



DE 14-151

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

May 31, 2014

NHPUC JUN04'14 AM11:25

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 Eaton Door and Frame 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 and Facility Information

Eaton Door and Frame
3 Industrial Way
Salem, NH 03079
Mary Vinagro
603-893-5083
MVinagro@nefinish.com

The Nepool GIS ID # for this facility is: NON40970. Also enclosed 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 (3)

LINKED



State of New Hampshire Public Utilities Commission

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



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) 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.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I Class II Check here if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Mary Vinagro Email MVinagro@nefinish.com
 Address 3 Industrial Way City Salem State NH Zip 03079
 Telephone 603-893-5083 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name Eaton Door and Frame Primary Contact _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ Cell _____
 Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	168	Solar World SW250-Poly	other		
Inverter	168	Enphase M215	other		
meter	1	Energy Tracking WEM MX 333mV	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 36

What was the initial date of operation (the date your utility approved the facility)? 1/07/2014

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

Installer Name Bright Light Solar Contact Vladimir Hromis License # (if applicable) _____

Address 275 Bear Hill Rd. City Chichester State: H Zip 03258

Telephone 603-731-3169 email vladimir.hromis@blsus.com

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

- Provide the name and contact information of the equipment vendor.

X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ email _____

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

Electrician's Name Lenn Johnson License # 8033

Business Name Johnson Electric Email lennstang@comcast.net

Address 454 Micol Rd City Pembroke State NH Zip 01832

- Provide the name of the independent monitor for this facility. (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Thomas Kelly, Natural Capital

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

- Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.
- 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

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON40970 Asset ID # NON40970

- 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.
- 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 5/29/2014

Applicant's Printed Name Alane Lakritz

Subscribed and sworn before me this 29 Day of May (month) in the year 2014

County of MORRIS State of New Jersey

Dulce Pinto
 Notary Public/Justice of the Peace

My Commission Expires _____



- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	
• Documentation of the distribution utility’s approval of the installation.*	
• If the facility is participating in another state’s renewable portfolio standard (RPS) program, documentation of certification in other state’s RPS.	
• A signed and notarized attestation.	
• A GIS number obtained from the GIS Administrator.	
• 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 application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here and skip this section.

PREPARER'S INFORMATION

Preparer’s Name Amy Molinaro Email address: amy@knollwoodenergy.com
 Address PO Box 30 City Chester State NJ Zip 07930
 Telephone 862-432-5908 Cell _____
 Preparer’s Signature: 

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: _____

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

Customer or Company Name (print): Eaton Door and Frame Contact Person, if Company: Jon Maryuis

Mailing Address: 3 Industrial Way

City: Salem State: NH Zip Code: 03079 E-Mail: JMaryuis@eatonfinish.com

Telephone (Daytime): (603) 893-5083 (Evening): (617) 574-3640 Facsimile Number: _____

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

Name: Beth Vinnacombe

Mailing Address: 3 Industrial Way

City: Salem State: NH Zip Code: 03079 E-Mail: bvinnacombe@eaton.com

Telephone (Daytime): 603-893-8395 (Evening): 603-486-5780 Facsimile Number: 603-593-3774

Electrical Contractor Contact Information (if appropriate):

Name: Lenn Johnson Electric Telephone: (603) 406-3990

Mailing Address: 454 M. Col Rd

City: Pembroke State: NH Zip Code: 03275

Facility Information:

Address of Facility: 3 Industrial Way

City: Salem State: NH Zip Code: 03079

Electric Supply Co: Liberty Utilities Acct #: 02886-08015 Meter #: 02182906

Gen/Inverter Manu: Enphase Model Name and #: Enphase M-215 Quantity: 168

Nameplate Rating: 0215 (kW) _____ (kVA) 207 (AC Volts) Single _____ or Three Phase

System Design Capacity: 36.12 (kVA) _____ (kVA) Battery Backup: Yes: _____ No: _____

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

Prime Mover: Photovoltaic Recip'g Engine Fuel Cell Turbine Other: _____

Energy Source: Solar Wind Hydro Diesel Nat Gas Fuel Oil Other: _____

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

Estimated Install Date: 10/25/2013 Estimated In-Service Date: 11/15/2013

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: Controller Date: 11-15-13

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: [Signature] Title: ENGINEER Date: 11/25/13

Company waives inspection/Witness Test? Yes: _____ No:

Dated: July 03, 2012

Issued by: /s/ Victor D. DeI Vecchio

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): <u>Eaton Door and Frame</u>		Contact Person, if Company: <u>Beth Vinnacombe</u>	
Mailing Address: <u>3 Industrial Way</u>			
City: <u>Salem</u>	State: <u>NH</u>	Zip Code: <u>03079</u>	E-Mail Address: <u>bvinnacombe@eatondoorandframe.com</u>
Telephone (Daytime): <u>(603) 893-8395</u>	(Evening): _____	Facsimile Number: _____	
Address of Facility (if different from above): _____			
City: <u>N/A</u>	State: <u>N/A</u>	Zip Code: <u>N/A</u>	
Generation Vendor: <u>N/A</u>		Contact Person: <u>N/A</u>	

I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature: _____ Date: _____

Electrical Contractor's Name (if appropriate): <u>Lenn Johnson</u>		License number: <u>8633</u>	
Mailing Address: <u>454 Micol Rd</u>			
City: <u>Pembroke</u>	State: <u>NH</u>	Zip Code: <u>03275</u>	E-Mail Address: <u>lennstang@comcast.net</u>
Telephone (Daytime): <u>(603) 496-3990</u>	(Evening): _____	Facsimile Number: _____	

Date of approval to install Facility granted by the Company: 11/25/2013 Installation Date: 11/22/2013
Application ID number: _____

Inspection:

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

Salem/Rockingham
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): B. C. Miller

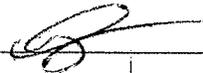
Name (printed): B. C. Miller Date: 12/2/2013

Dated: July 03, 2012
Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio
Victor D. Del Vecchio
Title: President

Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial startup test required by Puc 905.04 has been successfully completed.

Customer Signature:  Date: 11/27/13

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

Electric Sales and Marketing
Liberty Utilities
9 Lowell Road
Salem, NH 03079
NHSalesMarketing@LibertyUtilities.com

Issued by: /s/ Victor D. Del Vecchio
Victor D. Del Vecchio
Title: President

Town of Salem
ELECTRIC PERMIT
EL-COMMERCIAL
Town Hall, 33 Geremonty Drive
Salem, NH 03079
603-890-2020

Permit Number
2013-02357
Effective Date
10/27/2013
Expiration Date
10/27/2014

Owner: 3 INDUSTRIAL WAY CONDOMINIUM

Applicant: LENN JOHNSON ELECTRIC

Location of Work: 3 INDUSTRIAL WAY ENTIRE
(No. and Street) (Unit or Building)

Description of Work: SUPPLY & INSTALL 40KW ROOF MOUNT SOLAR ELECTRIC SYSTEM. MICRO INVERTERS ARE MOUNTED TO THE PANELS. 160 PANELS. 3 OUTLET SYSTEM 208 VOLTS

ZONING DATA: District: Map/Lot: 96/7498

CONTRACTOR: LENN JOHNSON ELECTRIC 603-496-3990

REMARKS:

CALL 890-2027 FOR THE FOLLOWING INSPECTIONS (24 hour notice required):

- 1) TRENCH _____
- 2) SERVICE _____
- 3) ROUGH _____
- 4) FINAL _____

THIS ELECTRIC PERMIT IS EFFECTIVE FROM THE DATE OF ISSUE.

ALL ADDRESSES MUST BE VISIBLE FROM THE STREET.

Work shall not proceed until the Inspector has approved the various stages of construction. Permit will become null and void if construction work is not started within six months of the effective date as noted above.

Permit Holder: LENN JOHNSON ELECTRIC (Taking Responsibility for the Work)			
Company/Affiliation: Contractor		Job Site Phone Number:	
Constr Cost: \$0	Permit Fee: \$380.00	Check No.: 12308	Cash: \$0.00
The Permit Card Shall be Posted and Visible From the Street During Construction			
Code Official	Permit Holder	Date	

