

L/P# \_\_\_\_\_

# CHOPTANK ELECTRIC RENEWABLE ENERGY/NET METERING INTERCONNECT APPLICATION

## 1. Member Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Location (if different from above) \_\_\_\_\_

Telephone (daytime): Area code \_\_\_\_\_ Number \_\_\_\_\_

Choptank account number: \_\_\_\_\_

Service size (ampere) (*circle*): 200, 320, 400, 600, greater than 600

Service Type (*circle*): single-phase three-phase

## 2. Generator Technical Information

Energy Source (*circle*): Wind Solar Biomass

Generator or Solar Manufacturer,  
Model Name and Number: \_\_\_\_\_

Output Rating (KW): \_\_\_\_\_

Inverter Manufacturer,  
Model Name and Number: \_\_\_\_\_

Rating (KW): \_\_\_\_\_

## 3. Equipment Compliance Certification

Interconnected generating equipment utilizing inverters must be compliant with IEEE 929 and UL 1741. All interconnected generating equipment must automatically and immediately cease interconnection with Choptank upon and during power interruption or outage. **By signing the application, the member certifies that the installed generating equipment meets the preceding requirements and any other electrical/building code requirements by the Authority Having Jurisdiction.** If installation of generating equipment requires electric service disconnect, an electrical inspection will be required prior to service being restored.

IEEE 1547 Compliant: Yes No

UL 1741 Compliant: Yes No

Automatic Disconnect Compliant: Yes No

**4. Installation Details**

Generating System will be installed by (*circle*): Owner    Licensed Electrician    Manufacturer

Electrician: \_\_\_\_\_ Company: \_\_\_\_\_

Desired Interconnection Date: \_\_\_\_\_

At least three weeks advance notice is required prior to the desired interconnect date. The Cooperative will read the meter for billing purposes.

**5. Member Signature**

I hereby certify that, to the best of my knowledge, all the information provided in this interconnection application is true and correct.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Choptank Use Only**

**6. Internal Review**

Engineering; Name: \_\_\_\_\_ Date: \_\_\_\_\_

Meter Connect Date: \_\_\_\_\_ By: \_\_\_\_\_

Forward to Billing Date: \_\_\_\_\_

Copy to District Operations Date: \_\_\_\_\_