APPLICATION TO INTERCONNECT SMALL GENERATION 150 kW OR LESS

Member hereby gives notice of intent to operate an interconnected generating facility pursuant to the “Standard for Interconnecting Small Generation 150 kW or less with Electric Power Systems (Interconnection Standard)”. Permission to interconnect is not granted until an Interconnection Agreement has been completed between the Cooperative and the Member.

All applications must be fully complete before they will be accepted or approved by EnergyUnited. A completed application consists of the following:

___ This “Application to Interconnect”
___ The Application Fee of $100 for Residential members and $250 for Commercial members
___ A one-line diagram of the system showing the main components and metering of the system, including the external AC disconnect switch
___ Manufacturer’s catalog or cut-sheet for the inverter showing pertinent specifications and certifications
___ Proof of Insurance (Liability coverage of $100,000 for residential members and $300,000 for commercial members)
___ Copy of the Report of Proposed Construction sent to the NC Utilities Commission

Please submit application and all required materials (Checks payable to EnergyUnited) to:

EnergyUnited, ATTN: Engineering, PO Box 1831, Statesville, NC 28687

TYPE OF INTERCONNECTION

Residential _______ Non-Residential _______

Net Meter Opt A _______ Net Meter Opt B _______ SGPPS _______ Own-Use _______

(NOTE: Own-Use installations are connected the same as Net Metering installations but receive no credit for excess energy produced and carry no additional fees. This option is available only for residential PV systems greater than 10 kWAC.)

MEMBER/OWNER INFORMATION

Member Name: ________________________________________________________________

EU Account #: _____________________________________________________________

Mailing Address: ___________________________________________________________________

City: ______________________________________ State: __________ Zip Code: ____________

Phone Number: ___________________________ Fax Number: ________________________

Email Address: ________________________________________________________________

FOR ENERGYUNITED USE ONLY

Application Completed On: _______________________ Application No.: __________________

Reviewed By: __________________________________________ Date: ____________________

APPROVED _________ NOT APPROVED _________

If Not Approved, list reason: _________________________________________________________
APPLICATION TO INTERCONNECT SMALL GENERATION 150 kW OR LESS

PROJECT DEVELOPER/ENGINEER

Name: ____________________________________________________________

Company: ___________________________________________________________________________________________________________

Mailing Address: _______________________________________________________________________________________________________

City: ________________________ State: _______ Zip Code: ________________

Phone Number: ______________________ Fax Number: ______________________

Email Address: _______________________________________________________________________________________________________

ELECTRICAL CONTRACTOR (as applicable)

Name: ____________________________________________________________

Company: ___________________________________________________________________________________________________________

Mailing Address: _______________________________________________________________________________________________________

City: ________________________ State: _______ Zip Code: ________________

Phone Number: ______________________ Fax Number: ______________________

Email Address: _______________________________________________________________________________________________________

ELECTRICAL INSPECTOR

Name: ____________________________ County: ______________________ Phone: __________________

Generator and Facility Information

Is this application for a New or Existing Facility?  New _______ Existing _______

FACILITY LOCATION: ____________________________________________________________

__________________________

TYPE OF GENERATOR (as applicable)

Photovoltaic _______ Wind _______ Microturbine _______

Other__________________________

GENERATOR RATING

The following information is necessary to help properly design the Cooperative customer interconnection. This information is not intended as a commitment or contract for billing purposes.

Total Site Load _____________ (kW) (For Commercial members)

Generator Rating ___________ (kW)  Annual Estimated Generation _____________ (kWh)

Is there a battery storage system installed?  Yes _________ No _________
APPLICATION TO INTERCONNECT SMALL GENERATION 150 kW OR LESS

Generator / Inverter / Relaying Information

<table>
<thead>
<tr>
<th>Device Type</th>
<th># 1</th>
<th># 2</th>
<th># 3</th>
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</thead>
<tbody>
<tr>
<td>Manufacturer Name</td>
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<tr>
<td>Model Name &amp; # (Specific)</td>
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<tr>
<td>Nameplate Rating (kW AC)</td>
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<tr>
<td>Nominal Voltage (Volts AC)</td>
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Notes:
- If more than 3 Generators / Inverters will be used, complete a separate attachment with the information above
- If a customer owned transformer will be used, attach the transformer manufacturer’s specifications to this application.
- If the system utilizes relaying for protection, please attach proposed or suggested settings.

Proposed Installation Date: ______________________
Proposed Interconnection Date: ______________________

Certification

The interconnection protection system is tested and listed for compliance with the latest published edition of Underwriters Laboratories (UL) 1741 including the anti-islanding test. The system (is / will) be installed in compliance with IEEE 1547 as applicable, all manufacturer specifications, the National Electric Code and all local codes. No protection settings affecting anti-islanding have been or will be adjusted or modified.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct and the generator will comply with the Interconnection Standard stated above. I also agree to supply the Cooperative with any additional information that may be needed to complete the Interconnection process.

I acknowledge that I have reviewed and understand EnergyUnited’s rate schedules and riders for standard service and small generation systems.

Signature of Member / Authorized Individual (if Corporation):

__________________________________________________________

Date: ______________________