

# 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<sup>2</sup>)

## Interconnection Customer Information

Name: Fred Co Water and Sewer (Northeast Maryland Waste Disposal Authority)  
Facility Address: 4520 Metropolitan Court  
City: Frederick State: MD Zip Code: 21704  
Mailing Address: Marcies Choice Dr  
City: Frederick State: MD Zip Code: 21704  
Telephone (Daytime): 410 333 2730 (Evening): \_\_\_\_\_  
Facsimile Number: 410 333 2721 E-Mail Address: MSchweitzer@FrederickCountyMD.gov

## Installer

Check if owner-installed

Name: Ameresco  
Mailing Address: 111 Speen Street  
City: Framingham State: MA Zip Code: 01701  
Telephone (Daytime): 508 661 2238 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: bpitreau@ameresco.com

## 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 Mark A. Schweitzer Digitally signed by Mark A. Schweitzer  
Date: 2021.08.31 12:55:32 -04'00' Date 8/31/2021  
(Signature of interconnection customer)

Printed Name:

Type of Application New/Initial  Growth/Increase  System Capacity 1358.28KW (DC) PV Array  
Check if copy of signed electric inspection form is attached  840 KW Energy Storage System  
Check if copy of as built documents is attached (projects larger than 10 kW only)

## 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 (HRS) No (\_\_\_\_\_)   
If not waived, date of successful Witness Test: \_\_\_\_\_ Passed: (Initial) (\_\_\_\_\_)   
EDC Signature: Heather R. Stumbaugh Date: 10-07-21   
Printed Name: \_\_\_\_\_ Heather R. Stumbaugh Title: Interconnection Coordinator

<sup>2</sup> 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