



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

December 10, 2014

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

NHPUC 15DEC14PM1:40

Dear Ms Howland,

Enclosed please find the application for the Christine Nguyen 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

Christine Nguyen
26 Orchard Street
Milford, NH 03055
603.672.7834
chrissyjn@yahoo.com

The Nepoch GIS ID # for this facility is: NON44138. 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,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@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 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 Christine Nguyen Email chrissyjn@yahoo.com

Address 26 Orchard Street City Milford State NH Zip 03055

Telephone 603.672.7834 Cell _____

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

Facility Name _____ 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	32	Suniva 250W	other		
Inverter	32	Enphase M215	other		
meter	1	Itron Centron C1S	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)? 8.0 DC 6.88 AC

What was the initial date of operation (the date your utility approved the facility)? 12/23/13

- 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, LLC Contact Michael Fay License # (if applicable) n/a
 Address 249 Loudon Road City Concord State: NH Zip 03301
 Telephone 603.225.6001 email michael@spreadthesunshine.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. (*Sunray corporate electrician*)

Electrician's Name Eric Whipple License # M10803
 Business Name Oats Electric Email _____

Address 11 Hollyhock Lane City Goffstown State NH Zip 03045

- **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 Tom Kelly Natural Capital, LLC

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 # NON44138 Asset ID # NON44138

- **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. *(see attached)*

Applicant's Signature _____ Date _____

Applicant's Printed Name Alane Lakritz

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

County of _____ State of _____

Notary Public/Justice of the Peace

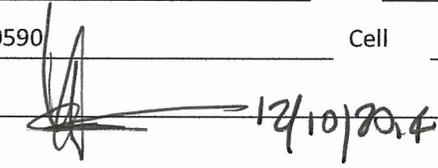
My Commission Expires _____

- 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 <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	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 PUC.	x
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	x
<i>*Usually included in the interconnection agreement.</i>	

- 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 Linda Modica Email address: linda@knollwoodenergy.com
 Address PO Box 30 City Chester State NJ Zip 07930
 Telephone 908.955.0590 Cell _____
 Preparer’s Signature:  _____

- 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

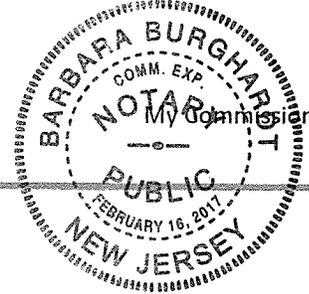
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature Alane Lakritz Date 11/18/2014
 Applicant's Printed Name Alane Lakritz

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

County of Morris State of New Jersey

Debra Burt
 Notary Public/Justice of the Peace



My Commission Expires 2/16/17

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: 12/10/13

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

Customer or Company Name (print): Christine Nguyen

Contact Person, if Company: _____

Mailing Address: 26 Orchard St.

City: Milford State: NH Zip Code: 03055

Telephone (Daytime): 672-7834 (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

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

Name: SunRay Solar, LLC

Mailing Address: 249 Loudon Road

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 602-225-6001 (Evening): _____

Facsimile Number: _____ E-Mail Address: info@spreadthesunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: Keith Firman Telephone: 603-860-2827

Mailing Address: 47 Tiffany Hill Road

City: Weare State: NH Zip Code: 03281

Facility Information:

Address of Facility: 26 Orchard St.

City: Milford State: NH Zip Code: 03055

Electric Service Company: PSNH Account Number: 564736110 Meter Number: _____

Electricity Supply Company: _____ Account Number: _____

Generator/Inverter Manufacturer: Ephase Model Name and Number: M215 Quantity: 32

Nameplate Rating: 215 (kW) _____ (kVA) _____ (AC Volts) Single or Three _____ Phase

System Design Capacity: 8 (kVA) _____ (kVA) Battery Backup: Yes _____ No

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

Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other _____

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

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

Estimated Install Date: 12/12/13 Estimated In-Service Date: 12/13/13

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: Christine J. Nguyen 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: _____

RECEIVED
DEC 30 2013

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

BY: _____

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): Christine Nguyen

Contact Person, if Company: _____

Mailing Address: 26 Orchard St.

City: Milford State: NH Zip Code: 03055

Telephone (Daytime): 672-7834 (Evening): _____

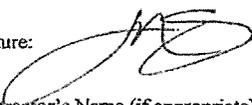
Facsimile Number: _____ E-Mail Address: _____

Address of Facility (if different from above): 26 Orchard St. Milford, NH

City: Milford State: NH Zip Code: 03055

Generation Vendor: ~~AA~~ SunRay Solar Contact Person: Jonathan Gregory

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

Vendor Signature: 

Date: 12/10/13

Electrical Contractor's Name (if appropriate): OATS ELECTRIC (ERIC WHIPPLE)

Mailing Address: 11 HOLLYHOCK LANE

City: BOFFESTOWN State: NH Zip Code: 03045

Telephone (Daytime): 603-554-6387 (Evening): 603-497-3693

Facsimile Number: _____ E-Mail Address: _____

License number: 10803m

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

Application ID number: _____

Inspection:

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

(City/County)

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

Name (printed): _____

Date: _____

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 start up test required by Puc 905.04 has been successfully completed.

Customer Signature: Christine J. Nguyen Date: 10/28/13

Town of Milford

INSPECTION REPORT

ADDRESS 26 ORCHARD DATE 12-23-13

MAP 26 LOT 20-1

Project/Permit # SOLAR ARRAY SYSTEM

Inspections	Approved	Denied	See Below
Foundation/Pier	_____	_____	_____
Framing	_____	_____	_____
Plumbing Rough/Final	_____	_____	_____
Electric Rough/ <u>Final</u>	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Insulation/Draft Stop	_____	_____	_____
Meter Temp/Perm	_____	_____	_____
Final C-O/C-C	_____	_____	_____
Other _____	_____	_____	_____

Remarks: _____

PANELS NEED TO BE LABELLED w/ STICKERS
STATING THE LOCATION OF SOLAR ARRAY.

40 AMP BREAKER FOR SOLAR PANEL NEEDS TO
BE MOVED TO THE BOTTOM OF THE MAIN
PANEL.

METER TO BE LABELLED FOR SOLAR LOCATION

Initials TJH