di Martine

Mailing Address: 102 6th Ave

City: New Castle State: DE Zip Code: 19720

Contact Person/Authorized Agent (If other than above): _____

Mailing Address (If other than above): _____

Telephone (Daytime): 302-607-5520 (Evening): _____

Fax Number: _____ E-Mail Address (Required): dimartsr@gmail.com

Alternate Project Contact Information: (if different from Customer-Generator above)

Alternate Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Fax Number: _____ E-Mail Address: _____

If an email is provided for your alternate contact, that contact will receive all email communications.

FACILITY INFORMATION

Facility Address: 102 6th Ave

City: New Castle State: DE Zip Code: 19720

DPL Account #: 5000 1672 125 Meter #: _____

Current Annual Energy Consumption (optional): _____ kWh

Check if this Facility (building) is, or is going to be, NEW CONSTRUCTION: ☐

Estimated Commissioning Date: Asap

Energy Source: Solar Prime Mover: Photovoltaics

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

Initial Rating: DC Generator Total[2] Nameplate Rating: 5.7 (kW),
AC Inverter Total[3] Rating 5.0 (kW),
AC System Design Total Capacity[4]: 4.9 (kW) 4.9 (kVA)

Added Rating (if upgrade): DC Generator Total Nameplate Rating: _____ (kW),
AC Inverter Total Rating _____ (kW),
AC System Design Total Capacity: _____ (kW) ____ (kVA)

Total Rating (if upgrade): DC Generator Total Nameplate Rating: _____ (kW),
AC Inverter Total Rating _____ (kW),
AC System Design Total Capacity: _____ (kW) ____ (kVA)

Generator (or PV Panel) Manufacturer, Model #[5]: Solar World SW285 Plus

A copy of Generator nameplate and Manufacturer's Specification Sheet may also be submitted

Number of Generators (or PV Panels): 20

Type of Tracking if PV: Fixed ☐ Single Axis ☐ Double Axis ☐

Array Azimuth if PV: _____° Array Tilt if PV: _____°

Shading Angles if PV at E, 120°,150°,S,210°,240°,W: _____° (Separate with comas)

Inverter Manufacturer[6]: Enphase Model Number(s) of Inverter[7]: M250

Number of Inverters[8]: 20 Inverter Type: Forced Commutated ☐ Line Commutated ☒

Ampere Rating: _____ $Amps_{AC}$, Number of Phases: ☒ 1 ☐ 3

Nominal Voltage Rating: _____ V_{AC}, Nominal DC Voltage: _____ V_{DC},

Power Factor: _____ %, Frequency: _____ Hz, Efficiency: _____ (%)

DPL Taggable, Lockable, Accessible Disconnect[9]: ☒ 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?[10] ☐ Yes ☒ No, If Yes, Estimated Maximum: _____ kW_{AC}

Estimated Gross Annual Energy Production: _____ 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.)

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[1] Initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.
[2] Sum of all generators or PV Panels
[3] Sum of all inverters
[4] This will be your system design capacity based upon your unique system variables.
[5] If more than one type, please list all manufactures and model numbers.
[6] If more than one manufacture, please list all.
[7] If more than one model number, please list all.
[8] Attach additional sheets as necessary in the event of multiple inverters of various types/sizes
[9] This is strongly recommended by the utility. Best practice is to have an externally accessible, lockable, disconnect with visible open/close connection and to have appropriate signage on the disconnect, such as 'Solar PV AC Disconnect' (preferably red) and on the meter housing 'Caution, Solar Electric System'" (preferably yellow). If the disconnect is not in the immediate vicinity of the meter, please include the disconnect location on the meter signage. This enables the utility and first responders to more quickly deal with an emergency situation.
[10] 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.

EQUIPMENT INSTALLATION CONTRACTOR Owner (Customer) Installed: ☐Yes ☒No

Contractor Name: American Design and Build

Mailing Address: 221 Gateway Drive

City: Bel Air State: MD Zip Code: 21014

Telephone (Daytime): 410-557-0555 (Evening):

Fax Number: 410-692-5475 E-Mail Address (Required): adbuildica@gmail.com

ELECTRICAL CONTRACTOR

Electrical Contractor Name: Amp Electric

Mailing Address: 54 Cree Terrace

City: Rising Sun State: MD Zip Code: 21911

Telephone (Daytime): 443-466-1626 (Evening):

Fax Number: E-Mail Address: ampelectric.cip@gmail.com

License number: T1-0086254 Active License? Yes ☒ No ☐

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

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.

DocuSigned by:

Interconnection Customer Signature: Samantha R. DiMartine Date: 1/17/2018

Printed Name: Samantha DiMartine Title: Owner

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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[11]

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: Samantha Di Martino

Mailing Address: 102 6th Ave

City: New Castle State: DE Zip Code: 19720

Telephone (Daytime): 302-607-5520 (Evening): _____

Fax Number: _____ E-Mail Address: dimartsr@gmail.com

FACILITY INFORMATION

Facility Address: 102 6th Ave

City: New Castle State: DE Zip Code: 19720

DPL Account #: 5000 1672 125 Meter #: _____

Energy Source: Solar Prime Mover: Photovoltaics

Inverter Type: Forced Commutated ☐ Line Commutated ☒

Number of Inverters: 20

Inverter Manufacturer: Enphase Model Number(s) of Inverter: M250

Rating

DC Generator Total[12] Nameplate Rating: 5.7 (kW),
AC Inverter Total[13] Rating 5.0 (kW),
AC System Design Total Capacity[14]: 4.9 (kW) 4.9 (kVA)

Generator (or PV Panel) Manufacturer, Model #[15]: Solar World SW285 Plus

[11] Information entered here on Certificate of Completion (Part 2) must match part 1
[12] Sum of all generators or PV Panels
[13] Sum of all inverters
[14] This will be your system design capacity based upon your unique system variables.
[15] If more than one type, please list all manufactures and model numbers.

EQUIPMENT INSTALLATION CONTRACTOR Owner (Customer) Installed: ☐Yes ☒No

Contractor Name: American Design + Build

Mailing Address: 221 Gateway Drive

City: Bel Air State: MD Zip Code: 21014

Telephone (Daytime): 410-557-0555 (Evening):

Fax Number: 410-692-5475 E-Mail Address: adbuildica@gmail.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.

DocuSigned by:

Signed: Samantha R. DiMartine Date 1/17/2018

DB2A6AE634FF429

(Signature of interconnection customer)

Printed Name: Samantha Di Martine

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 (LH) No (_____)

If not waived, date of successful Witness Test: _____ Passed: *(Initial)* (_____)

EDC Signature: Lakeisha Harris Date: 03/16/2018

Printed Name: Lakeisha Harris Title: Acct Rep