

MASSACHUSETTS ELECTRIC COMPANY
NANTUCKET ELECTRIC COMPANY

STANDARDS FOR INTERCONNECTION OF DISTRIBUTED GENERATION

Exhibit C - Expedited/Standard Process Interconnection Application

Instructions

(please do not submit this page)

General Information

Prior to submitting an Interconnection Application through either the Expedited or Standard Process, all Interconnecting Customers with Facilities that are 250kW or greater must request and receive a Pre-Application Report from the Company (Exhibit B). If the Pre-Application Report is not received within the applicable Time Frame, the Interconnecting Customer can file its application. The Pre-Application Report is optional for those Facilities that are less than 250 kW. Complete information regarding the Pre-Application Report is found in Section 3.2 of the Standards for Interconnection of Distributed Generation Tariff ("Interconnection Tariff") which is located on the Company's website.

If you wish to submit an application to interconnect your generating facility using the Expedited or Standard Process following receipt of the Pre-Application Report as applicable, please fill out all pages of the attached application form (not including this page of instructions). Once complete, please sign, attach the supporting documentation requested and enclose an application fee of \$4.50/kW (minimum of \$300 and maximum of \$7,500).

Contact Information: You must provide as a minimum the contact information of the legal applicant, i.e. Interconnecting Customer. If another party is responsible for interfacing with the Company (utility), you must provide their contact information as well.

Ownership Information: Please enter the legal names of the owner or owners of the generating facility. Include the percentage ownership (if any) by any electric service company or public utility holding company, or by any entity owned by either. "Electric service company" is intended to mean and include any entity that is not eligible for net metering services under the net metering statutes, regulations, Department orders, and distribution company tariffs.

Confidentiality Statement: In an ongoing effort to improve the interconnection process for Interconnecting Customer-owned generating facilities, the information you provide and the results of the application process will be aggregated with the information of other applicants, i.e. Interconnecting Customers, and periodically reviewed by a DG Working Group of industry participants that has been organized by the Massachusetts Department of Public Utilities (DPU). The aggregation process mixes the data together so that specific details for one Interconnecting Customer are not revealed. In addition, for projects that qualify for a Group Study, the Company is authorized to share the Interconnecting Customer's contact information and project details with other Interconnecting Customers also involved in the Group Study. For projects that do not qualify for a Group Study, you may choose to allow the non-identifying information specific to your application to be shared with the Working Group by answering "Yes" to the Confidentiality

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Statement question on the first page. Please note that even in this case your identification information (contact data) and specific generating facility location will not be shared.

Generating Facility Information

Account and Meter Numbers: Please consult an actual electric bill from the Company and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, a temporary number may be assigned by the Electric Company.

AC Rating: The AC power output rating of the individual inverter.

System Design Capacity: The system total of the inverter AC Ratings. If there are multiple inverters installed in the system, this is the sum of the AC Ratings of all inverters

DC-STC rating (kW): The DC-STC of all of the inverters of the Facility, regardless of the number of DC PV panels that are installed.

UL 1741 Listed? The standard UL 1741, “Inverters, Converters, and Controllers for Use in Independent Power Systems,” addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741. This “listing” is then marked on the equipment and supporting documentation.

DEP Air Quality Permit Needed? A generating facility may be considered a point source of emissions of concern by the Massachusetts Department of Environmental Protection (DEP). Therefore, when submitting this application, please indicate whether your generating facility will require an Air Quality Permit. You must answer these questions, however, your specific answers will not affect whether your application is deemed complete. Please contact the DEP to determine whether the generating technology planned for your facility qualifies for a DEP waiver or requires a permit.

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Generating Facility Expedited/Standard Process
Interconnection Application

Contact Information:

Date Prepared: _____

Legal Name and address of Interconnecting Customer

Interconnecting Customer (print): Nexamp Solar LLC Contact Person: Alex Reilly

Mailing Address: 101 Summer St, 2nd Floor

City: Boston State: MA Zip Code: 02110

Telephone (Daytime): 6174311440 (Evening): _____

Facsimile Number: _____ E-Mail Address: interconnections@nexamp.com

Customer name (if Customer is not Interconnecting Customer) _____

Customer email: _____ Customer telephone: _____

Customer Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Landowner name (if neither Interconnecting Customer nor Customer)

Landowner email: _____ Landowner telephone: _____

Landowner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Alternative Contact Information

(e.g., system installation contractor or coordinating company, if appropriate):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Ownership (include % ownership by any electric utility): _____

Site Control? (Y/N) Y If "no", the Application may not be submitted at this time.

Interconnecting Customer must provide evidence of site control with this application in the form attached hereto at Attachment 1A or 1B

Will Facility be constructed on a single parcel of land? (Y/N) Y

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Authorized/Proposed generation capacity already exists (check all that apply):

☐ On Current Account ☐ On Same Legal Parcel of Land ☐ In Same Building/Structure

If any apply, include existing generation capacity on design diagrams, and provide Application Number(s): _____

Is this application for a new Facility or change to an existing Facility? ☒ New ☐ Change to Existing Facility. In cases of changes to an existing Facility, the Interconnecting Customer applying represents and warrants to the Company that he/she/it is the Interconnecting Customer for the existing Facility and has the right to make the requested changes to the existing Facility and may be required to provide the Company additional documentation.

If it is a change to an existing Facility, provide the application number for the existing Facility, a brief description of the change and the following information: Existing Facility Application No. _____

Change Description: _____ Existing Facility Nameplate Capacity: _____(kW) Proposed Change in Capacity to Existing Facility (if no change to capacity, put 0 here): _____(kW) ☐ increase ☐ decrease Total Facility Capacity (existing plus any changes): _____(kW) *Note, the total Facility capacity must be represented and detailed in the Facility Information required above.

Confidentiality Statement: "I agree to allow information regarding the processing of my application (without my name and address) to be reviewed by the Massachusetts DG Working Group that is exploring ways to further expedite future interconnections." Yes _____ No _____

Group Study Agreement: "I understand and agree if my project becomes part of a Group Study, the Company is authorized to share my contact information and project details with other parties that are also involved in the Group Study."

Generating Facility Information

Please provide all Pre-Application Reports (either mandatory or optional) as attachments. This is mandatory for systems greater than or equal to 250 kW.

Address of Facility: 351 Research Drive

City: Leominster State: MA Zip Code: 01453

Electric Distribution Company: National Grid

Account Number: 2066449001

Meter Number: 31180860

System Design Capacity: Nominal 4950 (kW) 4950(kVA)

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Maximum 4950 (kW) 4950(kVA)

For Solar PV provide the DC-STC rating: _____(kW_{DC})

Type of Generating Unit: Synchronous _____ Induction _____ Inverter X

Manufacturer: Tesla Model: MegaPack 2XL P080

Prime Mover: ☐ Fuel Cell ☐ Reciprocating Engine ☐ Gas Turbine ☐ Steam Turbine
☐ Microturbine ☐ Photovoltaic Other Battery

Energy Source: ☐ Solar ☐ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil
Other Battery (Please Specify)

For Solar PV provide the DC-STC rating: _____(kW)

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IEEE 1547.1 (UL 1741) Listed? Yes _____ X _____ No _____

1) Generating Unit Type 1

Manufacturer: Tesla Model Name and Number: MegaPack 2XL P080

Quantity: 3

Single _____ or Three X Phase

AC Rating: Nominal: 800 (kW) 800 (kVA) 480 (AC Volts)

Maximum: 800 (kW) 800 (kVA) 480 (AC Volts)

2) Generating Unit Type 2 (if applicable)

Manufacturer: Tesla Model Name and Number: MegaPack 2XL P085

Quantity: 3

Single _____ or Three X Phase

AC Rating: Nominal: 850 (kW) 850 (kVA) 480 (AC Volts)

Maximum: 850 (kW) 850 (kVA) 480 (AC Volts)

3) Generating Unit Type 3 (if applicable)

Manufacturer: _____ Model Name and Number: _____

Quantity: _____

Single _____ or Three _____ Phase

AC Rating: Nominal: _____ (kW) _____ (kVA) _____ (AC Volts)

Maximum: _____ (kW) _____ (kVA) _____ (AC Volts)

Need an air quality permit from DEP? Yes _____ No X Not Sure _____

If "yes", have you applied for it? Yes _____ No _____

Planning to Export Power? Yes X No _____ A Cogeneration Facility? Yes _____ No X

Anticipated Export Power Purchaser: _____

Export Form? Simultaneous Purchase/Sale _____ Net Purchase/Sale _____ Net Metering _____

Other (Specify) _____

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If net metering, please refer to Schedule Z of the Standards for Interconnection of Distributed Generation. Please note that if under the public cap, all off-takers must be a Municipality or Other Governmental Entity (as defined in 220 C.M.R. 18.02) and therefore be certified by the DPU.

Est. Install Date: 8/7/26 Est. In-Service Date: 2/7/27 Agreement Needed By: _____

Application Process

I am opting to forego the Expedited Process. Please review this application under the Standard Process. Yes _____ No _____

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true:

Interconnecting Customer Signature: Corwin Lavoie Title: Sr, Interconnection Engineer Date: 9/10/25

The information provided in this application is complete:
Company Signature: _____ Title: _____ Date: _____

ISO-NE Wholesale Market Participation

Is the project intending to participate in any ISO-NE market? Yes X No _____ Uncertain _____

If so, in which ISO-NE market(s) do(es) the project intend to participate?

Energy, Capacity, and Ancillary

If so, does the project intend to be:

Asset Lead Participant _____

Or

Resource Lead Participant X

For DG Facilities paired with an energy storage system, the DG applicant shall state any intent to participate for the DG facility and energy storage system separately.

Is the energy storage system intending to participate in any ISO-NE market? Yes X No _____ Uncertain _____

If so, in which ISO-NE market(s) do(es) the energy storage system intend to participate?

Energy, Capacity, and Ancillary

Generating Facility Technical Detail

Information on components of the generating facility that are currently Listed

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	Equipment Type	Manufacturer	Model	National Standard
1.	Battery	Tesla	MegaPack 2XL	UL 1741 SB
2.	Inverter	Tesla	Powerstage P080, P085	UL 1741 SB
3.				
4.				
5.				
6.				

Total Number of Generating Units in Facility? 6

Generator Unit Power Factor Rating: -1 to 1

Max Adjustable Leading Power Factor? 1 Max Adjustable Lagging Power Factor? 1

Generator Characteristic Data (for all inverter-based machines)

Max Design Fault Contribution Current? 1255 Instantaneous X or RMS?

Harmonics Characteristics: <2%

Start-up power requirements: _____

Generator Characteristic Data (for all rotating machines)

Rotating Frequency: _____(rpm) Neutral Grounding Resistor (If Applicable): _____

Additional Information for Synchronous Generating Units

Synchronous Reactance, Xd: _____(PU) Transient Reactance, X'd: _____(PU)
Subtransient Reactance, X''d: _____(PU) Neg Sequence Reactance, X2: _____(PU)
Zero Sequence Reactance, Xo: _____(PU) kVA Base: _____
Field Voltage: _____(Volts) Field Current: _____(Amps)

Additional information for Induction Generating Units

Rotor Resistance, Rr: _____ Stator Resistance, Rs: _____
Rotor Reactance, Xr: _____ Stator Reactance, Xs: _____
Magnetizing Reactance, Xm: _____ Short Circuit Reactance, Xd'': _____
Exciting Current: _____ Temperature Rise: _____
Frame Size: _____
Total Rotating Inertia, H: _____ Per Unit on kVA Base: _____
Reactive Power Required In Vars (No Load): _____

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Reactive Power Required In Vars (Full Load): _____

Additional information for Induction Generating Units that are started by motoring

Motoring Power: _____(kW) Design Letter: _____

Interconnection Equipment Technical Detail Date: _____

Will a transformer be used between the generator and the point of interconnection?

Yes X No _____

Will the transformer be provided by Interconnecting Customer? Yes X No _____

Transformer Data (if applicable, for Interconnecting Customer-Owned Transformer):

Nameplate Rating: (2) 2500(kVA) Single _____ or Three X Phase

Transformer Impedance: 5.75% on a 2500 kVA Base

If Three Phase:

Transformer Primary: 13800(Volts) _____ Delta _____ Wye _____ Wye Grounded X Other _____
Transformer Secondary: 480 (Volts) _____ Delta _____ Wye X Wye Grounded _____ Other _____

Transformer Fuse Data (if applicable, for Interconnecting Customer-Owned Fuse):

(Attach copy of fuse manufacturer's Minimum Melt & Total Clearing Time-Current Curves)

Manufacturer: _____ Type: _____ Size: _____ Speed: _____

Interconnecting Circuit Breaker (if applicable):

Manufacturer: _____ Type: _____ Load Rating: _____ (Amps)

Interrupting Rating: _____ (Amps) Trip Speed: _____ (Cycles)

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Interconnection Protective Relays (if applicable):

(If microprocessor-controlled)

List of Functions and Adjustable Setpoints for the protective equipment or software:

	Setpoint Function	Minimum	Maximum
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(If discrete components)

(Enclose copy of any proposed Time-Overcurrent Coordination Curves)

Manufacturer:_____Type:_____Style/Catalog No.:_____Proposed Setting: _____

Manufacturer:_____Type:_____Style/Catalog No.:_____Proposed Setting: _____

Manufacturer:_____Type:_____Style/Catalog No.:_____Proposed Setting: _____

Manufacturer:_____Type:_____Style/Catalog No.:_____Proposed Setting: _____

Manufacturer:_____Type:_____Style/Catalog No.:_____Proposed Setting: _____

Manufacturer:_____Type:_____Style/Catalog No.:_____Proposed Setting: _____

Current Transformer Data (if applicable):

(Enclose copy of Manufacturer's Excitation & Ratio Correction Curves)

Manufacturer:_____Type:_____Accuracy Class: _____Proposed Ratio Connection: Manufacturer:

_____Type:_____Accuracy Class: _____Proposed Ratio Connection: **Potential**

Transformer Data (if applicable):

Manufacturer:_____Type:_____Accuracy Class: _____Proposed Ratio Connection: Manufacturer:

_____Type:_____Accuracy Class: _____Proposed Ratio Connection: _____

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General Technical Detail

Date: _____

Enclose 3 copies, or send 1 electronic copy, of site electrical One-Line Diagram showing the configuration of all generating facility equipment, current and potential circuits, and protection and control schemes with a Massachusetts registered professional engineer (PE) stamp. Enclose 3 copies, or send 1 electronic copy, of any applicable site documentation that indicates the precise physical location of the proposed generating facility (e.g., USGS topographic map or other diagram or documentation).

Proposed Location of Protective Interface Equipment on Property:
(Include Address if Different from Application Address)

Enclose copy of any applicable site documentation that describes and details the operation of the protection and control schemes.

Enclose copies of applicable schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).

When mailing application fee checks, please enclose a copy of this signed interconnection application form with the payment. Please enclose any other information pertinent to this Facility.

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Exhibit C – Generating Facility Expedited/Standard Process Interconnection Application

Attachment 1A – Interconnecting Customer Landownership Self-Certification Form

This Interconnecting Customer Landownership Self-Certification form must be submitted as part of an application submission if the Interconnecting Customer is the Landowner of the site for the proposed Facility. The form must be revised and resubmitted if there are any changes prior to the execution of the Exhibit G – Interconnection Service Agreement that would invalidate the information provided herein, including, without limitation, a change in the Landowner or Interconnecting Customer. If the Interconnecting Customer is not the Landowner of the site, Attachment 1B – Landowner Certification and Consent Form is required instead. Where available, applicants are encouraged to submit this form online using webforms provided by the Company.

1. **Date this Landownership Self-Certification Form is being submitted:** _____
2. This form is to ☐ accompany an initial application; or
☐ resubmitted/revised for existing Application No. _____
3. **Application Information:**
 - a. Interconnecting Customer: _____ Contact Name: _____
 - b. Application Number (if available): _____
 - c. Site where the Facility will be located ("Site"):
Street Address: _____
City: _____
State: _____
Zip Code: _____
4. **Interconnecting Customer certifies as follows:**
 - a. ☐ I certify that I own the Site where the proposed Facility is to be sited.
 - b. ☒ I certify that I have beneficial ownership through the legal entity identified below of the Site where the proposed Facility is to be sited.
 - i. Name and type of Legal Entity: _____
 - ii. State of organization of Legal Entity: _____
 - iii. A beneficial owner may need to provide additional information regarding the Legal Entity and the beneficial owner's control of the Legal entity for the Company to deem the application complete.

The Interconnecting Customer understands that the Company is relying upon this Interconnecting Customer Landownership Self-Certification Form. Any false assertions made will render this certification

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null and void and may result in, without limitation, cancellation of the Interconnecting Customer's Interconnection Application and/or loss of queue position.

Interconnecting Customer

Signature:	Date:
Name:	Title:

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Exhibit C – Generating Facility Expedited/Standard Process Interconnection Application

Attachment 1B –Landowner Certification and Consent Form

This Landowner Certification and Consent Form must be submitted as part of an application submission if the Interconnecting Customer is NOT the Landowner of the site for the proposed Facility. The form must be revised and resubmitted if there are any changes prior to the execution of the Exhibit G – Interconnection Service Agreement that would invalidate the information provided herein including, without limitation, a change in the Landowner or Interconnecting Customer, or expiration or termination of the Agreement (as defined below).

If the Interconnecting Customer is the Landowner of the site, Attachment 1A – Interconnecting Customer Landownership Self-Certification form is required instead.

For this form to be deemed complete by the Company, it shall be completed in its entirety and executed by the Landowner and the Interconnecting Customer.

Where available, applicants are encouraged to submit this form online using webforms provided by the Company.

4. Date this Landowner Certification and Consent Form is being submitted:

5. This form is to ☐ accompany an initial application; or
☐ resubmitted/revised for existing Application No. _____

6. Application Information:

- e. Application Number (if available): _____
- f. Interconnecting Customer: _____ Contact Name: _____
- g. Landowner: _____ Contact Name: _____
- h. Site where the Facility will be located(“Site”):
Street Address: _____
City: _____
State: _____
Zip Code: _____

Landowner and Interconnecting Customer certify as follows: The Landowner and the Interconnecting Customer have entered into an agreement(s) authorizing the Interconnecting Customer to use the Site for the purpose of siting and operating the Facility (“Agreement”), and such Agreement is in full force and effect as of the date of hereof. The Landowner has not granted any other party any rights that would conflict with, materially interfere, or prohibit the Interconnecting Customer’s ability to use the Site for the purposes described herein.

The term (including options to extend) of the Agreement expires on:

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The Interconnecting Customer understands that the Company is relying upon this Landowner Certification and Consent Form. Any false assertions made will render this certification null and void and may result in, without limitation, cancellation of the Interconnecting Customer's Interconnection Application and/or loss of queue position.

Landowner

Signature: _____

Date: _____

Name: _____ Title: _____

Interconnecting Customer

Signature: _____ Date: _____

Name: _____ Title: _____

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ATTACHMENT 2

Certificate of Completion for Expedited/Standard Process Interconnections

Installation Information:

☐ Check if owner-installed

Interconnecting Customer Name (print): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Address of Facility (if different from above): _____

Electrical Contractor's Name (if appropriate): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

License number: _____

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Name (printed): _____

Date: _____

License # _____

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As a condition of interconnection you are required to send/fax a copy of this form along with a copy of the signed electrical permit to (insert Company's name below):

Name: _____

Company: _____

Mail 1: _____

Mail 2: _____

City, State ZIP: _____

Fax No.: _____