

**Satilla Rural Electric Membership Corporation
Distributed Generation Facility Interconnection Application**

A completed application and a \$100 application fee must be submitted to: Manager of Member Services, Satilla Rural Electric Membership Corporation, P. O. Box 906, Alma, GA 31510.

Section 1 – Contact Information

A. Applicant Information:

Name: _____
Mail Address: _____ City: _____ State: ____ Zip Code: _____
Phone Home: _____ Cell: _____ Work: _____
Email: _____ SREMC meter # _____
Map #: _____ Location #: _____

B. Facility Location (if different from above):

Name: _____
Mail Address: _____ City: _____ State: ____ Zip Code: _____
SREMC meter # _____ Map #: _____ Location #: _____

C. Contractor Information (Licensed Electrical Contractor Required)

Company Name: _____ Contact Name: _____
Mail Address: _____ City: _____ State: ____ Zip Code: _____
Phone Home: _____ Cell: _____ Work: _____
Email: _____ License #: _____

Section 2 – Generating Facility Information

Generator Type (check one): Solar ____ Wind ____ Fuel Cell ____ Hydro ____ Other ____
Generator Manufacturer: _____
Generator Model Name and Number: _____ Generator Power Rating (kW): _____
Total Generating Capacity at this location (kW): _____
Inverter Manufacturer: _____
Inverter Model Name/Number: _____
Inverter Power Rating (kW): _____ Number of Inverters: _____
Battery Storage: Yes ____ No ____ If Yes, Storage Capacity(kWH): _____
Disconnect Switch Manufacturer/Model Number (AC): _____
Disconnect Switch Rating (AC): _____

Note: A detailed one-line diagram must be attached to completed application. The one-line diagram must show, at a minimum, any devices such as the service panel, disconnect switch, inverters, all generators, circuit breakers, etc. associated with the applicant's generating facilities and its interconnection to Satilla REMC's distribution system. All devices must be labeled with the electrical ratings (amps, volts, etc.) in accordance with the latest version of the NEC.

Section 3 – Satilla REMC Electrical Service

Type Service: Overhead ____ Underground ____ Amp Service: 200 ____ 300 ____ 400 ____ 600 ____ other ____

Section 4 – Installation Information

Proposed Installation Date: _____ Proposed Interconnection Date: _____

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

Applicant Signature: _____ **Date:** _____

Approved by: _____ *Date:* _____

Director, Distribution Services