



January 20, 2009

Mark Futrell
Public Utility Supervisor
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Dear Mr. Futrell,

The documents accompanying this letter fulfill the 2008 net metering reporting requirements detailed in paragraph 10 of *Rule 25-6.065, F.A.C., Interconnection and Net Metering of Customer-Owned Renewable Generation* for Choctawhatchee Electric Cooperative, Inc. (CHELCO).

Enclosed please find a copy of CHELCO's Standard Interconnection Agreement for customer-owned renewable generation, a 2008 Interconnected Renewable Generation Report, and a list of individual customer owned generation interconnections and related information.

If any further information is required for CHELCO to fulfill its reporting requirements, please let us know.

Respectfully,

J. E. Smith
CEO and General Manager

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Office of Strategic Analysis
and Governmental Affairs

CHOCTAWHATCHEE ELECTRIC
COOPERATIVE, INC.

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A Touchstone Energy Cooperative



Application for Operation of & Net Metering for Member-Owned Generation

◆◆This document applies to installations of 10 kW or less.◆◆

This application should be completed and returned to CHELCO's Marketing Department in order to begin processing the request. See Residential Service or General Service Net Metering Riders for additional information about generator requirements and interconnection guidelines.

INFORMATION: This application is used by the Cooperative to determine the required equipment configuration for the Member interface. Every effort should be made to supply as much information as possible. Generation equipment producing greater than 10 kW will be processed through Alabama Electric Cooperative. Contact CHELCO's Marketing Department for details.

PART 1

OWNER/APPLICANT INFORMATION

Owner/Member

Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

PROJECT DESIGN/ENGINEERING (ARCHITECT) (as applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

ELECTRICAL CONTRACTOR (as applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

TYPE OF GENERATOR (as applicable)

Photovoltaic _____ Wind _____ Microturbine _____

Diesel Engine _____ Gas Engine _____ Combustion Turbine _____

Other _____

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ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION

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

Total Site Load _____ (kW)
Residential _____ General Service _____
Generator Rating _____ (kW) Annual Estimated Generation _____ (kWh)

Mode of Operation: Paralleling

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DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location, the date you plan to operate the generator, the frequency (regularity/how often) with which you plan to operate it and whether you plan to operate it during on or off-peak hours.

PART 2

(Complete all applicable items. Copy this page as required for additional generators)

SYNCHRONOUS GENERATOR DATA

Unit Number: _____ Total number of units with listed specifications on site: _____
Manufacturer: _____
Type: _____ Date of manufacture: _____
Serial Number (each): _____
Phases: Single Three R.P.M.: _____ Frequency (Hz): _____
Rated Output (for one unit): _____ Kilowatt _____ Kilovolt-Ampere
Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____
Field Volts: _____ Field Amps: _____ Motoring power (kW): _____
Synchronous Reactance (Xd): _____ % on _____ KVA base
Transient Reactance (X'd): _____ % on _____ KVA base
Subtransient Reactance (X'd): _____ % on _____ KVA base
Negative Sequence Reactance (Xs): _____ % on _____ KVA base
Zero Sequence Reactance (Xo): _____ % on _____ KVA base
Neutral Grounding Resistor (if applicable): _____
I₂²t or K (heating time constant): _____
Additional information: _____

INDUCTION GENERATOR DATA

Rotor Resistance (Rr): _____ ohms Stator Resistance (Rs): _____ ohms
Rotor Reactance (Xr): _____ ohms Stator Reactance (Xs): _____ ohms
Magnetizing Reactance (Xm): _____ ohms Short Circuit Reactance (Xd''): _____ ohms
Design letter: _____ Frame Size: _____
Exciting Current: _____ Temp Rise (deg C°): _____
Reactive Power Required: _____ Vars (no load), _____ Vars (full load)
Additional information: _____

PRIME MOVER (Complete all applicable items)

Unit Number: _____ Type: _____
Manufacturer: _____
Serial Number: _____ Date of manufacture: _____
H.P. Rated: _____ H.P. Max.: _____ Inertia Constant: _____ lb.-ft.²
Energy Source (hydro, steam, wind, etc.) _____

GENERATOR TRANSFORMER (Complete all applicable items)

TRANSFORMER (between generator and utility system)
Generator unit number: _____ Date of manufacturer: _____
Manufacturer: _____
Serial Number: _____
High Voltage: _____ KV, Connection: delta wye, Neutral solidly grounded?
Low Voltage: _____ KV, Connection: delta wye, Neutral solidly g rounded?
Transformer Impedance(Z): _____ % on _____ KVA base.
Transformer Resistance (R): _____ % on _____ KVA base.
Transformer Reactance (X): _____ % on _____ KVA base.
Neutral Grounding Resistor (if applicable): _____

INVERTER DATA (if applicable)

Manufacturer: _____ Model: _____
Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____
Inverter Type (ferroresonant, step, pulse-width modulation, etc): _____

Type commutation: forced line
Harmonic Distortion: Maximum Single Harmonic (%) _____
Maximum Total Harmonic (%) _____

Note: Attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.

POWER CIRCUIT BREAKER (if applicable)

Manufacturer: _____ Model: _____
Rated Voltage (kilovolts): _____ Rated ampacity (Amperes) _____
Interrupting rating (Amperes): _____ BIL Rating: _____
Interrupting medium / insulating medium (ex. Vacuum, gas, oil) _____ / _____
Control Voltage (Closing): _____ (Volts) AC DC
Control Voltage (Tripping): _____ (Volts) AC DC Battery Charged Capacitor
Close energy: Spring Motor Hydraulic Pneumatic Other: _____
Trip energy: Spring Motor Hydraulic Pneumatic Other: _____
Bushing Current Transformers: _____ (Max. ratio) Relay Accuracy Class: _____
Multi ratio? No Yes: (Available taps) _____

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ADDITIONAL INFORMATION

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the project's planned operating mode (e.g., combined heat and power, peak shaving, etc.), and its address or grid coordinates.

PART 3
INSURANCE INFORMATION

The following information is a requirement for any member wishing to interconnect generation equipment. A minimum of one hundred thousand dollars (\$100,000) liability coverage is required.

Insurer: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Representative/Agent: _____ Email Address: _____
Policy Number: _____ Coverage Amount: _____

END OF PART 3

SIGN OFF AREA

The member agrees to provide the Cooperative with any additional information required to complete the interconnection. The member shall operate his equipment within the guidelines set forth by the cooperative.

Applicant Date

ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

Cooperative contact: Christopher Cherenzia
Title: Manager of Marketing
Address: P. O. Box 512
DeFuniak Springs, FL 32435
Phone: (850) 892-2111 extension 121
Fax: (850) 892-9470
e-mail: ccherenzia@chelco.com

**Choctawhatchee Electric Cooperative, Inc.
2008 Net Metering Reporting Requirements**

Reporting Requirements for 2008

(a) Total number of customer owned renewable generation interconnections

1

(b) Total kW capacity of customer owned renewable generation interconnected

1 kW

(c) Total kWh received by interconnected customers from the electric utility

| Month | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | Nov-08 | Dec-08 | 2008 Total |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|
| kWh | 189 | 343 | 321 | 325 | 452 | 550 | 735 | 934 | 851 | 712 | 351 | 503 | 6266 |

(d) Total kWh of customer-owned renewable generation delivered to the electric utility

| Month | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | Nov-08 | Dec-08 | 2008 Total |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|
| kWh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 29 | 48 | 63 | 48 | 214 |

(e) Total energy payments made to interconnected customers for customer-owned renewable generation delivered to the electric utility

\$15.26

Octawhatchee Electric Cooperative, Inc.
2008 Net Metering Reporting Requirements

Additional Reporting Requirement 2008

(f) For each individual customer-owned renewable generation interconnection:

1. Renewable technology utilized;
2. Gross power rating;
3. Geographic location by county; and
4. Date interconnected.

2008 Net Metering Interconnections

| | <u>Name</u> | <u>Technology</u> | <u>Power Rating</u> | <u>County & State</u> | <u>Connect Date</u> |
|---|---------------|-------------------|---------------------|---------------------------|---------------------|
| 1 | Jack Flanders | Solar | 1 kW | Okaloosa | 5/31/2008 |