



REC 15-277  
NHPUC JUL 09 '15 AM 10:10

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

July 7, 2015

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

Dear Ms Howland,

Enclosed please find the application for the Peter Lawlor 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 (including new requirements 2506.01 and PUC 2506.02)

Customer and Facility Information

Peter Lawlor  
224 Meetinghouse Road  
Walpole, NH 03608  
603.313.0685  
lolly5058@comcast.net

The new Nepool GIS ID # for this facility is: NON50210. 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](mailto: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](mailto: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](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).

- Photovoltaic (PV) solar facilities are Class II resources. Contact [Barbara.Bernstein@puc.nh.gov](mailto: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. (mailing address)

Applicant Name Peter Lawlor Email [lolly5058@comcast.net](mailto:lolly5058@comcast.net)  
 Address 224 Meetinghouse Road City Walpole State NH Zip 03608  
 Telephone 603.313.0685 Cell \_\_\_\_\_

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

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	36	SolarWorld SW275M	other		
Inverter	1	SolarEdge 10000A-US	other		
meter	1	GE FM2S	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)? 10.0 AC

What was the initial date of operation (the date your utility approved the facility)? 5/9/15

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

Installer Name Solar Dave LLC Contact David Wirth License # (if applicable) \_\_\_\_\_  
 Address 411 Spofford Road City Westmoreland State: N H Zip 03468  
 Telephone 603.313.8671 email Solardave4@gmail.com

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

- 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 \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ email \_\_\_\_\_

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

Electrician's Name Steve Grenier License # 0241G

Business Name E.E. Houghton Email n/a  
Address PO BOX 388 City Walpole State NH Zip 03608

- **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](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm).)

Independent Monitor's Name Paul Button Energy Audits Unlimited

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](mailto: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 # NON50210                      Asset ID # NON50210

- **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.**

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#### 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 \_\_\_\_\_

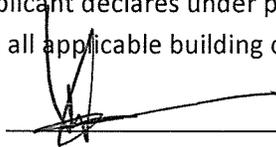
County of \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Justice of the Peace

- 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**

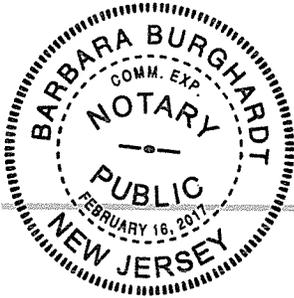
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

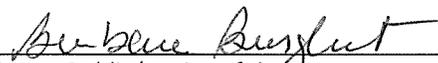
Applicant's Signature  Date 6/12/15

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 12 Day of June (month) in the year 2015

County of Morris State of New Jersey



  
Notary Public/Justice of the Peace

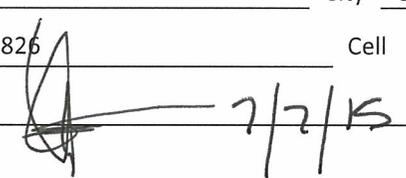
My Commission Expires 2/16/17

- Complete the following checklist. If you have questions, contact [barbara.bernstein@puc.nh.gov](mailto: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> <b>and</b> <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 <a href="mailto:executive.director@puc.nh.gov">executive.director@puc.nh.gov</a> .	X
<b>*Usually included in the interconnection agreement.</b>	

- 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](mailto:linda@knollwoodenergy.com)  
 Address PO Box 30 City Chester State NJ Zip 07930  
 Telephone 973.879.7826 Cell \_\_\_\_\_  
 Preparer's Signature:  7/2/15

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 3-16-2015

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

Customer or Company Name (print): Peter Lawlor Contact Person, if Company:

Mailing Address: 224 Meetinghouse Road

City: Walpole State: N.H. Zip Code: 03603 E-Mail: lolly5658@comcast.net

Telephone (Daytime): 603-313-0685 (Evening): 603-756-4184 Facsimile Number:

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

Name: David Wirth Solar Dave LLC

Mailing Address: 411 Spofford Road

City: Westmoreland State: NH Zip Code: 03416 E-Mail: Solar Dave 4@gmail.com

Telephone (Daytime): 603-313-8671 (Evening): Facsimile Number:

Electrical Contractor Contact Information (if appropriate):

Name: E. E. Houghton Telephone: 603 756 3372

Mailing Address: P.O. Box 387

City: Walpole State: NH Zip Code: 03608

Facility Information:

Address of Facility: SAME AS ABOVE

City: State: Zip Code: 44632082-44339992

Electric Supply Co: North American Power Acct #: 4463208-44339992 Meter #: E-85786390

Gen/Inverter Manu: Solar Edge Model Name and #: SE 10000-US Quantity: 1

Nameplate Rating: 10 (kW) 240 (kVA) (AC Volts) Single or Three Phase

System Design Capacity: 10 (kVA) Battery Backup: Yes: No: [checked]

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes: [checked] No:

Prime Mover: Photovoltaic [checked] Recip'g Engine Fuel Cell Turbine Other:

Energy Source: Solar [checked] Wind Hydro Diesel Nat Gas Fuel Oil Other:

UL 1741.1 (IEEE 1547.1) Listed? Yes: [checked] No: External Manual Disconnect: Yes: [checked] No:

Estimated Install Date: April 20 2015 Estimated In-Service Date: April 23 2015

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: [Signature] Title: Customer Date: 3-16-2015

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: [X] To be Determined

Company Signature: [Signature] Title: ENGINEERING Date: 3/17/15

Company waives inspection/Witness Test? Yes: [X] No:

Dated: July 03, 2012 2015-11  
Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio  
Victor D. Del Vecchio  
Title: President

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

Installation Information:  Check if owner-installed

Customer or Company Name (print): <i>Peter Lawlor</i>		Contact Person, if Company:	
Mailing Address: <i>224 Meetinghouse Rd</i>			
City: <i>Walpole</i>	State: <i>NH</i>	Zip Code: <i>03608</i>	E-Mail Address: <i>lolly5058@comcast.net</i>
Telephone (Daytime): <i>603-313-0685</i>	(Evening):	Facsimile Number:	
Address of Facility (if different from above):			
City:	State:	Zip Code:	
Generation Vendor: <i>Solar Dave LLC</i>		Contact Person: <i>David With</i>	

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

Vendor Signature: *David With* Date: *5/9/2015*

Electrical Contractor's Name (if appropriate): <i>E. E. Houghton Co Inc</i>		License number: <i>0241C</i>	
Mailing Address: <i>PO Box 387</i>			
City: <i>Walpole</i>	State: <i>NH</i>	Zip Code: <i>03608</i>	E-Mail Address: <i>info@eehoughton.com</i>
Telephone (Daytime): <i>603 756 3372</i>	(Evening): <i>603 756 3372</i>	Facsimile Number: <i>603 756 5558</i>	

Date of approval to install Facility granted by the Company: \_\_\_\_\_ Installation Date: \_\_\_\_\_  
Application ID number: \_\_\_\_\_

Inspection:

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

*Walpole / Cheshire*  
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): *[Signature]*

Name (printed): *Steve Grenier* Date: *5/9/15*

Dated: July 03, 2012  
Effective: July 03, 2012

Issued by: */s/ Victor D. Del Vecchio*  
*Victor D. Del Vecchio*  
Title: President

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 startup test required by Puc 905.04 has been successfully completed.

Customer Signature: *Victor D. Del Vecchio* Date: 5/9/2015

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

Electric Sales and Marketing  
Liberty Utilities  
9 Lowell Road  
Salem, NH 03079  
NHSalesMarketing@LibertyUtilities.com

Issued by: /s/ Victor D. Del Vecchio  
Victor D. Del Vecchio  
Title: President

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