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<u>Delaware Electric Cooperative, Inc.</u> <u>Interconnection Application – Battery Storage</u>

(Supplemental Form - For Use with Interconnection Application)

This application must be completed when installing a battery unit in conjunction with an interconnected generating system. This form shall be submitted along with the Interconnection Application.

Address:			
City:		State:	Zip:
EC Account I	Number:		
2. <u>Facilit</u>	y Information		
Please fill out be filled out a	• • •	e address is the same as Sectio	n 1, then the address block does not n
Address:			
ity:		State:	Zip:
Nearest DEC e	quipment tag number:		
	on to an existing member-ger	nerated facility: Yes N	lo
s this an add-			
	With a renewable 6	energy system:	
Stand-alone: _	With a renewable energy sys		lo
Stand-alone: _ Share inverter	with a renewable energy sys		

1 Revised January 2023





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3. Battery Storage Information

Battery System Manufacturer: Mode	el:			
Battery Type: Battery Charge/Discharge Rating (kW	/ DC):			
Expected Battery Unit Useful Life (years):				
Battery Energy Capacity (kWh): PF Setting Range:				
Total Number of Battery Units: Total Energy Capacit	y of Battery System (kWh):			
4. <u>Battery Storage Inverter Information (if NOT shared with inte</u>	erconnected generating system)			
Manufacturer: Model:				
Type: Forced Commutated Line Commutated	_			
Rated Output Power (kW): Output Voltage (V):	Output Current (A):			
Efficiency (%): Power Factor (%): DC Source/Prime Mover:				
Inverter UL 1547 Listed: Yes No				
Rated Input Power (kW): Input Voltage (V): In	nput Current (A):			
Open Circuit Voltage (if applicable) (V):				
Short Circuit Current (if applicable) (A):				
5. If Using for Frequency Regulation:				
Does it have ramp rate control? Yes No				
Does it have the ability for time-delay? Yes No				
Does it have the ability to limit maximum charge and discharge? Yes	No			

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6. Operation Information	
Describe the intended operation of the battery:	
7. Additional Comments (if applicable)	
8. Signature and Member Certification	
I hereby certify, to the best of my knowledge, all the information provid	ed in this Application is true and correct:
Company:	
Name (print):	Date:
Signature:	
The application must be submitted via email to interconnection@delaw	rare.coop
Optionally, paper applications may be mailed to the following address:	
Delaware Electric Cooperative, Inc. ATTN: Interconnection Application PO Box 600 Greenwood, DE 19950	

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