

KNOLLWOOD ENERGY

DE 14-004

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

January 2, 2014

NH-PUC 6 JAN 14 PM 12:53

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

Dear Ms Howland,

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

Customer Information

Northland Forest Products
36 Depot Road
Kingston, NH 03048
Fred Doane
603-642-3665 x115
Fred@Northlandforest.com

The Nepool GIS ID # for this facility is: NON38907. Also attached are the Simplified Process Interconnection Application and Service Agreement and Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

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

Thank you for your consideration,

Alane Lakritz

Alane Lakritz
President
Knollwood Energy of MA LLC
862-432-0259
908-955-0593 (fax)
Alane@KnollwoodEnergy.com

Enclosures (2)



Certificate of Completion for (Standard Process) Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): Northland Forest Products Contact Person, if Company: Fred Doane
Mailing Address: 16 Church Street
City: Kingston State: NH Zip Code: 03848
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address: fred@northlandforest.com

Address of Facility (if different from above): 36 Depot Road
City: Kingston State: NH Zip Code: 03848

Electrical Contractor's Name (if appropriate): Ayers Electric LLC
Mailing Address: P.O. Box 874
City: Durham State: NH Zip Code: 03824
Telephone (Daytime): 603-868-6446 (Evening): _____
Facsimile Number: _____ E-Mail Address: ayerelectricllc@metrocast.net
License number: 9340 M

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

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

KINGSTON ROCKINGHAM
(City/County)

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

Name (printed): JOSEPH THOMPSON

Date: 9/16/13

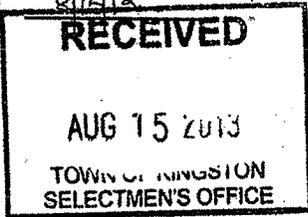
As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842

Town of Kingston
163 Main Street
P. O. Box 716
Kingston, N. H. 03848
(603) 642-3342 Fax: (603) 642-4108



Map U9
Lot 31
Date 8/15/13



APPLICATION FOR ELECTRICAL PERMIT

Site Location (street address): Same

Owner Name: Northern Forest Products Phone: _____

Owner Address: 36 Depot Street

Contractor: Ayer Electric LLC Phone: 868-6446

Cell Phone: 235-2882

Contractor Address: P.O. Box 864 Durham NH 03824

NH License: 9340M (Please produce your license to be photostated)

Residential Commercial Industrial Other _____

New Construction Alteration / Repair

Service: _____ Amps _____ Voltage _____ Phase Overhead Underground

Work to be Done:

Ceiling Fixtures: _____ Switches: _____

Receptacles / Outlets: _____ Circuits: _____

Furnaces / Heaters: _____ Water Heater: _____

Signs: _____ Ranges: _____ Other: _____

Solar / Geothermal: 20kw Solar Array

Describe Work to be Done: New Solar Array and Inverter
Installed on Building Roof

When ready for inspection, call Joe Thompson at 642-5336.

The Applicant certifies that all information given is correct and that all pertinent electrical ordinances and codes will be complied with in performing the work for which this permit is issued.

[Signature]
Contractor

[Signature]
Permit Clerk

Tax Map U9 Lot 31 Fee 300.00



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.

* 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.

Check the applicable class:

Eligibility Requested
for **Class I** **Class II x**

Applicant

Name: Knollwood Energy of MA

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Primary
 Contact: Alane Lakritz
 Telephone: 862-432-0259 Cell: _____
 Email
 address: alane@knollwoodenergy.com

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

Facility Name: Northland Forest
 Mailing Address: 36 Depot Road
 Town/City: Kingston State: NH Zip Code: 03048
 Primary
 Contact: Fred Doane
 Telephone: (603) 642-3665 #6 Cell: _____
 Email
 address: fred@northlandforest.com

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

quantity		quantity	
182	Mage 250 PowerTec Plus 250		
1	Solectria 50KW 480 volt inverter		
1	480 volt 3 phase meter		

What is the nameplate capacity of your facility? 45.5 kW
 What was the initial date of operation? 9/16/2013

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: Seacoast Energy
Installer Address: 289 Scruton Pond Road
License #: _____
Town/City: Barrington State: NH Zip Code: 03825
Telephone: 603.973.9798 Cell: _____
Email address: jack@seasolarstore.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: D. Ayer
Business Name: Ayer Electric LLC
Business Address: PO Box 864
Town/City: Durham State: NH Zip Code: 03824
License # 9340M

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.)

Independent Monitor's
Name: Paul Button
Town/City: Manchester State: NH Zip Code: 03102
Telephone: 603-617-2469 Cell: _____
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 nox
_____ _____
If "yes", then provide proof of the certification as **Attachment C**.

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

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

GIS Facility Code
NON38907 Asset ID # NON38907

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

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

AFFIDAVIT

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

Applicant's
Signature

Alane Lakritz

Date

12/31/13

Applicant's Printed
Name

Alane Lakritz

Subscribed and sworn before me 31 Day of DECEMBER (month) in the
this 2013 year

County of

MORRIS

State of

NJ

[Signature]
Notary Public/Justice of the Peace

My Commission
Expires _____

SYLVIA A. SMITH
Notary Public
State of New Jersey
My Commission Expires Jan. 6, 2019
I.D.# 2309220

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 executive.director@puc.nh.gov .	
*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.	

PREPARER'S INFORMATION

Preparer's Name: Alane Lakritz, Knollwood Energy of MA LLC

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Telephone: 862-432-0259 Cell: _____

Email address: alane@knollwoodenergy.com; amy@knollwoodenergy.com

Preparer's Signature: _____