

Login Username

Login Email

NH Public Utilities Commission

REC Aggregator Portal

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### Basic Information

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New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Aggregator name

Knollwood email

NHEC email

Facility Owner Name

Facility Address

Facility Town/City

Facility State

Facility Zip

Mailing Zip

Primary Contact

**Facility Information**

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Class

Utility

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

Date of Initial Operation

Facility Operator Name, if applicable

Panel Make #1

Panel Model

Panel Quantity

Panel Rated Output

Other panel make

Other panel model

More Panel types?

- No  
 Yes

Panel Make #2

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- No  
 Yes

Panel Make #3

Panel Model

Panel Quantity

Panel Rated Output

System capacity based on panels

Inverter Make

Other inverter make

Inverter Quantity

Additional Inverter Make

Add'l Inverter Quantity

Rated Output - Primary Inverter

Rated Output - Additional Inverter

System capacity based on single inverter make

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

Revenue Grade Meter Make

Revenue Grade GIS Approved Meter

Other revenue-grade GIS-approved meter

Was this facility installed directly by the customer (no electrician involved)?

- Yes  
 No

Electrician Name & Number

Other Electrician Name & Number

Installation Company

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Equipment Vendor Company Name

Independent Monitor Name & Company

Other Monitor Name and Company

Is the installer also the equipment supplier?

- Yes  
 No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter (meeting ANSI C-12.1-2008 for installations up to and including 10 kW, or ANSI C12.16 or better for installations greater than 10kW up to 1 mW) is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

[http://fs30.formsite.com/jan1947/files/f-5-168-7301971\\_BUWVjb5d\\_Halle\\_contract\\_part\\_3\\_-\\_nhos.pdf](http://fs30.formsite.com/jan1947/files/f-5-168-7301971_BUWVjb5d_Halle_contract_part_3_-_nhos.pdf)

Please attach additional document here

[http://fs30.formsite.com/jan1947/files/f-5-173-7301971\\_FKFz0vnM\\_halle\\_SPIA.pdf](http://fs30.formsite.com/jan1947/files/f-5-173-7301971_FKFz0vnM_halle_SPIA.pdf)

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Karen Tonnesen

Date Signed

07/26/2016

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

Installation Information:

Check if owner-installed

Customer or Company Name (print): HALL, JONATHAN Contact Person, if Company: \_\_\_\_\_

Mailing Address: 142 W. BARNHURST RD

City: CONCORD State: N.H. Zip Code: 03301

Telephone (Daytime): 803-738-9004 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address of Facility (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electrical Contractor's Name (if appropriate): RICHARD BODDIE

Mailing Address: 92 OLD TOWN RD

City: ELIZABETH State: N.H. Zip Code: 03224

Telephone (Daytime): 603-608-5603 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

License number: M 10770

Date of approval to install Facility granted by the Company: \_\_\_\_\_

Application ID number: \_\_\_\_\_

Inspection:

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

CONCORD, NH / MERRIMACK  
(City/County)

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

Name (printed): Craig Billingham

Date: 4/19/16

As a condition of interconnection you are required to send/fax a copy of this form to (insert Company's name below):

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mail 1: \_\_\_\_\_  
Mail 2: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Fax No.: \_\_\_\_\_

## New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Jonathan and Lawreen Halle

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Printed Name of signature owner

Jonathan Halle  
Jonathan Halle (Jul 26, 2016)

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Signature of system owner



**Inverter Based Systems Sized 100kVA or Smaller  
Interconnection Application and Service Agreement**

Date Prepared: 3/22/16

Contact Information:

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

Customer or Company Name (print): JONATHAN HALL

Contact Person, if Company: \_\_\_\_\_

Mailing Address: 142 West Parish Rd

City: CONCORD State: NH Zip Code: 03301

Telephone (Daytime): 603-738-9004 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: Jh@warrenstreet.com

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

**Sundial Solar  
96 Hilliard Rd**

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

Mailing Address: Chichester, NH 03258

City: www.sundialsolar.com Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening) 045

Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Electrical Contractor Contact Information (if appropriate):

Name: \_\_\_\_\_ Telephone: Richard Boddie

Mailing Address: 92 Old Town Road Epsom, NH 03234 Boddieconstruction@gmail.com

City: Boddieconstruction@gmail.com Zip Code: 603-608-5603

License # 10770M

Facility Information:

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electric Service Company: \_\_\_\_\_ Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Inverter Manufacturer: Solar Edge Model Name and Number: \_\_\_\_\_ Quantity: 2

Inverter Nameplate Peak Rating: 20,000 (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts)

Single  or Three  Phase

Total System Peak AC Rating \*: 21,600 (kW) \_\_\_\_\_ (kVA)

\*(this is the sum of all Inverter Peak AC Nameplate Ratings.)

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: EARLY APRIL  
 Date: MID APRIL

Estimated In-Service MID APRIL

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: [Signature] Title: OWNER Date: 3/22/16

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Company waives inspection/Witness Test? Yes \_\_\_ No \_\_\_