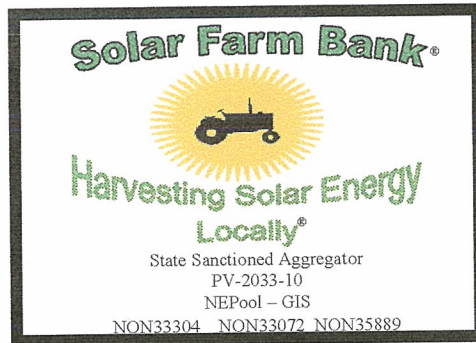


DE 13-104



April 4, 2013

Ms. Debra Howland  
Executive Director and Secretary  
State of New Hampshire Public Utilities Commission  
21 S. Fruit Street Suite 10  
Concord, NH 03301-2429



Ms. Howland,

Solar Farm Bank LLC (SFB) New Hampshire Certification Code NH-II-13-O10 requests the New Hampshire Public Utilities Commission (Commission) grant its approval and certification of our account for Class II REC for the photovoltaic array of:

George Fletcher  
271 Little Bay Road  
Newington NH, 03801  
Telephone # 603-431-7188  
Email: [rkfletcher@comcast.net](mailto:rkfletcher@comcast.net)

In Support of the request for Class II eligibility for the George Fletcher, SFB submits an original and two copies of the completed application, required documentation and supplemental supporting information.

Thank you for your consideration of SFB's request. If you have any questions or need additional information, please contact me directly.

*Stephen Hirsh,*

*President*

Solar Farm Bank LLC. 508-259-2419  
Mailing address: P O Box 24 Medway, MA 02053  
Office address: 205 Shaw Farm Rd Holliston, MA 01746  
[Solarfarmbank@gmail.com](mailto:Solarfarmbank@gmail.com)



State of New Hampshire  
Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

**DRAFT APPLICATION FORM FOR  
RENEWABLE ENERGY SOURCE ELIGIBILITY FOR CLASS I AND CLASS II  
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS**

*Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of  
Certain Customer-Sited Sources*

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter\* to:

Debra A. Howland  
Executive Director

New Hampshire Public Utilities Commission  
21 South Fruit Street, Suite 10  
Concord, NH 03301-2429

- Send an electronic version of the completed application and the cover letter electronically to [executive.director@puc.nh.gov](mailto:executive.director@puc.nh.gov).

\* The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or [Barbara.Bernstein@puc.nh.gov](mailto:Barbara.Bernstein@puc.nh.gov).

*Check the applicable class:*

Eligibility Requested for Class I ☐ Class II ☒

Applicant Name: George and Ruth Fletcher

Mailing Address: 271 Little Bay Road

Town/City: Newington State: NH Zip Code: 03801

Primary Contact: George Fletcher

Telephone: 603-431-7198 Cell: ---

Email address: [rkfletcher@comcast.net](mailto:rkfletcher@comcast.net)

The facility name and contact information (if different than applicant contact information).

Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter:

quantity		quantity	
20	Solar World SW245 Watt Modules	1	GE, Kilowatt Hour Utility Meter with EZ Read 100A, 120/240VAC, CEC Approved
1	Solectria Renewables PVI-5000 Inverter	1	Solren View Monitoring
1	Racking (Roof Mount)		

What is the nameplate capacity of your facility? 4.90 kW (DC)

What was the initial date of operation? September 24, 2012

*This is typically included in the interconnection agreement. Provide this documentation as **Attachment A**.*

Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer Name: Harmony Energy Works Incorporated

Installer Address: 10 Gale Rd

License #: NABCEP PV Installer #032611-147

Town/City: Hampton State: NH Zip Code: 03842

Telephone: 603-926-3366 Cell: 603-512-3377

Email address: \_\_\_\_\_

*If the equipment was installed directly by the customer, please check here:*

☐



Provide the name and contact information of the equipment vendor:

☒ Check here if the installer and the equipment vendor were one and the same.

Business Name: \_\_\_\_\_

Vendor's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

If an independent electrician was used, please provide the following information:

Electrician's Name: Paul Miner

Business Name: Miner Electric

Business Address: 9 Tansy Lane

Town/City: Stratham State: NH Zip Code: 03885

License # 3941M

Provide the name and contact information of the independent monitor for this facility.

(A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable%20Energy%20Source%20Eligibility.htm) of independent monitors is available at:

[http://www.puc.nh.gov/Sustainable%20Energy/Renewable Energy Source Eligibility.htm](http://www.puc.nh.gov/Sustainable%20Energy/Renewable%20Energy%20Source%20Eligibility.htm).)

Independent Monitor's Name: Paul Button

Town/City: Manchester State: NH Zip Code: 03104

Telephone: 603-617-2469 Cell: 603-836-4402

Email address: [pbutton@energy-audits-unltd.com](mailto:pbutton@energy-audits-unltd.com)

Provide documentation of the applicable distribution utility's approval of the installation (This is usually included in the interconnection agreement.) If this documentation is separate from the interconnection document, please provide this as **Attachment B**.

Is the facility certified under another state's renewable portfolio standard?    yes \_\_\_\_\_    no **X**  
If "yes", then provide proof of the certification as **Attachment C**.

In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you **must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:**

**James Webb**  
**Registry Administrator, APX Environmental Markets**  
224 Airport Parkway, Suite 600, San Jose, CA 95110  
Office: 408.517.2174  
[jwebb@apx.com](mailto:jwebb@apx.com)

Mr. Webb will assist you in obtaining a GIS facility code and, if applicable, an ISO-New England asset ID number.

GIS Facility Code # NON 35889 Asset ID # \_\_\_\_\_

Complete an attestation by the applicant that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following attestation or provide a separate document as **Attachment D**.

**AFFIDAVIT**

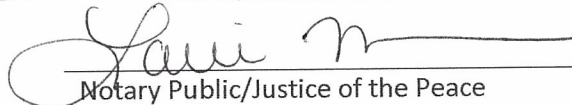
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 4/4/2013

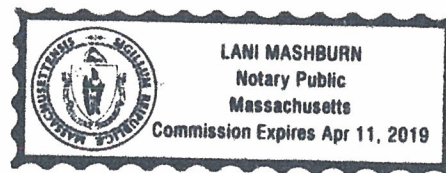
Applicant's Printed Name Stephen Hirsh

Subscribed and sworn before me this 4th Day of April (month) in the year 2013

County of Worcester State of Massachusetts

  
Notary Public/Justice of the Peace

My Commission Expires April 11 2019



CHECK LIST: The following has been included to complete the application:	YES
• All contact information requested in the application.	
• A copy of the interconnection agreement, nameplate capacity and date of operation (Attachment A.)	
• Documentation of the distribution utility's approval of the installation.* (Attachment B.)	
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. (Attachment C).	
• A signed and notarized attestation or Attachment D.	
• A GIS number has been obtained.	
• The distribution utility's approval of the installation.*	
• The document has been printed and notarized.	
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	
• An electronic version of the completed application has been sent to <a href="mailto:executive.director@puc.nh.gov">executive.director@puc.nh.gov</a> .	
<b>*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.</b>	

#### PREPARER'S INFORMATION

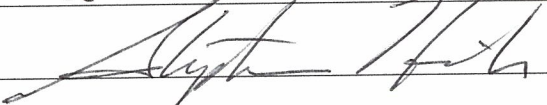
Preparer's Name: Solar Farm Bank LLC / Stephen Hirsh

Mailing Address: 205 Shaw Farm Rd

Town/City: Holliston State: MA Zip Code: 01746

Telephone: 508-893-8993 Fax 508-893-8991 Cell: 508-259-2419

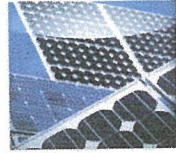
Email address: Solarfarmbank@gmail.com or solarfarmbank@verizon.net

Preparer's Signature:  SFB president



**Harmony**  
ENERGY WORKS

10 Gale Rd  
Hampton, NH 03842  
603-926-3366



**GEORGE FLETCHER –**

**COMMISSIONING REPORT & CERTIFICATION OF SYSTEM OPERATION**

I am pleased to present this Letter of Certification in regards to the 4.9 kW - DC (STC) solar photovoltaic (PV) system installed at 271 Little Bay Road, Newington, NH. In my role and capacity as PV Project Manager for the above installation, I do hereby certify that the 4.9 kW PV system has been inspected, commissioned, and interconnected with the grid and was officially placed in service on September 24, 2012. The project was installed and is operating in conformance with any applicable state/local building codes. The 4.9 kW PV system consists of 20 – 245 Solar World solar modules, 1 Solectria PVI-5000 inverter, a revenue-grade solar production meter and AC disconnect. All solar PV panels, inverters, and balance of system equipment are operating properly and as designed. The power output of the solar PV system is being fed into the PSNH grid as per the terms and conditions of the PSNH Standard Interconnection Agreement and *CHAPTER PUC 900 Net Metering For Customer-Owned Renewable Energy Generation Resources Of 1000 Kilowatts Or Less* of the NH Public Utility Commission (NHPUC).

Sincerely,

George Horrocks  
President  
Harmony Energy Works Incorporated  
NABCEP PV Installer #032611-147  
603-926-3366  
george.horrocks@harmonyenergyworks.com



## ATTACHMENT A

RECEIVED  
SEP 19 2012PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA (Continued)

BY: \_\_\_\_\_

## Simplified Process Interconnection Application and Service Agreement

Contract Information: Date Prepared: 9/4/2012  
 Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate):  
 Customer or Company Name (print): Ruth Fletcher  
 Contact Person, if Company:  
 Mailing Address: 271 Little Bay Road  
 City: Newington State: NH Zip Code: 03801  
 Telephone (Daytime): 603-431-7198 (Evening): 603-431-7198  
 Facsimile Number: E-Mail Address: rkfletcher@comcast.net

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):  
 Name: Harmony Energy Works Incorporated  
 Mailing Address: 10 Gale Rd  
 City: Hampton State: NH Zip Code: 03842  
 Telephone (Daytime): 603-926-3366 (Evening):  
 Facsimile Number: E-Mail Address:

Electrical Contractor Contact Information (if appropriate):  
 Name: Miner Electric / Paul Miner Telephone: 603-772-6807  
 Mailing Address: 9 Tansy Lane  
 City: Stratham State: NH Zip Code: 03885

Facility Information:  
 Address of Facility: 271 Little Bay Road  
 City: Newington State: NH Zip Code: 03801  
 Electric Service Company: PSNH Account Number: 56206590036 Meter Number: 75522192 821202371  
 Inverter Manufacturer: Solecra Renewables Model Name and Number: PVI-5000 Quantity: 1  
 Nameplate Rating: 4.9 (kW) 4.968 (kVA) 240 (AC Volts) Single ☒ or Three Phase HOT WATER MTR  
 System Design Capacity: 4.9 (kVA) (kVA) 882722632  
 Net Metering: ☒ If Renewably Fueled, will the account be Net Metered? Yes ☒ No  
 Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other  
 Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other  
 UL 1741 (IEEE 1547.1) Listed? Yes ☒ No  
 Estimated Install Date: 9/17/2012 Estimated In-Service Date: 9/21/2012

## Interconnecting Customer Signature

I hereby certify that to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Customer Signature: Ruth K. Fletcher Title: Homeowner Date: 9/4/2012  
 Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

## Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required. Are system modifications required? Yes ☐ No ☒ To be Determined

Company Signature: Michael Motta Title: SR. ENGINEER Date: 9-19-12

PORTSMOUTH 3850X6BP 9-4A MAPA PH.3 25KVA  
 PORTSMOUTH E/E NON-PTF



# ATTACHMENT B

## PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

### Exhibit B - Certificate of Completion for Simplified Process Interconnections

#### Installation Information:

☒ Check if owner-installed

Customer or Company Name (print): Ruth Fletcher

Contact Person, if Company:

Mailing Address: 271 Little Bay Road

City: Newington

State: NH

Zip Code: 03801

Telephone (Daytime): 603-431-7198

(Evening):

Facsimile Number:

E-Mail Address: rkfletcher@comcast.net

Address of Facility (if different from above):

City:

State:

Zip Code:

Generation Vendor: Harmony Energy Works Incorporated Contact Person: George Horrocks

I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature:



Date:

9/21/2012

Electrical Contractor's Name (if appropriate): Paul Miner / Miner Electric

Mailing Address: 9 Tansy Lane

City: Stratham

State: New Hampshire

Zip Code: 03885

Telephone (Daytime): 603-772-6807

(Evening): 603-772-6807

Facsimile Number:

E-Mail Address: minerelectric@comcast.net

License number:

3948M

Date of approval to install Facility granted by the Company:

9/19/2012

Installation Date:

9/21/2012

Application ID number: **#N2570**

#### Inspection:

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

Newington NH, Rockingham County

(City/County)

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



Name (printed): JOHN STOWELL

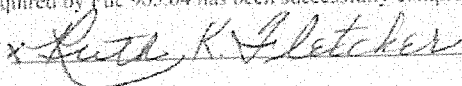
Date:

9-24-2012

#### Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial start up test required by Puc 905.04 has been successfully completed.

Customer Signature:



Date:

9/12/12