

January 24, 2014

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:

Julian Kiszka  
 1 May Ray Avenue  
 Plaistow, NH 03865  
 Telephone # 603-661-3764  
 Email: [juliankiszka@gmail.com](mailto:juliankiszka@gmail.com)

In Support of the request for Class II eligibility for the Julian Kiszka, 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

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# 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).

Eligibility Requested for: Class I  Class II

Is this facility part of an aggregation? YES  NO

If the facility is part of an aggregation, please list the aggregator's name: Solar Farm Bank

Applicant Name: Julian Kiszka

Mailing Address: 1 May Ray Avenue

Town/City: Plaistow State: NH Zip Code: 03865

Primary Contact: Julian/Barbara Kiszka

Telephone: 603-661-3764 Cell: 781-570-9282

Email address: juliankiszka@gmail.com

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

Facility Name: Same as Above

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	
36	Solar World SW270 270W Modules	1	GE FM 02S 240V 3W CL200 EZ
1	SMA SB8000 Inverter	1	SMA SI6048 Inverter
3	Racking – DPW Top-of-Pole		

What is the nameplate capacity of your facility? 9.72 kW DC

What was the initial date of operation? 12/27/2013

*This information 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: Harmony Energy Works Incorporated

Installer Address: 10 Gale Rd

License #: NABCEP PV Installer #032611-147

Town/City: Hampton State: NH Zip Code: 03842

Telephone: 603-926-3366 Cell: 603-512-3377

Email address: george.horrocks@harmonyenergyworks.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: Paul Miner

Business Name: Miner Electric

Business Address: 9 Tansy Lane

Town/City: Stratham State: NH Zip Code: 03885

License # 3948M

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 State: NH Zip Code: 03104

Telephone: 603-617-2469 Cell: 603-836-4402

Email address: [pbutton@energy-audits-unltd.com](mailto: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**.

**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. **Please note, if your facility is part of an aggregation, your aggregator should provide you with this information.**

GIS Facility Code # NON-35889 Asset ID # Not Needed

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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 Not needed if above supplied Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_ (month) in the year

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

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

My Commission Expires \_\_\_\_\_

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

**PREPARER'S INFORMATION**

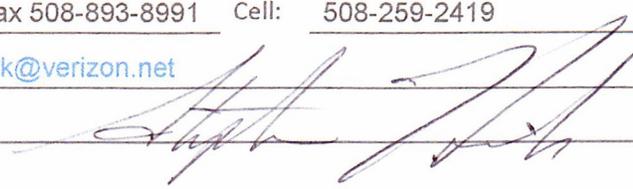
Preparer's Name: Solar Farm Bank LLC //Stephen Hirsh

Mailing Address: 205 Shaw Farm Rd

Town/City: Holliston State: MA Zip Code: 02746

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

Email address: [solarfarmbank@verizon.net](mailto:solarfarmbank@verizon.net)

Preparer's Signature:  SFB ced

Received 8/6/13

\*Requested Spec Sheets to Submit application



(Simplified Process) Interconnection Application and Service Agreement  
(For generating facilities with a (1) power rating of 10 kW or less, single-phase or (2) 25 kW or less, three-phase)

Contact Information:

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

Customer Name: Julian Kiszka Contact Person: \_\_\_\_\_

Mailing Address: 1 May Ray Avenue

City: Plaistow State: NH Zip Code: 03865

Telephone (Daytime): 781-570-9282 E-Mail Address: ~~barbarah111@comcast.net~~ jkiszka@gmail.com

Electricity Supplier: Unitil ~~juliankiszka@gmail.com~~

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

Name: George Horrocks - Harmony Energy Works Incorporated

Mailing Address: 10 Gale Road

City: Hampton State: NH Zip Code: 03842

Telephone (Daytime): 603-926-3366 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: george.horrocks@harmonyenergyworks.com

Electrical Contractor Contact Information (if appropriate):

Name: Paul Miner - Miner Electric Telephone: 603-772-6807

Mailing Address: 9 Tansy Lane

City: Stratham State: NH Zip Code: 03857

Facility Information:

Address of Facility: 1 May Ray Avenue

City: Plaistow State: NH Zip Code: 03865

Electric Service Company: Unitil Account Number: 2167157-2096798

Generator Manufacturer, Model Name & Number: N/A

Inverter Manufacturer: SMA Model Name & Number: SB8000US Quantity: 1

Nameplate Rating: 4.77 Phase 1 1.59 Phase 2 (kW) (kVA) 240 (AC Volts) Single  or Three Phase \_\_\_\_\_

UL 1741 Listed? Yes  No \_\_\_\_\_ Generator Disconnect Switch accessible to the utility Yes  No \_\_\_\_\_

Prime Mover: Photovoltaic  Reciprocating Engine  Fuel Cell  Turbine  Other \_\_\_\_\_

Energy Source: Solar  Wind  Hydro  Diesel  Natural Gas  Fuel Oil  Other \_\_\_\_\_

Planning to Export Power? Yes  No \_\_\_\_\_ Export Form? Qualifying Facility \_\_\_\_\_ Net Metering  Other \_\_\_\_\_

Estimated Install Date: August 15, 2013 Estimated In-Service Date: September 15, 2013

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true:

Customer Signature: Julian Kiszka Title: Owner Date: 7/20/2013

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: [Signature] Title: MGR - Dist. Eng Date: 12/6/13



### Certificate of Completion for Interconnection

Installation Information: \_\_\_\_\_ Check if owner-installed

Customer or Company Name (print): Julian Kiszka

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

Mailing Address: 1 May Ray Avenue

City: Plaistow State: NH Zip Code: 03865

Telephone (Daytime): 781-570-9282 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: bbkiszka@gmail.com

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

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

Electrical Contractor's Name (if appropriate): Paul Miner / Miner Electric

Mailing Address: 9 Tansy Lane

City: Stratham State: NH Zip Code: 03857

Telephone (Daytime): 603-772-6807 (Evening): \_\_\_\_\_

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

License number: 3948M State: NH

Date of approval to install Facility granted by the Company: 12/27/2013

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

Inspection:

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

Plaistow, Rockingham, New Hampshire

(City/County/State)

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

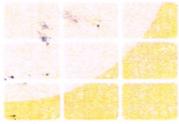
Name (printed): Samuel Rey

Date: 12/27/2013

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

ATTACHMENT D



**Harmony**  
ENERGY WORKS

10 Gale Rd  
Hampton, NH 03842  
603-926-3366



**Julian Kiszka-**

**COMMISSIONING REPORT & CERTIFICATION OF SYSTEM OPERATION**

I am pleased to present this Letter of Certification in regards to the 9.72 kW - DC (STC) solar photovoltaic (PV) system installed at 1 May Ray Avenue, Plaistow NH. In my role and capacity as PV Project Manager for the above installation, I do hereby certify that the 9.72 kW PV system has been inspected, commissioned, and interconnected with the grid and was placed in service on December 27, 2013. The project was installed and is operating in conformance with any applicable state/local building codes. The 9.72 kW PV system consists of 36 - 270W Solar World solar modules, 1 SMA SB8000 inverter, 1 SMA SI6048 Charge Controller and battery backup inverter. All solar PV panels, inverters, and balance of system equipment are operating properly and as designed. The power output of the solar PV system is being fed into the Unitil grid as per the terms and conditions of the Unitil Standard Interconnection Agreement and *CHAPTER PUC 900 Net Metering For Customer-Owned Renewable Energy Generation Resources Of 1000 Kilowatts Or Less* of the NH Public Utility Commission (NHPUC).

Installers's Signature *George Horrocks* Date 1/8/14

Installer's Printed Name George Horrocks

Subscribed and sworn before me this 8 Day of January (month) in the year 2014

County of Rockingham State of New Hampshire

*Christine S Bailey*  
Notary Public/Justice of the Peace

My Commission Expires \_\_\_\_\_

Christine S. Bailey  
Notary Public  
State of New Hampshire  
Commission Expires July 28, 2015

