

2010 JUN 10 AM 11:59

PUCO

Case No.: <u>/O -0796</u>-EL-REN

A. Name of Renewable Generating Facility:

The name specified will appear on the facility's certificate of eligibility issued by the Public Utilities Commission of Madeira Hills Solar Ohio.

Facility Location

Street Address:

6508 Madeira Hills Dr

City: Cinti State: OH Zip Code: 45243

Facility Latitude and Longitude

Latitude:

39.18/092

Longitude: -84.357/58

There are internet mapping tools available to determine your latitude and longitude, if you do not have this information.

If applicable, U.S. Department of Energy, Energy Information Administration Form EIA-860 Plant Name and Plant Code.

EIA-860 Plant Name:

**EIA Plant Code:** 

B. Name of the Facility Owner

Please note that the facility owner name listed will be the name that appears on the certificate. The address provided in this section is where the certificate will be sent.

If the facility has multiple owners, please provide the following information for each on additional sheets.

Applicant's Legal Name (First Name, MI, Last Name): \_bhn D. Succo

Title: Mr.

Organization:

Street Address: 6508 Madeira Hills Dr.

City: Cinti State: Ohio Zip Code: 45243

Country: W.S.

Phone (5(3) Fax:

Email Address: josucco @ Vicis capital. Com

Web Site Address (if applicable):

561-2342

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business. Technician OC Date Processed 6-10-10

C. List name, address, telephone number and web site address under which Applicant will do business in Ohio.

Applicant's Legal Name (First Name, MI, Last Name): JOHN D. SUCCO

Title: Mr.

Organization:

Street Address: 6508 MADEIRA Hills Dr.

Zip Code: 45243 City: Cinti State: OH

Country: N.5

Phone: 513-561 134 Pax:

Email Address: 1054 cco @ VICISCApital. Com

Web Site Address (if applicable):

D. Name of Generation Facility Operating Company:

JOHN D. SUCCO Legal Name of Contact Person (First Name, MI, Last Name):

Title: Mr.

Organization:

Street Address: 6508 MADEIRA HILLS DR.

45243 City: Cinti State: OH Zip Code:

Country: 4.5

Phone: 513 501-1342 Fax:

Email Address: jo succo @ Viciscopital. Com

Web Site Address (if applicable):

E. Contact person for regulatory or emergency matters

Legal Name of Contact Person (First Name, MI, Last Name): JOHN D. SUCCO

Title: (N.C.) Organization:

Street Address: 6508 MADEIRA Hills Dr. City: Clafi State: Off Zip Code: 45243

Country: \_ 以ら

Email Address:

josuccoa Viciscopital. com

Phone: Fax: Web Site Address (if applicable):

Skern & Smoth 937-378-4435 Set. Dillinger

# F. Certification Criteria 1: Deliverability of the Generation into Ohio Ohio Revised Code (ORC) Sec. 4928.64(B)(3)

The facility must have an interconnection with an electric utility.

Chec	ck which of the following applies to your facility's location:
	The facility is located in Ohio.
_	The facility is located in a state geographically contiguous to Ohio (Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia).
_	The facility is located in the following state:
Penn. orgai	e renewable energy resource generation facility is not located in Ohio, Indiana, Kentucky, Michigan, sylvania, or West Virginia, you are required to submit a study by one of the regional transmission nizations (RTO) operating in Ohio, either PJM or Midwest ISO, demonstrating that the power from your ty is physically deliverable into the state of Ohio. The study may be conducted by someone other than the RTO

provided that the RTO approves the study. This study must be appended to your application as an exhibit.

### G. Certification Criteria 2: Qualified Resource or Technology

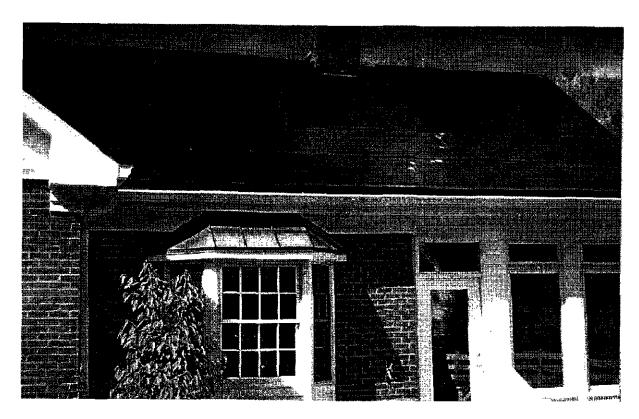
You should provide information for only one resource or technology on this application; please check and/or fill out only one of the sections below. If you are applying for more than one resource or technology, you will need to complete a separate application for each resource or technology.

G.1. For the resource or technology you identify in Sections G.4 – G.13 below, please provide a written description of the system.

Grid tied, roof mounted solar PV system

G.2. Please include a detailed description of how the output of the facility is going to be measured and verified, including the configuration of the meter(s) and the meter type(s).

A single revenue grade meter measuring total inverter output.



taken 4/28/2010





taken 4/28/20/0

G.3. Please attach digital photographs that depict an accurate characterization of the renewable generating facility. Please indicate the date(s) the photographs were taken. facilities, these photographs must be submitted for your application to be reviewed. For proposed facilities or those under construction, photographs will be required to be filed within 30 days of the on-line date of the facility.

#### **INSERT PHOTOGRAPH(S)**

The Applicant is applying for certification in Ohio based on the following qualified resource or technology (Sec. 4928.01 O.R.C.):

#### G.4 \_ SOLAR PHOTOVOLTAIC

23,700 vats Total PV Capacity (DC): Total PV Capacity (AC):

**Expected Capacity Factor:** 

Capacity factor is the ratio of the energy produced to the maximum possible at full power, over a given time period. Capacity factor may be calculated using this formula: 11.43 %

Projected annual generation (kWh or MWh) divided by [the nameplate capacity (in kW or MW) times 87601

Anticipated Annual output in kWh/yr: 23, 700 kWh
Location of the PV array: \(\sigma \text{Roof} \) Ground \(\sigma \text{Other Trellis}\)

68 SPR 225 3- 70tal 108 modules 23.7 kW 40 SPR 210 5- 70tal 108 modules 23.7 kW # of Modules and/or size of the array:

G.4a PV Modules

For each PV module, provide the following information:

Sun Bower Manufacturer: Model and Rating: SPR 210 \$ SPR -225

**G.5 SOLAR THERMAL** (FOR ELECTRIC GENERATION)

#### G.6 \_ WIND

Total Nameplate Capacity (kilowatts AC):

or kW DC:

**Expected Capacity Factor:** 

Anticipated Annual Output in kWh/yr or MWh/yr:

# of Generators:

#### G.6a Wind Generators

If your system includes multiple generators, please provide the following information for each unique generator you have in your system

Manufacturer:

Model Name and Number:

Generator Nameplate Capacity (kilowatts AC):

Wind Hub Height (ft):

Wind Rotor Diameter (ft):

that i	HYDROELECTRIC ("hydroelectric facility" means a hydroelectric generating facility s located at a dam on a river, or on any water discharged to a river, that is within or ering this state or within or bordering an adjoining state (Sec. 4928.01(35) O.R.C.)
	Check each of the following to verify that your facility meets each of the statutory standards (Sec. 4928.01(35) O.R.C.):
_	(a) The facility provides for river flows that are not detrimental for fish, wildlife, and water quality, including seasonal flow fluctuations as defined by the applicable licensing agency for the facility.
_	(b) The facility demonstrates that it complies with the water quality standards of this state, which compliance may consist of certification under Section 401 of the "Clean Water Act of 1977," 91 Stat. 1598, 1599, 33 U.S.C. 1341, and demonstrates that it has not contributed to a finding by this state that the river has impaired water quality under Section 303(d) of the "Clean Water Act of 1977," 114 Stat. 870, 33 U.S.C. 1313.
_	(c) The facility complies with mandatory prescriptions regarding fish passage as required by the Federal Energy Regulatory Commission license issued for the project, regarding fish protection for riverine, anadromous, and catadromus fish.
	(d) The facility complies with the recommendations of the Ohio Environmental Protection Agency and with the terms of its Federal Energy Regulatory Commission license regarding watershed protection, mitigation, or enhancement, to the extent of each agency's respective jurisdiction over the facility.
_	(e) The facility complies with provisions of the "Endangered Species Act of 1973," 87 Stat. 884, 16 U.S.C. 1531 to 1544, as amended.
<del></del>	(f) The facility does not harm cultural resources of the area. This can be shown through compliance with the terms of its Federal Energy Regulatory Commission license or, if the facility is not regulated by that commission, through development of a plan approved by the Ohio Historic Preservation Office, to the extent it has jurisdiction over the facility.
	(g) The facility complies with the terms of its Federal Energy Regulatory Commission license or exemption that are related to recreational access, accommodation, and facilities or, if the facility is not regulated by that commission, the facility complies with similar requirements as are recommended by resource agencies, to the extent they have jurisdiction over the facility; and the facility provides access to water to the public without fee or charge.
_	(h) The facility is not recommended for removal by any federal agency or agency of any state, to the extent the particular agency has jurisdiction over the facility.

#### **G.8** \_\_ **GEOTHERMAL**

G.9\_SOLID WASTE (as defined in ORC section 3734.01), electricity generation using fuel derived from solid wastes through fractionation, biological decomposition, or other process that does not principally involve combustion. (Sec. 4928.01(A)(35) O.R.C.)

Identify all fuel types used by the facility and respective proportions (show by the percent of heat input):

G.10\_ BIOMASS (includes biologically-derived methane gas, such as landfill gas)

Identify the fuel type used by the facility:

If co-firing an electric generating facility with a biomass energy resource, the proportion of fuel input attributable to the biomass energy resource shall dictate the proportion of electricity output from the facility that can be considered biomass energy.

G.10a List all fuel types used by the facility and respective proportions (show by the percent of heat input):

G.10b Please attach the formula for computing the proportions of output per fuel type by MWh or kWh generated.

G.11 \_\_ FUEL CELL (any fuel cell used in the generation of electricity, including, but not limited to, a proton exchange membrane fuel cell, phosphoric acid fuel cell, molten carbonate fuel cell, or solid oxide fuel cell; Sec. 4928.01(35)(A) O.R.C.).

Identify all fuel types used by the facility and respective proportions:

#### G.12 \_\_ STORAGE FACILITY

If using compressed air or pumped hydropower, the renewable energy resource used to impel the resource into the storage reservoir is (include resource type and facility name):

H. Certification Criteria 3: Placed in Service Date (Sec. 4928.64. (A)(1) O.R.C.)
The Renewable Energy Facility:
has a placed-in-service date before January 1, 1998; (month/day/year):
✓ has a placed-in-service date on or after January 1, 1998; (month/day/year):
has been modified or retrofitted on or after January 1, 1998; (month/day/year):
Please provide a detailed description of the modifications or retrofits made to the facility the rendered it eligible for consideration as a qualified renewable energy resource. In your description, please include the date of initial operation and the date of modification or retrofit use a qualified renewable resource. Please include this description as an exhibit attached to you application filling and identify the subject matter in the heading of the exhibit.
Not yet online; projected in-service date (month/day/year):
H.1 Is the renewable energy facility owner a mercantile customer?
ORC Sec. 4928.01 (19) "Mercantile customer" means a commercial or industrial customer if the electricity consumed is for nonresidential use and the customer consumes more than seven hundred thousand kilowatt hours per year or is part of a national account involving multip facilities in one or more states.
✓ No
Yes
Has the mercantile customer facility owner committed to integrate the resource under the provisions of Rule 4901:1-39-08 O.A.C?
No
Yes
If yes, please attach a copy of your approved application as an exhibit to this filing.

# I. Facility Information

The nameplate capacity of the entire facility in megawatts (MW):

0.0237 MW

If applicable, what is the expected heat rate of resource used per kWh of net generation: BTU/kWh

Number of Generating Units:

I.1 For each generating unit, provide the following information:

In-Service date of each unit	The nameplate capacity of each unit in megawatts (MW)	Projected Annual Generation	Expected Annual Capacity Factor %
01/08	.0237	23,7 MWh	11-4 %

(To expand the number of rows if more units need to be reported, place your cursor in the bottom right cell and hit tab).

J. Regional Transmission Organization Information
J.1 In which Regional Transmission Organization area is your facility located:
✓ Within Geographic Area of PJM Interconnection, L.L.C.
Within Geographic Area of Midwest ISO
Other (specify):
J.2 Are you a member of a regional transmission organization?
Yes; specify which one:
X No; explain why you are not a member of a regional transmission organization: Home owner - residutial Utility are not RTO wenters.
J.3 Balancing Authority operator or control area operator for the facility:
<b>√</b> PJM
Midwest ISO
Other (specify):
K. Attribute Tracking System Information
Are you currently registered with an attribute tracking system:YesY No
✓GATS (Generation Attribute Tracking System)
M-RETS (Midwest Renewable Energy Tracking System)
Other (specify):
K.1 Enter the generation ID number you have been assigned by the tracking system:  If the generation ID number has not yet been assigned, you will need to provide this number to the PUCO within 15 days of your facility receiving this number from the tracking system).

- awaiting number

Is the facility certified by another state as an eligible generating resource to meet the renewable portfolio standards of that state?
Yes No

# L.1 If yes, for each state, provide the following information:

L. Other State Certification

Name of State	State Certification Agency	State Certification Number	Date Issued

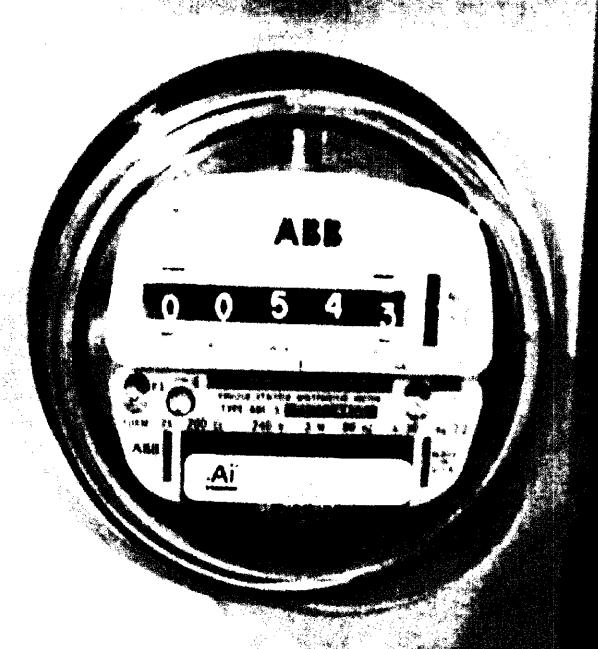
(To expand the number of rows if more units need to be reported, place your cursor in the bottom right cell and hit tab).

Plea	se check all of the following that apply to your facility:
	Utility Generating Facility:
	Investor Owned Utility
	Rural Electric Cooperative
	Municipal System
_	Electric Services Company (competitive retail electric service provider certified by the PUCO)
X	Distributed Generation with a net metering and interconnection agreement with a utility.  Identify the utility: Duke Enersy
_	Distributed Generation with both on-site use and wholesale sales.  Identify the utility with which the facility is interconnected:

M. Type of Generating Facility

Note: if the facility does not yet have an interconnection agreement with a utility or transmission system operator, please note here the status of the application for such an agreement:

Distributed Generation, interconnected without net metering. Identify the utility with which the facility is interconnected:



#### N. Meter Specifications

All facilities are required to measure output with a utility grade meter. Please provide this information for each meter used in your system.

Manufacturer: ABB Group
Serial Number: 48 252 857
Type: ABI S.
Date of Last Certification: 3/15/2010

Attach a photograph of the meter with date image taken. The meter reading must be clearly visible in the photograph.

Solution 6/8/2000

Report the total meter reading number at the time of the photograph and specify the appropriate unit of generation (e.g., kWh):

**INSERT PHOTOGRAPH(S)** 

The Public Utilities Commission of Ohio reserves the right to verify the accuracy of the data reported to the tracking system and to the PUCO.

Version: October 08, 2009

Aushn inc ABB

3/15/10

Type ABS.

Server # 5570C44 631

# Ohio | Public Utilities Commission

Case No.:EL-REN
AFFIDAVIT
State of Ohio:
Madeira ss. (Town)
County of <u>Hamilton</u> :
John D. Succo, Affiant, being duly sworn/affirmed according to law, deposes and says that:
<ol> <li>I am the duly authorized representative of [type in the name of the renewable generating facility as it appears in Section A of your application].</li> </ol>
2. I have personally examined and am familiar with all information contained in the foregoing application, including any exhibits and attachments, and that based upon my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.
3. The facility has obtained or will obtain and will maintain all required local, state and federal environmental permits.
4. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.
Signature of Affiant & Title
Sworn and subscribed before me this $200$ day of $200$ Month/Year
Signature of official administering oath  Christopher N. Hotcher,  Print Name and Title  Notary Public  State of Ohi
My commission expires on Jan. 18, 2015

CHRISTOPHER N. HATCHER Notary Public, State of Ohio My Commission Expires 01-18-2015