



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

May 20, 2015

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

NHPUC 26MAY15PM12:55

Dear Ms Howland,

Enclosed please find the application for the Brett Pescinski system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Brett Pescinski
67 Burnt Hill Rd
Chichester, NH 03258
603.840.0012
bpescinski@paintsystemsne.com

The new Nepool GIS ID # for this facility is: NON47598. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

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 CERTIFICATE (REC) 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.

- **Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.**

Eligibility Requested for: Class I Class II Check here if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- **Provide the following information for the owner of the PV system.**

Applicant Name Brett Pescinski Email bpescinski@paintsystemsne.com
 Address 67 Burnt Hill Rd City Chichester State NH Zip 03258
 Telephone 603.840.0012 Cell _____

- **For business applicants, provide the facility name and contact information (if different than applicant contact information).**

Facility Name _____ Primary Contact _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ Cell _____
 Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	40	SolarWorld SW 250 Poly	other		
Inverter	1	SolarEdge SE10000A=US	other		
meter	1	GE 1-70-S	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 10.0AC

What was the initial date of operation (the date your utility approved the facility)? 12/8/14

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

Installer Name Self-Installed Contact _____ License # (if applicable) _____
 Address _____ City _____ State: _____ Zip _____
 Telephone _____ email _____

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

- Provide the name and contact information of the equipment vendor.

X Check here if the installer provided the equipment and proceed to the next question.

Business Name VH Energy Contact Vladimir Hromis
 Address 275 Bear Hill Rd City Chichester State NH Zip 03258
 Telephone 603.731.3169 email vhromis@aol.com

- If an independent electrician was used, please provide the following information. (*Sunray corporate electrician*)

Electrician's Name Chris Ward License # 8585
 Business Name Ward Electric Email wardelectricllc@yahoo.com

Address 15 French Circle City Pittsfield State NH Zip 03263

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Tom Kelly, Natural Capital LLC

Is the facility certified under another state's renewable portfolio standard? yes no

If "yes", then provide proof of the certification as **Attachment C**.

- *Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.*
- *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

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON47598 Asset ID # NON47598

- **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.
- **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. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

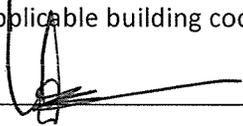
Notary Public/Justice of the Peace

My Commission Expires _____

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

AFFIDAVIT

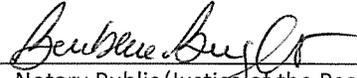
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 5/19/15

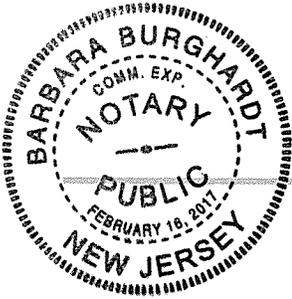
Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 19 Day of May (month) in the year 2015

County of Morris State of New Jersey


Notary Public/Justice of the Peace

My Commission Expires 2/16/17



- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	X
• Documentation of the distribution utility's approval of the installation.*	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	X
• 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
*Usually included in the interconnection agreement.	

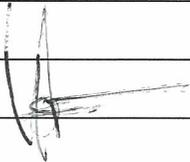
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 973.879.7826 Cell _____

Preparer's Signature:  5/20/15

GID# 742

UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL"
NH INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 11/20/14

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
Customer or Company Name (print): Brett Pascinski Contact Person, if Company: _____
Mailing Address: 67 Burnt Hill Rd
City: Chichester State: NH Zip Code: 03258
Telephone (Daytime): (603) 840-0012 (Evening): (603) 840-0012
Facsimile Number: _____ E-Mail Address: bpascinski@printsystemsne.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
Name: VLADIMIR HRUMIS
Mailing Address: 275 Burnt Hill Rd
City: Chichester State: NH Zip Code: 03258
Telephone (Daytime): (603) 731-3169 (Evening): (603) 731-3169
Facsimile Number: _____ E-Mail Address: VLADIMIR.HRUMIS@PLSUS.COM

Electrical Contractor Contact Information (if appropriate):
Name: Chris Ward Telephone: (603) 396-0945
Mailing Address: 15 French Circle
City: Pittsfield State: NH Zip Code: 03263

Facility Information:
Address of Facility: 67 Burnt Hill Rd
City: Chichester State: NH Zip Code: 03258
Electric Service Company: Unitil Account Number: 084239-1030368 Meter Number: _____
Inverter Manufacturer: Solar Edge Model Name and Number: SE10004 Quantity: 1
Nameplate Rating: 10 (kW) _____ (kVA) 240 (AC Volts) Single or Three _____ Phase
System Design Capacity: 10 (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: 12/1/2014 Estimated In-Service Date: 12/10/2014

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: Brett Pascinski Title: homeowner Date: 11/21/14

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: [Signature] Title: MGR-DISE Date: Dec. 12, 2014
Company waives inspection/Witness Test? Yes _____ No

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer(print): Brett Pescinski
Mailing Address: 67 Burnt Hill rd
City: Chichester State: NH Zip Code: 03258
Telephone (Daytime): (603) 840-0012 (Evening): (617) 594-0486
Facsimile Number: _____ E-Mail Address: bpescinski@
Paintsystemsnh.com

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

Electrical Contractor's Name (if appropriate): Chris Ward
Mailing Address: 15 French Circle
City: Pittsfield State: NH Zip Code: 03263
Telephone (Daytime): (603) 396-0945 (Evening): _____
Facsimile Number: _____ E-Mail Address: _____
License number: 8585

Date of approval to install Facility granted by the Company: 12/5/2014

Application ID number: 742

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of
Chichester, Merrimack
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): [Signature]
Name (printed): John M. Foreman

Date: 12/8/14

As a condition of interconnection you are required to send/fax a copy of this form to:

Generator Interconnection Applications
Unit
325 West Road
Portsmouth, NH 03801
Fax: 603-294-5226