DE 14-057

Solar Farm Bank®

Harvesting Solar Energy Locally®

State Sanctioned Aggregator
PV-2033-10
NEPool – GIS
NON33304 NON33072 NON35889

NHPUC 3MAR'14PM12:33

February 27, 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:

Corin Wright
96 Colonel Daniels Drive
Bedford, NH 03110
Telephone # 802-377-8309
Email: corin.wright@gmail.com

In Support of the request for Class II eligibility for the Corin Wright, SFB 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.

* 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.

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 LLC

Applicant Name: Corin Wright

Mailing Address: 96 Colonel Daniels Drive

Town/City: Bedford State: NH Zip Code: 03110

Primary Contact:

Telephone: Cell: 802-377-8309

Email address: corin.wright@gmail.com

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

Facility Name: Same

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	
44	Suniva Optimus 60-4-100 Panels		
44	Enphase M215 Micro inverters		
1	Hialeah Meter #93147125		

What is the nameplate capacity of your facility? 9.46

What was the initial date of operation? 9/4/2013

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: Revision Energy

Installer Address: 7 Commercial Drive

License #: 13139M

Town/City: Exeter State: NH Zip Code: 03833

Telephone: 603-501-1822 Cell:

Email address: kimry@revisionenergy.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: _____

Business Name: _____

Business Address: _____

Town/City: _____ State: _____ Zip Code: _____

License # _____

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: 03104

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

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 # 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 _____ Date 2/18/2014

Applicant's Printed Name CORIN WRIGHT

Subscribed and sworn before me this 18th Day of February (month) in the year 2014

County of Middlesex State of Massachusetts

Alison W. Jackson
Notary Public/Justice of the Peace

My Commission Expires April 18, 2014

ALISON W. JACKSON
Notary Public
Commonwealth of Massachusetts
My Commission Expires
April 18, 2014

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: Stephen Hirsh // Solar Farm Bank LLC

Mailing Address: 205 Shaw Farm Road

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

Preparer's Signature: Stephen Hirsh SFB/CEO

Attachment B

RECEIVED
AUG 28 2013
SESD

Public Service Company Of New Hampshire
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: ☐ Check if owner-installed

Customer or Company Name (print): Corin Wright

Contact Person, if Company:

Mailing Address: 96 Colonel Daniele Drive

City: Bedford State: NH Zip Code: 03110

Telephone (Daytime): 802 377 8309 (Evening):

Facsimile Number: E-Mail Address:

Facility Information:

Address of Facility (if different from above):

City: State: Zip Code:

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): ReVision Energy- William Levay

Mailing Address: 7 Commercial Drive

City: Brentwood State: NH Zip Code: 03833

Telephone (Daytime): 603 501 1822 (Evening):

Facsimile Number: E-Mail Address: kimry@revisionenergy.com

License number: 13139M

Date of approval to install Facility granted by the Company: 7/17/2013

PSNH Application ID number: #N 2738

Inspection:

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

City: BEDFORD County: HILLSBOROUGH

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

Signature: Wayne Moore

Name (printed): WAYNE MOORE Date: 8-22-13

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B – Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.

Customer Signature:

As a condition of interconnection you are required to send/fax a copy of this form to :

Public Service Company of New Hampshire
Supplemental Energy Sources Department
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2449

Attachment A(1)

603-634-2449

RECEIVED
JUL 11 2013
SESD

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 6/16/2013

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

✓ Customer or Company Name (print): Colin Wright

Contact Person, if Company:

Mailing Address: 96 Colonel Daniels Drive

City: Bedford State: NH Zip Code: 03110

Telephone (Daytime): 602 377 5309 (Evening):

Facsimile Number: E-Mail Address:

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

Name: ReVision Energy, Kimry Corrette

Mailing Address: 7 Commercial Drive

City: Exeter State: NH Zip Code: 03833

Telephone (Daytime): 603-501-1822 (Evening):

Facsimile Number: 603-782-0993 E-Mail Address: kimry@revisionenergy.com

Electrical Contractor Contact Information (if appropriate):

Name: Telephone:

Mailing Address:

City: State: Zip Code:

✓ Facility Information: 96 COLONEL DANIELS DRIVE

Address of Facility: 96 Colonel Daniels Drive

City: Bedford State: NH Zip Code: 03110

✓ Electric Service Company: PSNH Account Number: 781901005 Meter Number: G59313606 ✓

SERVICE BILLING ACCT # 56233206010 ✓

Electricity Supply Company: Account Number:

Generator/Inverter Manufacturer: Enphase ✓ Model Name and Number: M215 ✓ Quantity: 10 ✓

Nameplate Rating: 4.085 (kW) (kVA) 240 (AC Volts) Single [X] or Three Phase

4.09 System Design Capacity: (kVA) (kVA) Battery Backup: Yes No [X]

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes [X] ✓ No

Prime Mover: Photovoltaic [X] Reciprocating Engine [ ] Fuel Cell [ ] Turbine [ ] Other

Energy Source: Solar [X] Wind [ ] Hydro [ ] Diesel [ ] Natural Gas [ ] Fuel Oil [ ] Other

✓ UL 1741.1 (IEEE 1547.1) Listed? Yes [X] No External Manual Disconnect: Yes ✓ No

Estimated Install Date: 8/2013 Estimated In-Service Date: 11/2013

Interconnecting 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:

Customer Signature: [signature] Title: Date: 7/10/2013

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: SR. ENGINEER Date: 7-12-13

Attachment A 2 original Pg 1

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: [redacted]

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

Customer or Company Name (print): [redacted]

Contact Person, if Company: _____

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone (Daytime): [redacted] (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

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

Name: ReVision Energy, Kimry Corrette

Mailing Address: 7 Commercial Drive

City: Exeter State: NH Zip Code: 03833

Telephone (Daytime): 603-501-1822 (Evening): _____

Facsimile Number: 603-782-0993 E-Mail Address: kimry@revisionenergy.com

Electrical Contractor Contact Information (if appropriate):

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Information:

Address of Facility: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Electric Service Company: PSNH Account Number: 781901005 Meter Number: 65931360 6

Electricity Supply Company: _____ 5623320 6010 Account Number: _____

Generator/Inverter Manufacturer: [redacted] Model Name and Number: [redacted] Quantity: [redacted]

Nameplate Rating: [redacted] (kW) _____ (kVA) [redacted] (AC Volts) Single [redacted] or Three ___ Phase

System Design Capacity: _____ (kVA) _____ (kVA) Battery Backup: Yes _____ No [redacted]

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes [redacted] _____ No _____

Prime Mover: Photovoltaic [redacted] Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____

Energy Source: Solar [redacted] Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

UL 1741.1 (IEEE 1547.1) Listed? Yes [redacted] No _____ External Manual Disconnect: Yes No

Estimated Install Date: [redacted] Estimated In-Service Date: [redacted]

Interconnecting 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.

Customer Signature: _____ Title: _____ Date: 2/12/2014

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: Mng SESD Date: 2/13/14

Attachment A2 Revised pg 2

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 6/18/2013

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

Customer or Company Name (print): Corin Wright

Contact Person, if Company:

Mailing Address: 96 Colonel Daniele Dr

City: Bedford State: NH Zip Code: 03110

Telephone (Daytime): (Evening):

Facsimile Number: E-Mail Address:

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

Name: ReVision Energy, Kimry Corrette

Mailing Address: 7 Commercial Drive

City: Exeter State: NH Zip Code: 03833

Telephone (Daytime): 603-501-1822 (Evening):

Facsimile Number: 603-782-0993 E-Mail Address: kimry@revisionenergy.com

Electrical Contractor Contact Information (if appropriate):

Name: Telephone:

Mailing Address:

City: State: Zip Code:

Facility Information:

Address of Facility: 96 Colonel Daniele Dr

City: Bedford State: NH Zip Code: 03110

Electric Service Company: PSNH Account Number: 781 701 005 Meter Number: 59313606

Electricity Supply Company: 56233206010 Account Number:

Generator/Inverter Manufacturer: Enphase Model Name and Number: V215 Quantity: 25

Nameplate Rating: 5.375 kW, (kVA) 240 (AC Volts) Single X Three Phase

System Design Capacity: (kVA) (kVA) Battery Backup: Yes No X

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

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

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

UL 1741.1 (IEEE 1547.1) Listed? Yes X No External Manual Disconnect: Yes No

Estimated Install Date: 8/2013 Estimated In-Service Date: 11/2013

Interconnecting 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.

Customer Signature: [signature] Title: Date: 2/12/2014

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: Mng SESD Date: 2/13/14