



Knollwood Energy of MA LLC
P. O. Box 30
Chester, New Jersey 07930

December 18, 2013

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms. Howland,

Re: REC Application for OR Gooch

Please find the enclosed application for Renewable Energy Source Eligibility For Class II for OR Gooch with the Simplified Process Interconnection Application and Service Agreement and Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

If you have any questions, please call me at (862) 432-5908.

Sincerely,

A handwritten signature in cursive script that reads 'Amy Molinaro'.

Amy Molinaro
Massachusetts Operations
Knollwood Energy of MA LLC

Enclosures (3)



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.

* 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.

Check the applicable class:

Eligibility Requested
for **Class I** **Class II x**

Applicant

Name: Knollwood Energy of MA

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Primary
 Contact: Alane Lakritz
 Telephone: 862-432-0259 Cell: _____
 Email
 address: alane@knollwoodenergy.com

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

Facility Name: O R Gooch & Sons Inc
 Mailing Address: 539 Calef Highway
 Town/City: Epping State: NH Zip Code: 03042
 Primary
 Contact: Ben Gooch
 Telephone: 603-679-8673 Cell: _____
 Email
 address: orgooch@myfairpoint.net

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

quantity		quantity	
36	REC 240PE		
1	Fronius 10.1 Uni		
1	240volt single phase meter		

What is the nameplate capacity of your facility? 7.6 kW
 What was the initial date of operation? 4/12/12

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: Seacoast Energy

Installer Address: 289 Scruton Pond Road

License #: _____

Town/City: Barrington State: NH Zip Code: 03825

Telephone: 603.973.9798 Cell: _____

Email _____

address: jack@seasolarstore.com

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: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

Email _____

address: _____

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

Electrician's Name: Jeff Newsky

Business Name: Newsky Electrical Contracting

Business Address: 88 Littleworth Rd

Town/City: Dover State: NH Zip Code: 03820

License # M8979

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

(A list of independent monitors is available at: http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's

Name: Paul Button

Town/City: Manchester State: NH Zip Code: 03102

Telephone: 603-617-2469 Cell: _____

Email address: 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 nox

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

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

GIS Facility Code

NON38489 Asset ID # NON38489

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

The Commission requires a notarized affidavit as part of the application.

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

Alane Lakritz

Date

12/16/13

Applicant's Printed
Name

Alane Lakritz

Subscribed and sworn before me
this

16

Day of

Dec
2013

(month) in the
year

County of

MORRIS

State of

NJ

Sylvia A. Smith
Notary Public/Justice of the Peace

My Commission
Expires

SYLVIA A. SMITH
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JAN. 6, 2014
I.D.# 2309220

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 executive.director@puc.nh.gov .	
*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.	

PREPARER'S INFORMATION

Preparer's Name: Alane Lakritz, Knollwood Energy of MA LLC

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Telephone: 862-432-0259 Cell: _____

Email _____

address: alane@knollwoodenergy.com; amy@knollwoodenergy.com

Preparer's Signature: 

Gooch Realty IV

RECEIVED
MAR 15 2012

Simplified Process Interconnection Application and Service Agreement

BY: _____

Contact Information:

Date Prepared: _____

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): O R Gooch and son Contact Person, if Company: Ben Gooch

Mailing Address: 539 Calef Highway

City: Epping State: NH Zip Code: 03042

Telephone (Daytime): 603-679-8673 (Evening): _____

Facsimile Number: _____ E-Mail Address: orgooch@myfairpoint.net

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

Name: Seacoast Energy Alternatives

Mailing Address: 187 New Rochester Road

City: Dover State: NH Zip Code: 03820

Telephone (Daytime): 603-749-9550 (Evening): 603-973-9798

Facsimile Number: 603-749-9550 E-Mail Address: sea@seasolarstore.com

Electrical Contractor Contact Information (if appropriate):

Name: Jeff Newsky Telephone: 603-834-3293

Mailing Address: 88 Littleworth Road

City: Dover State: NH Zip Code: 03820

Facility Information:

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

Electric Service Company: PSNH Account Number: 56751751074 Meter Number: 587784250 ✓

Inverter Manufacturer: KACO Model Name and Number: 7600X1 Quantity: _____

Nameplate Rating: 8.0 (kW) 10.7 (kVA) 240 (AC Volts) Single or Three Phase

System Design Capacity: _____ (kVA) _____ (kVA)

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 1741.1 (IEEE 1547.1) Listed? Yes No

Estimated Install Date: 3/19 Estimated In-Service Date: 3/26

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:

Interconnecting Customer Signature: _____ Title: OWNER Date: 3-8-12

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: _____ Title: SR. ENGINEER Date: 3-16-12

Company waives inspection/Witness Test? Yes No

7.6kW

?

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

Terms and Conditions for Simplified Process Interconnections

PSNH waives inspection/Witness Test: Yes No Date of inspection/Witness Test: Witness Test Waived

1. **Construction of the Facility.** The Interconnecting Customer may proceed to construct the Facility in compliance with the specifications of its Application once the Approval to Install the Facility has been signed by the Company.
2. **Interconnection and operation.** The Interconnecting Customer may operate Facility and interconnect with the Company's system once the all of the following has occurred:
 - 2.1. **Municipal Inspection.** Upon completing construction, the Interconnecting Customer will cause the Facility to be inspected or otherwise certified by the local electrical wiring inspector with jurisdiction.
 - 2.2. **Certificate of Completion.** The Interconnecting Customer returns the Certificate of Completion to the Agreement to the Company at address noted.
 - 2.3. **Company has completed or waived the right to inspection.**
3. **Company Right of Inspection.** The Company will make every attempt within ten (10) business days after receipt of the Certificate of Completion, and upon reasonable notice and at a mutually convenient time, conduct an inspection of the Facility to ensure that all equipment has been appropriately installed and that all electrical connections have been made in accordance with the Interconnection Standard. The Company has the right to disconnect the Facility in the event of improper installation or failure to return Certificate of Completion. All projects larger than 10 kVA will be witness tested, unless waived by the Company.
4. **Safe Operations and Maintenance.** The Interconnecting Customer shall be fully responsible to operate, maintain, and repair the Facility.
5. **Disconnection.** The Company may temporarily disconnect the Facility to facilitate planned or emergency Company work.
6. **Metering and Billing.** All renewable Facilities approved under this Agreement that qualify for net metering, as approved by the Commission from time to time, and the following is necessary to implement the net metering provisions:
 - 6.1. **Interconnecting Customer Provides:** The Interconnecting Customer shall furnish and install, if not already in place, the necessary meter socket and wiring in accordance with accepted electrical standards. In some cases the Interconnecting Customer may be required to install a separate telephone line.
 - 6.2. **Company Installs Meter.** The Company will make every attempt to furnish and install a meter capable of net metering within ten (10) business days after receipt of the Certificate of Completion if inspection is waived, or within 10 business days after the inspection is completed, if such meter is not already in place.
7. **Indemnification.** Interconnecting Customer and Company shall each indemnify, defend and hold the other, its directors, officers, employees and agents (including, but not limited to, Affiliates and contractors and their employees), harmless from and against all liabilities, damages, losses, penalties, claims, demands, suits and proceedings of any nature whatsoever for personal injury (including death) or property damages to unaffiliated third parties that arise out of, or are in any manner connected with, the performance of this Agreement by that party, except to the extent that such injury or damages to unaffiliated third parties may be attributable to the negligence or willful misconduct of the party seeking indemnification.
8. **Limitation of Liability.** Each party's liability to the other party for any loss, cost, claim, injury, liability, or expense, including reasonable attorney's fees, relating to or arising from any act or omission in its performance of this Agreement, shall be limited to the amount of direct damage actually incurred. In no event shall either party be liable to the other party for any indirect, incidental, special, consequential, or punitive damages of any kind whatsoever.
9. **Termination.** This Agreement may be terminated under the following conditions:
 - 9.1. **By Mutual Agreement.** The Parties agree in writing to terminate the Agreement.
 - 9.2. **By Interconnecting Customer.** The Interconnecting Customer may terminate this Agreement by providing written notice to Company.
 - 9.3. **By Company.** The Company may terminate this Agreement (1) if the Facility fails to operate for any consecutive 12 month period, or (2) in the event that the Facility impairs or, in the good faith judgment of the Company, may imminently impair the operation of the electric distribution system or service to other customers or materially impairs the local circuit and the Interconnecting Customer does not cure the impairment.
10. **Assignment/Transfer of Ownership of the Facility.** This Agreement shall survive the transfer of ownership of the Facility to a new owner when the new owner agrees in writing to comply with the terms of this Agreement and so notifies the Company.
11. **Interconnection Standard.** These Terms and Conditions are pursuant to the Company's "Interconnection Standards for Inverters Sized Up to 100 kVA" for the Interconnection of Customer-Owned Generating Facilities, as approved by the Commission and as the same may be amended from time to time ("Interconnection Standard"). All defined terms set forth in these Terms and Conditions are as defined in the Interconnection Standard (see Company's website for the complete document).

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): Gooch Realty
Contact Person, if Company: Ben Gooch
Mailing Address: 539 Calef Highway
City: Epping State: NH Zip Code: 03042
Telephone (Daytime): 603-679-8673 (Evening): 603-679-1014
Facsimile Number: 603-679-2960 E-Mail Address: orgooch@myfairpoint.net

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Generation Vendor: _____ Contact Person: _____

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

Vendor Signature: _____

Date: April 3 2012

Electrical Contractor's Name (if appropriate): Newsky Electrical Contracting
Mailing Address: 88 Littleworth Road
City: Dover State: NH Zip Code: 03820
Telephone (Daytime): 603-834-3293 (Evening): _____
Facsimile Number: _____ E-Mail Address: jnewskycontracting@yahoo.com
License number: M8979

Date of approval to install Facility granted by the Company: 3/15/12 Installation Date: _____

Application ID number: N2488

Inspection:

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

Epping
(City/County)

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

Name (printed): Dennis S Pelletier - Building Inspector - Epping
Date: 4/12/12

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.

x Customer Signature: [Signature] Date: 4-12-12