Potomac Edison
Maryland Level 2, Level 3 & Level 4
Interconnection Request Application Form
(Greater than 20 kW to 10 MW or less)

Interconnection Customer Contact Information

Name:_____

Address:_____

City:_____State:_____Zip Code:

Telephone (Daytime):_____(Evening): _____

Facsimile Number:_____E-Mail Address: _____

Alternative Contact Information (if different from Customer Contact Information)

Name:_____

Mailing Address: _____

City:_____State:_____Zip Code: _____

Telephone (Daytime):_____(Evening): _____

Facsimile Number:_____E-Mail Address: _____

Facility Address (if different from above): _____

City:_____State:_____Zip Code:_____

Electric Distribution Company (EDC) serving Facility site: _____

Electric Supplier (if different from EDC):_____

Account Number of Facility site (existing EDC customers): _____

Inverter Manufacturer:_____Model_____

Equipment Contractor

Name:_____

Address:_____

City:_____State:_____Zip Code:_____

Telephone (Daytime):_____(Evening): _____

Facsimile Number:_____E-Mail Address: _____

Electrical Contractor (if different from Equipment Contractor):

Name:_____

Address:_____

City:_____State:_____Zip Code: _____

Telephone (Daytime):_____(Evening): _____

Facsimile Number:_____E-Mail Address: _____

License number: _____

Electric Service Information for Customer Facility Where Generator Will Be Interconnected

Capacity:_____(Amps) Voltage:_____(Volts)

Type of Service: ☐ Single Phase ☐ Three Phase

If 3 Phase Transformer, Indicate Type

Primary Winding ☐ Wye ☐ Delta

Secondary Winding ☐ Wye ☐ Delta

Transformer Size:_____ Impedance: _____

Intent of Generation

☐ Offset Load (Unit will operate in parallel, but will not export power to EDC)

☐ Net Meter (Unit will operate in parallel and will export power pursuant to Maryland Net Metering or other filed tariff(s)

☐ Wholesale Market Transaction (Unit will operate in parallel and participate in PJM market(s) pursuant to a PJM Wholesale Market Participation Agreement)

☐ Back-up Generation (Units that temporarily parallel for more than 100 milliseconds)
Note: Backup units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement.

☐ Community Solar (as defined in COMAR Title 20, Subtitle 62)

Subscriber ID Number: _____

Generator & Prime Mover Data

Type of Application Initial ☐ Addition ☐ [1]

Initial Rating: DC System Design Capacity:_____(kW)_____(kVA), Inverter Capacity _____ (maximum AC kW), AC System Design Capacity:_____(kW)_____(kVA)

Added Rating: DC System Design Capacity:_____(kW)_____(kVA), Inverter Capacity _____ (maximum AC kW), AC System Design Capacity:_____(kW)_____(kVA)

Total Rating: DC System Design Capacity:_____(kW)_____(kVA), Inverter Capacity _____ (maximum AC kW), AC System Design Capacity:_____(kW)_____(kVA)

[1] If this application is for an initial system, please fill out both the Initial and Total Nameplate rating data, but if it is for an addition, please fill out the Initial, Added and Total Nameplate rating data.

ENERGY SOURCE (Hydro, Wind, Solar, Process Byproduct, Biomass, Oil, Natural Gas, Coal, etc.)		
ENERGY CONVERTER TYPE (Water Turbine, Wind Turbine, Photovoltaic Cell, Fuel Cell, Steam Turbine, MHD, etc.)		
GENERATOR SIZE kW or kVA	NUMBER OF GENERATOR UNITS	TOTAL ELECTRICAL GENERATION CAPACITY kW or kVA
GENERATOR TYPE (Choose one) ☐ Induction ☐ Inverter ☐ Synchronous ☐ Other _____		

Net Excess Generation Credit Options

For Net Metering customers, choose from the following options (Please select only one):

- ◯ Twelve-Month Period: The customer's net excess generation will be paid out sometime in April, dependent on the customer's billing cycle, each year.
- ◯ Indefinite Method: The customer's net excess generation will be carried forward indefinitely. This means the customer will not receive payout for net excess generation until either the customer changes their credit method to the "Twelve-Month Period", or the customer closes their account.

If no option is selected, the twelve-month period will be chosen by default

Requested Procedure Under Which to Evaluate Interconnection Request[1]

Please indicate below which review procedure applies to the interconnection request.

☐ **Level 2 -** Certified interconnection equipment with an aggregate electric nameplate capacity less than or equal to 2 MW. Indicate type of certification below. (Application fee amount is $50 plus $1 per KW).

- ☐ Lab certified - tested to IEEE 1547.1 and other specified standards by a nationally recognized testing laboratory and is appropriately labeled.
- ☐ Field approved – identical interconnection has been approved by an EDC under a Level 4 study review process within the prior 36 months of the date of this interconnection request.

☐ **Level 3 –** Small generator facility does not export power. Nameplate capacity rating is equal to less than 50KW if connecting to area network or equal to or less than 10 MW if connecting to a radial distribution feeder. (Application fee amount is $100 plus $2 per KW).

☐ **Level 4 –** Nameplate capacity rating is less than or equal to 10 MW and the small generator facility does not qualify for a Level 1, Level 2 or Level 3 review or, the small generator facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is $100 plus $2 per KW, to be applied toward any subsequent studies related to this application).

[1] **Note:** *Descriptions for interconnection review categories do not list all criteria that must be satisfied. The regulations are posted by the Maryland Office of the Secretary of State*.*

Field Approved Equipment

If the field approved equipment box is checked above, please provide the estimated completion date in the section that follows, then sign the application and return it with the following information that is required for review of Level 2 field approved small generator facilities:

- A copy of the certificate of completion for the previously approved small generator facility,
- A written statement indicating that the interconnection equipment being proposed is identical, except for minor equipment modification, to the one previously approved.

You do not have to complete the rest of the application if field approved equipment is being proposed.

Small Generator Facility Information

Estimated Commissioning Date: _____

List interconnection components/system(s) to be used in the Small Generation Facility that are lab certified (required for Level 2 Interconnection requests only).

Component/System NRTL Providing Label & Listing

1._____

2._____

3._____

4._____

5._____

Please provide copies of manufacturer brochures or technical specifications

Energy Production Equipment/Inverter Information:

☐ Synchronous ☐ Induction ☐ Inverter ☐ Other _____

Rating:_____kW Rating:___kVA

Rated Voltage:_____Volts

Rated Current:_____Amps

System Type Tested (Total System): ☐ Yes ☐ No; attach product literature

For Synchronous Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed small generator facility.

Manufacturer:_____

Model No._____Version No. _____

Submit copies of the Saturation Curve and the Vee Curve

☐ Salient ☐ Non-Salient

Torque:_____lb-ft Rated RPM:_____ Field Amperes:_____at rated generator voltage and current and_____% PF over-excited

Type of Exciter: _____

Output Power of Exciter: _____

Type of Voltage Regulator: _____

Locked Rotor Current:_____Amps Synchronous Speed:_____RPM

Winding Connection:_____ Min. Operating Freq./Time: _____

Generator Connection: ☐ Delta ☐ Wye ☐ Wye Grounded

Direct-axis Synchronous Reactance: (Xd)_____ohms

Direct-axis Transient Reactance: (X'd)_____ohms

Direct-axis Sub-transient Reactance: (X"d)_____ohms

Negative Sequence Reactance:_____ohms

Zere Sequence Reactance:_____ohms
Neutral Impedance or Grounding Resister (if any):_____ohms

For Induction Machines:

Note: Contact EDC to determine if all the information requested in this section is required for the proposed small generator facility.

Manufacturer:_____

Model No._____Version No. _____

Locked Rotor Current:_____Amps

Rotor Resistance (Rr)_____ohms Exciting Current____Amps

Rotor Reactance (Xr)_____ohms Reactive Power Required: _____

Magnetizing Reactance (Xm)_____ohms ___VARs (No Load)

Stator Resistance (Rs)_____ohms____VARs (Full Load)

Stator Reactance (Xs)_____ohms

Short Circuit Reactance (X"d)_____ohms

Phases: ☐ Single ☐ Three-Phase

Frame Size: _____ Design Letter: ____ Temp. Rise:_____^{o}C.

Reverse Power Relay Information (Level 3 Review Only)

Manufacturer:_____ Relay Type:_Model Number:_____ Reverse Power Setting:___

_____

Reverse Power Time Delay (if any):_____

Additional Information For Inverter Based Facilities

Inverter Information:

Manufacturer:_____ Model: _____

Type: ☐ Forced Commutated ☐ Line Commutated

Rated Output_____Watts_____Volts

Efficiency_____% Power Factor_____ %

Inverter UL1741-SB Certified? ☐ Yes ☐ No

Beginning 1/1/2024 only -SB certified inverters will be accepted or site specific testing to demonstrate IEEE-1547-2018 conformance as agreed upon with Potomac Edison Engineering

Utility specified settings file must be installed on all IEEE-1547-2018/UL1741-SB certified inverters, see interconnection website for details. The applicant may provide evidence of CA Rule 21/UL1741SA and/or IEEE-1547-2018/UL1741SB test certification with this application and may be required to do so if certification documentation is not readily available.

DC Source / Prime Mover:

Rating:_____ kW Rating:_____ kVA

Rated Voltage:_____ Volts

Open Circuit Voltage (If applicable):_____ Volts

Rated Current:_____ Amps

Short Circuit Current (If applicable): _____ Amps

Other Facility Information:

One Line Diagram attached: ☐ Yes ☐ No

Plot Plan attached: ☐ Yes ☐ No

Customer Signature

I hereby certify that all of the information provided in this application request form is 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: _____

Title:_____ Date:_____

An application fee is required before the application can be processed. Please verify that the appropriate fee is included with the application:

Application fee included ☐

Amount_____

EDC Acknowledgement

Receipt of the application fee is acknowledged and the interconnection request is complete.

EDC Signature:_____ Date: _____

Printed Name:_____ Title:_____

Potomac Edison
Maryland Level 2, 3 and 4 Interconnection Agreement Certificate of Completion
(To be completed and returned to the EDC with the Application for Interconnection and the Interconnection Agreement signed by the customer [2])

Interconnection Customer Information

Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Installer Check if owner-installed ☐

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

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 or will be provided when available. 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 _____
(Signature of interconnection customer)

Printed Name:

_____

Type of Application New/Initial ☐ Growth/Increase ☐

Inverter Capacity _____ (Max kW AC) AC System Capacity _____ (kW AC) DC System Capacity _____ kW (DC)

Check if copy of signed electric inspection form is attached ☐
Check if copy of as built documents is attached (projects larger than 10 kW only)

Is the solar facility intended to be used for meter aggregation or aggregate net metering pursuant PUA 7-306.3? Yes ☐ No ☐

Is the solar facility co-located with another solar facility as defined in COMAR 20.62.03.08? Yes ☐ No ☐

For UL1741-SB inverters, were the utility specified settings installed? Yes ☐ No ☐

[2]Prior to interconnected operation, the interconnection customer is required to complete this form and return it to the EDC. Use contact information provided on the EDC's web page for small generator interconnection to obtain mailing address/fax number/e-mail address

……..

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 (_____) No (_____)
If not waived, date of successful Witness Test:_____Passed: *(Initial)* (_____)
EDC Signature:_____Date: _____
Printed Name:_____Title:_____
_____

For instruction on how to apply for your SREC's please refer to the MD Public Service Commission's website at www.psc.state.md.us and search SREC. If you have any administrative or technical questions for the PSC staff please email them at pvsolarapplication.application@maryland.gov.

Only submit this page for systems with: **Battery Storage**

Battery Information:

*Manufacturer: _____

*Model Number of Battery: _____

*Battery Max Output:_____ kW AC ☐ DC ☐

*Battery Storage Capacity: _____kWh

*Number of Batteries: _____

(Attach additional sheets as necessary in the event of multiple units of various types / sizes)

Customer Signature

I hereby certify that all the information provided in this application request form is true

*Customer Generator Signature: _____

*Title: _____ *Date: _____

Revisions

1/24 - Added additional questions regarding UL-1741-SB inverter, directions on inverter settings, and battery information page.
4/24 - Updated SREC contacts section, removed outdated PSC information, changed lower threshold for level 2 to greater than 20kW
1/25 1/25 - Added AC capacity required field to COC and additional questions regarding meter aggregation & solar co-location