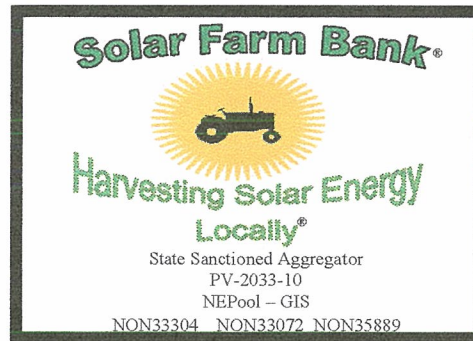


NHPUC 15AUG'13PM12:19



August 8, 2013

Ms. Debra Howland  
Executive Director and Secretary  
State of New Hampshire Public Utilities Commission  
21 S. Fruit Street Suite 10  
Concord, NH 03301-2429

Ms. Howland,

Solar Farm Bank LLC (SFB) New Hampshire Certification Code NH-II-13-O10 requests the New Hampshire Public Utilities Commission (Commission) grant its approval and certification of our account for Class II REC for the photovoltaic array of:

Thomas Scanlon  
28 Old Pine Tree Cemetery Rd.  
Lebanon, NH 03748  
Telephone # 603-298-6274  
Email: scanlont@missouri.edu

In Support of the request for Class II eligibility for the Thomas Scanlon, SFB submits an original and two copies of the completed application, required documentation and supplemental supporting information.

Thank you for your consideration of SFB's request. If you have any questions or need additional information, please contact me directly.

*Stephen Hirsh,*

*President*

Solar Farm Bank LLC. 508-259-2419  
Mailing address: P O Box 24 Medway, MA 02053  
Office address: 205 Shaw Farm Rd Holliston, MA 01746  
Solarfarmbank@gmail.com



State of New Hampshire  
Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

**DRAFT APPLICATION FORM FOR  
RENEWABLE ENERGY SOURCE ELIGIBILITY FOR CLASS I AND CLASS II  
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS**

*Pursuant to New Hampshire Administrative Code Puc 2500 Rules including Puc 2505.08, Certification of  
Certain Customer-Sited Sources*

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter\* to:

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

- Send an electronic version of the completed application and the cover letter electronically to [executive.director@puc.nh.gov](mailto:executive.director@puc.nh.gov).

\* The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or [Barbara.Bernstein@puc.nh.gov](mailto:Barbara.Bernstein@puc.nh.gov).

*Check the applicable class:*

Eligibility Requested for Class I ☐ Class II ☒

Applicant Name: Thomas Scanlon

Mailing Address: 28 Old Pine Tree Cemetery Rd

Town/City: Lebanon NH                      Zip Code: 03748

Primary Contact: Thomas Scanlon

Telephone: 603-298-6274 Cell:                     

Email address: scanlont@missouri.edu

The facility name and contact information (if different than applicant contact information).

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

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter:

quantity		quantity	
24	Sharp 250 Watt ND-250QCS	24	GE Energy 205 Watt Modules
1	Fronius IG Plus 6.0-UNI		
1	SMA 5000		

What is the nameplate capacity of your facility? 11,000 Watts

What was the initial date of operation? Original  
System was and was commission in May 2010  
and expansion was commissioned in July 2012

*This is typically included in the interconnection agreement. Provide this documentation as **Attachment A**.*

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

Installer Name: Prudent Living Inc

Installer Address: 3189b Us Rt 5 South

License #: N/A

Town/City: Windsor State: VT Zip Code: 05089

Telephone: 802-674-9155 x106 Cell: \_\_\_\_\_

Email address: tim@prudentliving.com

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

☐

Provide the name and contact information of the equipment vendor:

☒ Check here if the installer and the equipment vendor were one and the same.

Business Name: \_\_\_\_\_  
Vendor's Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

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

Electrician's Name: Matthew Smith  
Business Name: Brite Lite Electric llc  
Business Address: 3189b US Rt 5 South  
Town/City: Windsor State: VT Zip Code: 05089  
License # 13148M

Provide the name and contact information of the independent monitor for this facility.

(A list of independent monitors is available at:

[http://www.puc.nh.gov/Sustainable%20Energy/Renewable\\_Energy\\_Source\\_Eligibility.htm](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm).)

Independent Monitor's Name: Paul Button  
Town/City: Manchester NH Zip Code: 03102  
Telephone: 603-617-2469 Cell: 603-836-4402  
Email address: pbutton@energy-audits-unltd.com

Provide documentation of the applicable distribution utility's approval of the installation (This is usually included in the interconnection agreement.) If this documentation is separate from the interconnection document, please provide this as **Attachment B**.

Is the facility certified under another state's renewable portfolio standard? yes \_\_\_\_\_ no X  
If "yes", then provide proof of the certification as **Attachment C**.

Attachment D

Attachment D

*In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:*

James Webb  
Registry Administrator, APX Environmental Markets  
224 Airport Parkway, Suite 600, San Jose, CA 95110  
Office: 408.517.2174  
[jwebb@apx.com](mailto:jwebb@apx.com)

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

GIS Facility Code # NON 35889 Asset ID # \_\_\_\_\_

Complete an attestation by the applicant that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following attestation or provide a separate document as **Attachment D**.

**AFFIDAVIT**

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

Applicant's Signature [Signature] Date 8/2/13

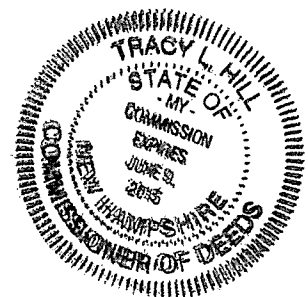
Applicant's Printed Name Thomas C Scanlon

Subscribed and sworn before me this 2nd Day of August (month) in the year 2013

County of Grafton State of New Hampshire

[Signature]  
Notary Public/Justice of the Peace

My Commission Expires 6-9-15



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

#### PREPARER'S INFORMATION

Preparer's Name: Solar Farm Bank LLC / Stephen Hirsh

Mailing Address: 205 Shaw Farm RD

Town/City: Holliston State: MA Zip Code: 01746

Telephone: 508-893-8993 Fax 508-893-8991 Cell: 508-259-2419

Email address: Solarfarmbank@gmail.com or solarfarmbank@verizon.net

Preparer's Signature:  SFB / president

# Attachment A

## GRANITE STATE ELECTRIC COMPANY INTERCONNECTION STANDARDS PROVISION FOR INVERTERS SIZED UP TO 100 KVA

### Simplified Process Interconnection Application and Service Agreement

#### Contact Information:

Date Prepared: May 22, 2013

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

Customer or Company Name (print): Thomas Scanlon

Contact Person, if Company: N/A

Mailing Address: 28 Old Pine Tree Cemetery Rd

City: West Lebanon

State: NH

Zip Code: 03784

Telephone (Daytime): (603)298-6274

(Evening): N/A

NIC

Facsimile Number:

E-Mail Address: scanlont@missouri.edu

D

Note: there is currently a 4.92 kW array that was installed at this address May 2010. This application is to connect an additional 6 kW to the existing array.

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

Name: Prudent Living Inc. (Tim Biebel)

Mailing Address: 3189b US Rt 5 South

City: Windsor

State: Vermont

Zip Code: 05089

Telephone (Daytime): 802-674-9155 x106

(Evening): N/A

Facsimile Number: 802-674-6872

E-Mail Address: tim@prudentliving.com

#### Electrical Contractor Contact Information (if appropriate):

Name: Brite Lite Electric LLC. (Matthew Smith)

Telephone: 802-674-9155 x108

Mailing Address: 3189b US Rt 5 South

City: Windsor

State: Vermont

Zip Code: 05089

#### Facility Information:

Address of Facility: 28 Old Pine Tree Cemetery Rd

General Electric - NET

Date Meter Set: 3/6/12

City: West Lebanon

State:

Zip Code: 03784

Electric Service Company: Liberty Utilities

Account Number: 8945679012

Meter Number: 60078059

Inverter Manufacturer: Fronius USA & SMA

Model Name and Number: Fronius IG PLUS 6.0-UNI / SMA 5000

Quantity: 1 each

Nameplate Rating: 11

(kW)

11

(kVA)

240

(AC Volts)

Single ☒ or Three ☐ Phase

System Design Capacity: 10.29

(kVA)

(kVA)

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other ☐

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other ☐

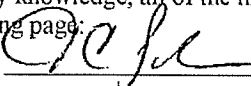
UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No ☐

Estimated Install Date: June 2013

Estimated In-Service Date: July 2013

#### Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: 

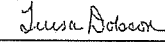
Title: owner

Date: 5/17/13

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

#### Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes ☐ No ☐ To be Determined ☒):

Company Signature: 

Title: CSR

Date: 05/31/2013

Company waives inspection/Witness Test? Yes ☐ No ☒

Application ID number: 14965573

Attachment B pg 1

STANDARDS FOR INTERCONNECTING DISTRIBUTED GENERATION

ATTACHMENT 2

Certificate of Completion for Simplified Process Interconnections

**Installation Information:**

☐ Check if owner-installed

Customer or Company Name (print): Thomas Scanlon

Contact Person, if Company: N/A

Mailing Address: 28 Old Pine Tree Cemetery Rd

City: West Lebanon State: NH Zip Code: 03784

Telephone (Primary): (603)-298-6274 Telephone (Secondary): N/A

Fax: N/A Email: scanlont@missouri.edu

Facility Address (If different from above): N/A

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

Account Number: 8945679012 Meter Number: 60078059

Electrical Contractor's Company or Name (print): Brite Lite Electric LLC

Electrician Name, if Company: Matthew Smith

Mailing Address: 3189b US RT 5 South

City: Windsor State: VT Zip Code: 05089

Telephone (Primary): 802-674-9155 x108 Telephone (Secondary): N/A

Fax: \_\_\_\_\_ Email: matt@britelitenh.com

License number: 13148 M

Date of approval to install Facility granted by the Company: 5/31/2013

Application ID number: 14965573

**Inspection:**

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

Lebanon NH per 2011 NEC  
(City/Town)

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

Wiring Inspector Name (printed):

Winston F. Spencer Jr.

Phone Number:

603-448-1524

Email Address:

win.spencer@lebanonvt.com

As a condition of interconnection you are required to email a copy of this form along with a copy of the signed electrical permit to [distributed.generation@us.ngrid.com](mailto:distributed.generation@us.ngrid.com)



Attachment B pg 2

**From:** [Jill Fitzpatrick](#)  
**To:** [Tim Biebel \(tim@prudentliving.com\)](mailto:tim@prudentliving.com)  
**Subject:** Simplified - Authority to Interconnect - 28 Old Pine Tree Cemetery Road  
**Date:** Wednesday, July 31, 2013 2:47:33 PM  
**Attachments:** [LUSimplifiedApp.pdf](#)  
[Certification .htm](#)

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Hi Tim,

You are authorized to interconnect the 6 kW PV system at 28 Old Pine Tree Cemetery Road, W. Lebanon, NH 03784 with Liberty Utilities distribution system. The existing bi-directional meter will not need to be replaced.

If the system changes ownership, please contact us immediately so we can keep our records up to date.

Group e-mail: [NHSalesMarketing@LibertyUtilities.com](mailto:NHSalesMarketing@LibertyUtilities.com)

Also, I attached the most recent application.

Thanks,

*Jill*

**Jill Fitzpatrick | Liberty Utilities NH | Electric Key Account Manager, Customer Care**  
P: 603-952-2999 | F: 603-870-9041  
E: [Jill.Fitzpatrick@libertyutilities.com](mailto:Jill.Fitzpatrick@libertyutilities.com)  
9 Lowell Road, Salem, NH 03079

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