

6/13/2014

Debra A Howland Executive Director and Secretary State of New Hampshire Public Utilities Commission 21 South Fruit St Suite 10 Concord, NH 03301-2429

Dear Ms. Howland,

As a follow up to my recent correspondence, the commission asked for formal documents regarding additions to PV systems already approved for Class II REC's. Enclosed are supplemental Class II REC applications for additions to the nameplate capacities. I hope the filing will be sufficient for approval.

Please contact me if you have questions.

Thanks,

Scott C McNeil
Program Administrator – Technical
New Hampshire Electric Cooperative, Inc
579 Tenney Mountain Highway
Plymouth, NH 03264
603-536-8608
mcneils@nhec.com

NHEC Nameplate Capacity Additions 06-09-12 through 12-02-13

|            |               | White Nameplate Capa | Total Francisco | o os an emong |           |            |                |
|------------|---------------|----------------------|-----------------|---------------|-----------|------------|----------------|
|            |               |                      |                 |               |           |            |                |
|            | NH PUC        |                      | Nameplate       |               | New       |            | Effective Date |
|            | Certification |                      | capacity on     | Nameplate     | nameplate | Date of    | to Produce     |
| Docket #   | Number        | Name                 | file            | addition      | capacity  | addition   | RECs           |
|            |               |                      |                 |               |           |            |                |
| DE 09-218  | NH-II-09-053  | Kim Frase            | 4.9             | 4.32          | 9.22      | 6/9/2012   | 11/9/2009      |
| DE 10-103  | NH-II-10-048  | Brian Morgan         | 4.73            | 1.29          | 6.02      | 10/10/2010 | 4/12/2010      |
| DE 10-234  | NH-II-10-105  | Pat Russell          | 4.8             | 2.42          | 7.22      | 5/5/2011   | 9/7/2010       |
| DE 10-291  | NH-II-10-114  | Steven Olafsen       | 4.62            | 2.31          | 6.93      | 6/5/2011   | 10/27/2010     |
| DE 10-332  | NH-II-11-001  | Ellen Rancourt       | 4.6             | 0.46          | 5.06      | 6/6/2011   | 12/20/2010     |
| DE 10-333  | NH-II-11-002  | Christopher Williams | 4.6             | 2.3           | 6.9       | 6/18/2011  | 12/20/2010     |
| DE 11-172  | NH-II-11-026  | David Scerra         | 4.14            | 4.14          | 8.28      | 2/15/2012  | 6/20/2011      |
| DE 11-205  | NH-II-11-031  | Melanie Ratcliffe    | 6.58            | 3.416         | 9.996     | 4/17/2013  | 9/15/2011      |
| DE 11-244  | NH-II-11-040  | James Buckland       | 4.8             | 1.92          | 6.72      | 2/10/2012  | 10/31/2011     |
| DE 12-228  | NH-II-12-042  | Adam Hildebrand      | 4.59            | 0.255         | 4.845     | 7/13/2012  | 7/26/2012      |
| DE 12-280% | NH-II-12-072  | David Downs          | 4.95            | 3.6           | 8.55      | 10/19/2012 | 9/24/2012      |
| DE 12-336  | NH-II-12-086  | Herbert Sallett      | 4.9             | 2.45          | 7.35      | 1/11/2013  | 11/16/2012     |
| DE 13-013  | NH-II-13-014  | Eckhard Straeter     | 4.9             | 11            | 15.9      | 4/8/2013   | 1/14/2013      |
| DE 13-014  | NH-II-13-015  | Nathan Mulherin      | 4.9             | 0.52          | 5.42      | 1/3/2013   | 1/14/2013      |
| DE 13-062  | NH-II-13-029  | John Carmody         | 4.9             | 2.45          | 7.35      | 1/16/2013  | 2/27/2013      |
| DE 13-208  | NH-II-13-070  | Dan Lake             | 5.46            | 0.52          | 5.98      | 6/5/2013   | 7/19/2013      |
| DE 13-287  | NH-II-13-109  | Carol Sullivan       | 7.95            | 3.975         | 11.925    | 11/20/2013 | 10/8/2013      |
| DE 13-331  | NH-II-13-122  | Bill Morse           | 6.12            | 6.12          | 12.24     | 11/27/2013 | 11/25/2013     |
| DE 13-332  | NH-II-13-123  | David Tofts          | 8.829           | 9.3           | 18.129    | 12/2/2013  | 11/25/2013     |
|            | Total         |                      | 101.269         | 62.766        | 164.035   |            |                |

#### STATE OF NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION DE 13-013 SUPPLEMENTAL

#### FOR CUSTOMER-SITED RENEWABLE ENERGY SOURCE ELIGIBILITY

Pursuant to New Hampshire Admin. Code Puc 2500 Rules

Pursuant to Puc 202, the signed application shall be filed with the Executive Director and Secretary of the New Hampshire Public Utilities Commission (Commission). To ensure that your submitted application is complete, please read RSA 362-F and N.H. Code Admin. Rules Puc 2500 before filling out this application. It is the burden of the applicant to provide timely, accurate and complete information as part of the application process. Any failure by the applicant to provide information in a timely manner may result in the Commission dismissing this application without prejudice.

NOTE: When completing this application electronically, using the "tab" key after completing each answer will move the cursor to the next blank to be filled in. If a question is not applicable to your facility, then check the box next to N/A.

| 1. | ELIGIBILIT                                                                                 | Υ    | CLASS APPLIED FOR: | I XII         | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----|--------------------------------------------------------------------------------------------|------|--------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | Applicant's legal na                                                                       | ıme: | Eckhard Straeter   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. | Residential or                                                                             | (1)  | 169 Allen Road     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Business Address:<br>(as applicable to<br>the site of the<br>renewable energy<br>facility) | (2)  |                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    |                                                                                            | (3)  |                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    |                                                                                            |      | Lempster (City)    | NH<br>(State) | 03605<br>(Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4. | Telephone number:                                                                          |      | 603-863-8888       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. | Facsimile number:                                                                          |      |                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. | Email address:                                                                             |      | <u>n/a</u>         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. | Installer's Name:                                                                          |      | John M Linn        |               | - MANAGEMENT - MAN |
| 8. | Business Address:                                                                          | (1)  | 204 Allen Road     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    |                                                                                            | (2)  |                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    |                                                                                            | (3)  |                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    |                                                                                            |      | Lempster           | NH            | 03605                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|            |                                            |      | (City)                                      | (State)                                 | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------|--------------------------------------------|------|---------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.         | Telephone number:                          |      | 603-321-6597                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10.        | Facsimile number:                          |      |                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11.        | Email address:                             |      |                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12.        | Equipment<br>Vendor's Name:                |      | Krannich Solar                              |                                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 13.        |                                            |      | 7000 Commerce Parkway, Suite A              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            | (                                          | (3)  |                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            |                                            |      | Mt Laurel (City)                            |                                         | 08054<br>(Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 14.        | Telephone number:                          |      | 856-802-0991                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15.        | Facsimile number:                          |      |                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16.<br>17. | Email address: Independent Monitor's Name: |      | New Hampshire Electric Cooperative,         | La .                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 18.        | Business Address: (                        | (1)  | 579 Tenney Mountain Highway                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            |                                            |      |                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            |                                            |      |                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            |                                            |      | Plymouth (City)                             | NH<br>(State)                           | 03264<br>(Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 19.        | Telephone number:                          |      | 800-698-2007                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 20.        | Facsimile number:                          |      | 603-536-8698                                | = MANAGEMENT                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 21.        | Email address:                             |      |                                             | 1 1111111111111111111111111111111111111 | Love containment the second of |
| 22.        | The ISO-New Engla                          | nd   | asset identification number, if applicable: | M-1014-FF                               | or N/A: <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 23.        | The GIS facility code                      | e, i | f applicable: pending or                    | r N/A:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| <b>24.</b> | wind generation                                                              | solar hot water other generation.  ation, provide a description. (Attach as "Exhibit A")                                      |
|------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 25.        | A list and description the inverter (Attach as                               | of the equipment used at the facility, including the REC meter and, if applicable, "Exhibit B") <b>ATTACHED</b>               |
| 26.        |                                                                              | nnection agreement pursuant to Puc 307.06, if applicable, between the applicant ility (Attach as "Exhibit C" or N/A) ATTACHED |
| 27.        |                                                                              | applicant that the project is installed and operating in conformance with any odes (Attach as "Exhibit D" or N/A  N/A         |
| 28.        |                                                                              | th electric output, documentation of the applicable distribution utility's approval of ch as "Exhibit E" or N/A) ATTACHED     |
| 29.        | Ms. Debra A<br>Executive D<br>State of Nev<br>Public Utilit<br>21 S. Fruit S | virector and Secretary w Hampshire ties Commission                                                                            |
| 30.        | Preparer's Information                                                       | n:                                                                                                                            |
|            | Name                                                                         | :: Scott C. McNeil                                                                                                            |
|            | Title                                                                        | e: Program Administrator - Technical                                                                                          |
|            | Company                                                                      | New Hampshire Electric Cooperative, Inc.                                                                                      |
|            | Address:                                                                     | 579 Tenney Mountain Highway, Plymouth, NH 03264                                                                               |
|            | Phone Number:                                                                | 603-536-8608                                                                                                                  |
|            | Email Address:                                                               | mcneils@nhec.com                                                                                                              |
| 31.        | Preparer's Signature:                                                        | Jan 6.12.14                                                                                                                   |

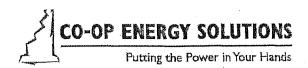
### EXHIBIT B SUPPLEMENTAL

Eckhard Straeter 169 Allen Road Lempster, NH 03605

#### Equipment addition:

Suntech STP 250-20 solar panels
 SMA Sunnyboy 6000US inverter
 SMA Sunnyboy 3000US inverter

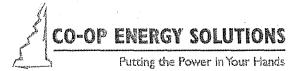
## EXHIBIT C SUPPLEMENTAL



#### NEW HAMPSHIRE ELECTRIC CO-OP INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 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: ECHHARD STRAETER                                                                                                                                                                                                         |
| Mail Address: 169 ALLEN 70AD                                                                                                                                                                                                   |
| City: LET PSTER State: NH, Zip Code: 03605                                                                                                                                                                                     |
| Facility Location (if different from above):                                                                                                                                                                                   |
| Daytime Phone #: 603 863 8868                                                                                                                                                                                                  |
| Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #:                                                                                                                                                      |
| Electricity Supplier (ES) Account #:                                                                                                                                                                                           |
| Section 2. Generating Facility Information                                                                                                                                                                                     |
| Generator Type (check one): Solar Wind Hydro                                                                                                                                                                                   |
| Generator Manufacturer, Model Name & Number: SUNTECH 44 PANECS STP 250 - 20                                                                                                                                                    |
| Number of Phases of Unit: Single, Three or Other: S/NGLE                                                                                                                                                                       |
| Generation output rating in Kilowatts:                                                                                                                                                                                         |
| Inverter Manufacturer, Model Name & Number: STA SUNNYROY 600005+ 3000 US                                                                                                                                                       |
| Battery backup? □ Yes ÞNo                                                                                                                                                                                                      |
| Will a generator Disconnect Switch accessible to the utility be installed? ☐ Yes □ No                                                                                                                                          |
| Proposed location of Disconnect Switch, if applicable: <u>かをれて TO アス</u> / ロ タ スタ カス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ノ ハ ス ト ス ト ス ト ス ト ス ト ス ト ス ト ス ト ス ト ス |
| Section 3. Installation Information & Certification                                                                                                                                                                            |
| Check if owner-installed                                                                                                                                                                                                       |
| Installation Date: 8 APRIL 2014                                                                                                                                                                                                |
| Installing Electrician: John M Linn                                                                                                                                                                                            |
| State of NH License #: 13407 M                                                                                                                                                                                                 |
| Mail Address: 204 Allen Road                                                                                                                                                                                                   |
| city: Lempster /                                                                                                                                                                                                               |
| State: NH Zip Code: 03605                                                                                                                                                                                                      |
| Daytime Phone #: (603) (331-6597)                                                                                                                                                                                              |



| 1. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741 and IEEE 929-2000:                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signed (Vendor/Supplier): 2 Classification SEE ENCCOSED SPECSHEE                                                                                                    |
| Name (printed): ECKHARD STRAETERDate: 8 APRIC 2014                                                                                                                  |
| Company: KRANNICH SOLAR 1000 COMPERCIE PARKWAY, SUITE A                                                                                                             |
| Company Address: 700 NT CAUREL NJ 08054                                                                                                                             |
| 2. The system has been installed in compliance with the local Building/Electrical Code of                                                                           |
| LEMPSTER / SUCCIVAN CO- (City/County)                                                                                                                               |
| Signed (Electrician or Town Inspector): Mr. Jun.                                                                                                                    |
| Print Name: $\frac{John Linn}{}$ Date: $4/\ell/2014$                                                                                                                |
| In lieu of signature by inspector, a copy of final inspection certificate may be attached.                                                                          |
| 3. The initial start-up test required by PUC 905.04 has been successfully completed.  Completed on 8-APR 1970/9Witnessed By 4 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 4. Utility signature to signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.  Signed (NHEC)                           |
| Print Name: Wanzmchell Date: 4-8-13                                                                                                                                 |
| Signed (Electricity Supplier Representative):                                                                                                                       |
| Date:                                                                                                                                                               |
| 5. Interconnection Date: 4.5.13                                                                                                                                     |
| 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: German Date: 8-APRIC 2014                                                                                                                   |
| THE ELIGIBLE CUSTOMER-GENERATOR SHALL PROVIDE NEW HAMPSHIRE ELECTRIC CO- OP                                                                                         |

WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR.

### EXHIBIT E SUPPLEMENTAL

# NHEC Approves of the Customer Sited Source Listed Below

Owner Name:

**Eckhard Straeter** 

Project Address: 169 Allen Road, Lempster, NH 03605

Type of Project:

Solar PV addition

NHEC Representative:

Scott C. McNeil

NHEC Representative (signature):

Date: 6:17:14