

DE 14-079

NHPUC 24MAR14 11:55

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

Subject: Class II application form

Enclosed is a completed copy of the Renewable Energy Source Eligibility for Class I and Class II Sources with a Capacity of 100 Kilowatts or Less. Application Form

My contact information is as follow

Dennis Pednault
32 Gorham Heights Road
Gorham NH 03581
dennis.pednault@gmail.com

My daytime phone number is 603-466-1111

The PV system is a combination of three generations of PV systems at a residence that have been accepted for interconnection by PSNH. PSNH has assigned one permit number 898 to the initial system. Two additional systems have been added to the residence and PSNH has treated the additional systems as modification of the original interconnection. All three inverters are output to PSNH via a single dedicated utility grade meter that is separate from the PSNH net meter in place on the home.

I have elected to enroll the system through Revolution Energy as the aggregator and therefore it is my understanding that the system does not need a GIS number.

If there are any questions, let me know



Dennis Pednault

Attachments
Application Form
PSNH Interconnect Agreements

✓



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

Applicant Name: Dennis W. Pednault

Mailing Address: 32 Gorham Heights Road

Town/City: Gorham State: NH Zip Code: 03581

Primary Contact: Dennis Pednault

Telephone: 603-466-1111 Cell: _____

Email address: dennis.pednault@gmail.com

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 | |
|----------|---|----------|-------------------------------|
| 22 | 10 - 215 Watt Evergreen PV panels, 4 165 Watt Sharp PV Panels, 8 245 Watt ⁺ | 1 | Fronius 3 KW Inverter |
| 1 | Advanced Energy 1 KW inverter | 1 | Icon ISA1 Utility grade meter |
| 1 | Fronius 2 KW Inverter | | |

What is the nameplate capacity of your facility?
(based on the size of the inverter(s)) 6 KW

What was the initial date of operation? 12/4/02, final expansion 8/7/13

*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: _____

Installer Address: _____

License #: _____

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

Telephone: _____ Cell: _____

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: NA
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: NA
Business Name: _____
Business Address: _____
Town/City: _____ State: _____ Zip Code: _____
License # _____

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 _____ 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

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

GIS Facility Code # *1 Asset ID # _____

*1 The facility is included in the aggregated portfolio of Revolution Energy

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 Dennis Pednault Date 3/9/14

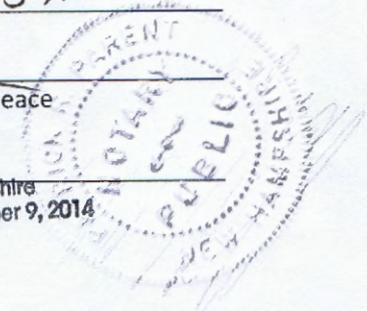
Applicant's Printed Name Dennis Pednault

Subscribed and sworn before me this 13th Day of March (month) in the year 2014

County of Cook State of New Hampshire

Patrick R. Parent
Notary Public/Justice of the Peace

My Commission Expires _____
PATRICK R. PARENT
Notary Public - New Hampshire
My Commission Expires September 9, 2014



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

PREPARER'S INFORMATION

Preparer's Name: Dennis Pednault

Mailing Address: 32 Gorham Heights Road

Town/City: Gorham State: NH Zip Code: 03581

Telephone: 603-466-1111 Cell: _____

Email address: dennis.pednault@gmail.com

Preparer's Signature: _____

INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 25 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY

Section 1. Applicant Information

Name: DENNIS W PEDNAULT
 Mailing Address: 32 GORMAN HEIGHTS ROAD
 City: GORHAM State: NH Zip Code: 03581
 Facility Location (if different from above): _____
 Daytime Phone #: 603-342-3318
 Distribution Utility: PSNH Account #: 77-62-05194-0-3
 Electricity Supplier (ES) _____ (if applicable) Account #: _____

Section 2. Generating Facility Information

Generator Type (check one): Solar , Wind _____, Hydro _____ Battery Backup? (yes or no) NO
 Generator or Inverter Manufacturer, Model Name & Number: ADVANCED ENERGY GC-1000
 Number of Phases of Unit: Single, Three or Other: SINGLE Generation output rating in Kilowatts: .66
 If ≤ 10 kw, will a generator Disconnect Switch accessible to the utility be installed? (yes or no) YES
 Proposed location of Disconnect Switch, if applicable: ADJACENT TO UTILITY METER ON WEST WALL OF HOUSE

Section 3. Installation Information & Certification

Check if owner-installed

Installation Date: 11/13/02 Interconnection Date: _____
 Installing Electrician: NA - NOT APPLICABLE License #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone #: _____

1. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741:

Signed (Vendor): AES - SEE ATTACHED Date: _____
 Name (Print): _____ Company: _____

2. The system has been installed in compliance with the local Building/Electrical Code of GORHAM NH
 (City/County) Signed (Inspector): R. Boulaye Date: 11/13/02
 In lieu of signature by inspector, a copy of final inspection certificate may be attached.

3. Utility and Electricity Supplier signatures signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.

Signed (Utility Representative): Carl N. [Signature] Date: 11/18/02
 Signed (Electricity Supplier Representative): _____ Date: _____

4. The initial start-up test required by PUC 905.04 has been successfully completed.

Applicant agrees to install and operate the system in accordance with PUC 900.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.

Signature of Applicant Don W. Pedault Date: 11/15/02

THE ELIGIBLE CUSTOMER-GENERATOR SHALL PROVIDE THE DISTRIBUTION UTILITY WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR.

PLACED IN SERVICE 12/4/02 CNV

MUTUAL INDEMNITY AGREEMENT

"Each Party shall hold harmless, and indemnify the other Party and its directors, officers, agents and employees against any and all loss, liability, damage, or expense, including any direct, indirect or consequential loss, liability, damage, or expense, but not including attorneys' fees unless awarded by a court of competent jurisdiction, for injury or death to persons, including employees of either Party, and damage to property, including property of either Party, arising out of or in connection with intentional, willful, wanton, reckless or negligent conduct regarding (a) the engineering, design, construction, maintenance, repair, operation, supervision, inspection, testing, protection or ownership of the Party's facilities, or (b) the making of replacements, additions, or improvements to, or reconstruction of, the Party's facilities. However, neither Party shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct. Notwithstanding the indemnity provisions contained herein, except for a Party's willful misconduct or sole negligence, each Party shall be responsible for damage to its own facilities resulting from electrical disturbances or faults."

Paul E. Ramsey

Distribution Utility: PSNH

By its: Vice President - Customer Services

Paul E. Ramsey

11/20/02

Signature

Name of Utility

Title of Authorized Utility Personnel

Typed Name of Utility Representative

Date Signed

DENNIS W PEDNAULT

11/15/02

Eligible Customer-Generator

Date Signed

Sen & Pedault

Electricity Supplier

By its _____

Signature

Name of Electricity Supplier

Title of Authorized Personnel

Typed Name of Representative

Date Signed

NO898A

PEDNAULT PV

APPENDIX II, Page 1

INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 100 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY

Section 1. Applicant Information

Name: DENNIS PEDNAULT
Mailing Address: 32 GORHAM HEIGHTS ROAD
City: GORHAM State: NH Zip Code: 03581
Facility Location (if different from above):
Daytime Phone #: 603-466-1111
Distribution Utility: PJNH Account #: 5785410081
Electricity Supplier (ES): (if applicable) Account #: 56353861004

Section 2. Generating Facility Information

Generator Type (check one): Solar [X], Wind, Hydro, Battery Backup? (yes or no) NO
Generator or Inverter Manufacturer, Model Name & Number: FRONIUS IG 2000
Number of Phases of Unit: Single, Three or Other: SINGLE Generation output rating in Kilowatts: 7.960
If <= 10 kw, will a generator Disconnect Switch accessible to the utility be installed? (yes or no) NO
Proposed location of Disconnect Switch, if applicable:

Section 3. Installation Information & Certification

[X] Check if owner-installed

Installation Date: 10/18/08 Interconnection Date:
Installing Electrician: License #:
Mailing Address:
City: State: Zip Code:
Daytime Phone #:

1. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741:
Signed (Vendor): Date:
Name (Print): Company:

2. The system has been installed in compliance with the local Building/Electrical Code of
(City/County) Signed (Inspector): Date:
In lieu of signature by inspector, a copy of final inspection certificate may be attached.

3. Utility and Electricity Supplier signatures signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.
Signed (Utility Representative): Mark F... Date: 10/20/08
Signed (Electricity Supplier Representative): Date:

4. The initial start-up test required by PUC 905.04 has been successfully completed.
Applicant agrees to install and operate the system in accordance with PUC 900.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.
Signature of Applicant: Dennis Pednault Date: 10/20/08

THE ELIGIBLE CUSTOMER-GENERATOR SHALL PROVIDE THE DISTRIBUTION UTILITY WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR

RECEIVED
AUG 02 2013

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

BY:

Simplified Process Interconnection Application and Service Agreement

Date Prepared: 7/30/13

Contact Information:

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

Customer or Company Name (print): DENNIS W PEDNAULT

Contact Person, if Company: _____

Mailing Address: 32 GORHAM HEIGHTS ROAD

City: GORHAM State: NH Zip Code: 03581

Telephone (Daytime): 603-466-1111 (Evening): 603-466-5216

Facsimile Number: _____ E-Mail Address: DENNIS.PEDNAULT@GMAIL.COM

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: _____

Electrical Contractor Contact Information (if appropriate): OWNER INSTALLED, UNDER GUIDANCE OF

Name: RONALD A COUTURE

Mailing Address: 15 PRESIDENTIAL AVE

City: BERLIN State: NH Zip Code: 03581

Telephone (Daytime): 603-752-7099 (Evening): 603-662-4004

Facsimile Number: _____ E-Mail Address: COUTURE.DING@MYFAIRPOINT.NE.T

Facility Site Information:

Facility (Site) Address: 32 GORHAM HEIGHTS ROAD

City: GORHAM State: NH NH Zip Code: 03581

Electric Service Company: PSNH Account Number: 56353801004 Meter Number: 360830387

Non-Default' Service Customers Only:

Competitive Electric Energy Supply Company: _____ Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

Facility Machine Information:

Generator/ Inverter Manufacturer: FRONIUS Model Name & Number: IG PLUS ADVANCED Quantity: 1

Nameplate Rating: 3.0 (kW) _____ (kVA) _____ (AC Volts) 240 Phase: Single Three

System Design Capacity: 1.960 (kW) _____ (kVA) Battery Backup: Yes No

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 _____

3KW

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

Simplified Process Interconnection Application and Service Agreement

Inverter-based Generating Facilities:

✓ UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
Yes No

The standard UL 1741.1 dated May, 2007 or later, "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 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'

✓ Yes No

Location of External Manual Disconnect Switch: WEST WALL OF HOUSE SOUTHWEST CORNER

Project Estimated Install Date: 7/30/2013 Project Estimated In-Service Date: 7/30/2013

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 for Simplified Process Interconnections attached hereto:

Customer Signature: Sam E. Poulter Title: _____ Date: 7/30/13

Please include, a one-line and/or three-line drawing of proposed installation

For PSNH Use Only

Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections 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: 8-7-13

PSNH Application Project ID#: _____

✓ THIS IS AN EXPANSION OF A CURRENT SYSTEM
PSNH # 898A