

KNOLLWOOD ENERGY

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

September 23, 2014

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 the Eduardo Martony system 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

Eduardo Martony
8 Longview Circle
Pelham, NH 03076
516-655-7047
emartony@emvm.com

The Nepool GIS ID # for this facility is: NON43084. Also enclosed are the Simplified Process Interconnection Application and Service Agreement and the 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)



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 X 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 Eduardo Martony Email emartony@emvm.com
Address 8 Longview Circle City Pelham State NH Zip 03076
Telephone 516-655-7047 Cell 03076

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

Facility Name _____ Primary Contact Eduardo Martony
Address 8 Longview Circle City Pelham State NH Zip 03076
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	36	SunEdison F265	other		
Inverter	36	Enphase M250	other		
meter	1	AEE Solar CL200 204V 3W	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)? 9.50

What was the initial date of operation (the date your utility approved the facility)? 5/30/2014

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

Installer Name SunRay Solar Contact Michael Fay License # (if applicable) _____
Address 249 Loudon Rd City Concord State: NH Zip 03301
Telephone (603)225-6001 email michael@spreadthesunshine.net

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 Glynn DeSilva License # 12821M

Business Name Radiant Electric Email glynn@radiantelectric.net

Address 34 Old Bye Rd. City Raymond State NH Zip 03077

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

Independent Monitor's Name Paul Button Energy Audits Unlimited

Is the facility certified under another state's renewable portfolio standard? yes nox

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 # NON43084

Asset ID # NON43084

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

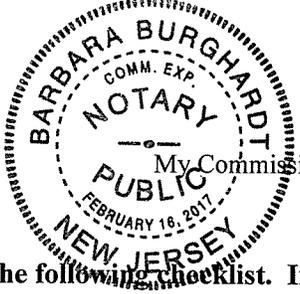
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature Alane Lakritz Date 9/24/14

Applicant's Printed Name Alane Lakritz

Subscribed and sworn before me this 24 Day of September (month) in the year 2014

County of Morris State of New Jersey



Barbara Burghardt
Notary Public/Justice of the Peace

My Commission Expires 2/16/17

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.	X
• A copy of the interconnection agreement. PSNH Customers should include both the Interconnection Standards for Inverters Sized up to 100 KVA and Exhibit B – Certification of Completion for Simplified Process Interconnection.	X
• Documentation of the distribution utility's approval of the installation.*	X
• 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.	X
• A GIS number obtained from the GIS Administrator.	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 PLIC	X

<ul style="list-style-type: none"> An electronic version of the completed application has been sent to <u>executive.director@puc.nh.gov</u> . 	x
*Usually included in the interconnection agreement.	

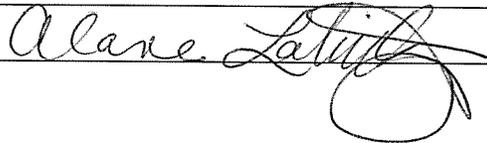
If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here and skip this section.

PREPARER'S INFORMATION

Preparer's Name Alane Lakritz Email address: alane@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 862-432-0590 Cell _____

Preparer's Signature: 

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 5/22/14

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

Customer or Company Name (print): EDUARDO MARTONY Contact Person, if Company: _____

Mailing Address: 8 LONGVIEW CR

City: PELHAM State: NH Zip Code: 03076 E-Mail: emartony@emum.com

Telephone (Daytime): 516-655-7047 (Evening): _____ Facsimile Number: _____

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

Name: SUNRAY SOLAR LLC

Mailing Address: 249 LOUDON RD

City: CONCORD State: NH Zip Code: 03301 E-Mail: JOE@SPREADTHEGOOD.COM

Telephone (Daytime): _____ (Evening): _____ Facsimile Number: _____

Electrical Contractor Contact Information (if appropriate):

Name: GLYNN DESILVA (RADIANT ELECTRIC) Telephone: 603-244-2357

Mailing Address: 34 OLD BYE RD

City: RAYMOND State: NH Zip Code: 03077

Facility Information:

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

Electric Supply Co: Liberty Utilities Acct #: 16153-78018 Meter #: 14673068

Gen/Inverter Manu: ENPHASE Model Name and #: M250 Quantity: 36

Nameplate Rating: 250 (kW) _____ (kVA) _____ (AC Volts) Single or Three _____ Phase

System Design Capacity: 9.54 (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: 5/29/14 Estimated In-Service Date: 5/30/14

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: _____

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: _____ Date: _____

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

Dated: July 03, 2012

Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio

Victor D. Del Vecchio

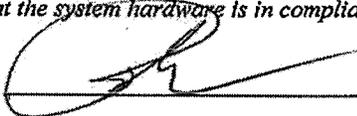
Title: President

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: Check if owner-installed

Customer or Company Name (print): EDUARDO MARTONY		Contact Person, if Company:	
Mailing Address: B LONGVIEW CR			
City: VELHAM	State: NH	Zip Code: 03076	E-Mail Address: emartony@emvm.com
Telephone (Daytime): 516-655-7047	(Evening):	Facsimile Number:	
Address of Facility (if different from above):			
City:		State:	Zip Code:
Generation Vendor: SUNRAY SOLAR LLC.		Contact Person: ROB NELSEN ROB@SPREADTHE SUNSHINE.COM	

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

Vendor Signature:  Date: 6/10/14

Electrical Contractor's Name (if appropriate): PAUL MIZER		License number: 3948M	
Mailing Address: 9 TANSY LN			
City: STRATHAM	State: NH	Zip Code: 03885	E-Mail Address: MIZER@ELECTRIC@COMCAST.NET
Telephone (Daytime): 603-772-6807	(Evening):	Facsimile Number:	

Date of approval to install Facility granted by the Company: MAY 29, 2014 Installation Date: JUNE 10, 2014
Application ID number: _____

Inspection:

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

SEE ATTACHED
(City/County)

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

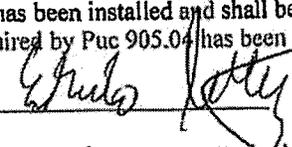
Name (printed): T. Z Date: _____

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: 6/10/14

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

Director of Engineering
Distribution Engineering Dept.
Liberty Utilities
11 Northeastern Blvd.
Salem, NH 03079
Fax No.: 603 896 6175

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

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

Authorized by Docket No. DG 11-040, NHPUC Order No 25,370, Dated 05/30/2012

Town of Pelham
Building Permit
Building & Inspection Department
6 Village Green
Pelham, NH 03076-3723
603-635-7811

Permit Number
2014-00190
Date of Issue
6/04/2014
Expiration Date
6/04/2015

Owner: MARTONY, EDUARDO MAINZER, VALERIA

Applicant: Sunray Solar

Location of Work: 8 LONGVIEW CIRCLE
(No. and Street) (Unit or Building)

Description of Work: Solar arday installed on roof, landscape 2 rows of 18.

ZONING DATA: District: Map/Lot: 13-3-166-14

CONTRACTOR: Sunray Solar 603-225-6001

REMARKS:

Building Inspector

Final: OK MS Date: 4/9/14

Notes: _____

Electrical Inspector

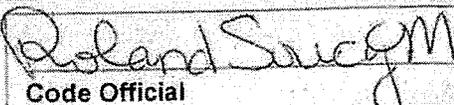
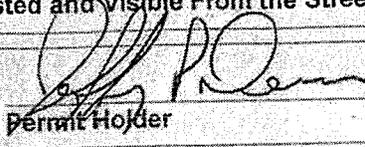
Rough: OK Date: 6-10-14 ✓ T.2.

Notes: _____

Final: OK Date: 6-10-14 ✓ T.2.

Notes: _____

A COPY OF THIS BUILDING PERMIT INCLUDING ALL SIGNATURES & DATES OF INSPECTIONS WILL BE REQUIRED BEFORE ANY CERTIFICATE OF OCCUPANCY IS ISSUED. IF THE INSPECTOR IS UNABLE TO ACCESS THIS PERMIT FOR SIGNATURE THE INSPECTION WILL NOT BE DONE AND A \$50 ADDITIONAL INSPECTION FEE IS REQUIRED. THIS CARD MUST BE KEPT POSTED UNTIL FINAL INSPECTION HAS BEEN MADE. WHERE A CERTIFICATE OF OCCUPANCY IS REQUIRED, SUCH BUILDING SHALL NOT BE OCCUPIED UNTIL FINAL INSPECTION HAS BEEN MADE. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATIONS. 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 DATE THE PERMIT IS ISSUED AS NOTED ABOVE. The town conducts inspections for its own purposes and not for the benefit of the applicant or any third parties. The Town undertakes no duty in favor of the applicant or third parties by virtue of undertaking to issue regulatory approvals or code permits, or by undertaking to conduct inspections in conjunction with such approvals or permits. Further, RSA 155-A:3, VII provides that "no municipality shall be held liable for any failure on the part of a contractor to comply with the provisions of the State Building Code."

Permit Holder: Sunray Solar (Taking Responsibility for the Work)	Job Site Phone Number: 516-655-7047		
Company/Affiliation: Contractor			
Constr Cost: \$0	Permit Fee: \$25.00	Check No.: 1367	Cash: \$0.00
The Permit Card Shall be Posted and Visible From the Street During Construction			
 Code Official	 Permit Holder	6/4/14 Date	