



DE 14-370

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

December 11, 2014

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

NHPUC 18DEC14AM10:56

Dear Ms Howland,

Enclosed please find the application for the David Hartman 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

David Hartman
7 Pumpkin Hill Road
Warner, NH 03278
603.456.3881
davidehartman@hotmail.com

The Nepool GIS ID # for this facility is: NON45094. 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 David Hartman Email davidhartman@hotmail.com

Address 7 Pumpkin Hill Rd City Warner State NH Zip 03278

Telephone 603.456.3881 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	16	ET Solar 250W	other		
Inverter	16	Enphase M215	other		
meter	1	ltron Centron CL200	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)? 4.0 DC 3.44 AC
 What was the initial date of operation (the date your utility approved the facility)? 11/4/13

- 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 Keith Firman License # M10803
 Business Name Firman Electric Email kfirmanelectric@comcast.net

Address 47 Tiffany Hill Rd City Weare State NH Zip 03281

- 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 # NON45094 Asset ID # NON45094

- 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 [Signature] Date 12/15/14

Applicant's Printed Name LINDA MODICA

Subscribed and sworn before me this 15 Day of December (month) in the year 2014

County of Morris State of New Jersey

[Signature]
Notary Public/Justice of the Peace

My Commission Expires _____

DULCE PINTO
Notary Public
State of New Jersey
My Commission Expires Jan. 21, 2019
I.D.# 2381704

- 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 973.879.7826 Cell _____
 Preparer's Signature: _____


DULCE PINTO
 Notary Public
 State of New Jersey
 My Commission Expires Jan. 21, 2019
 I.D.# 2381704

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: 10/11/13

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

Customer or Company Name (print): David Hartman

Contact Person, if Company: _____

Mailing Address: 7 Pumpkin Hill Road

City: Warner State: NH Zip Code: 03278

Telephone (Daytime): 603-456-3881 (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: 7 Pumpkin Hill Road

City: Warner State: NH Zip Code: 03278

Electric Service Company: PSNH Account Number: 56379911027 Meter Number: _____

Electricity Supply Company: _____ Account Number: 527413522

Generator/Inverter Manufacturer: Enphase Model Name and Number: m215 Quantity: 16

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

System Design Capacity: 5.625 (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: 10/28/13 Estimated In-Service Date: 10/31/13

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: David Hartman Title: _____ Date: 10 Oct 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: _____ Title: _____ Date: _____

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

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): David E. Hartman

Contact Person, if Company: _____

Mailing Address: 7 Pumpkin Hill Rd

City: Warner State: NH Zip Code: 03278

Telephone (Daytime): 603-456-3881 (Evening): 603-456-3881

Facsimile Number: _____ E-Mail Address: davidehartman@hotmail.com

Address of Facility (if different from above): same

City: _____ State: _____ Zip Code: _____

Generation Vendor: SunRay Solar Contact Person: Michael Fay

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

Vendor Signature: Michael Fay

Date: 11/5/2013

Electrical Contractor's Name (if appropriate): Keith Firman

Mailing Address: 47 Tiffany Hill

City: Weare State: NH Zip Code: 03281

Telephone (Daytime): 603-860-2827 (Evening): 603-860-282

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

Weare / Hillsborough

(City/County)

★ Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): [Signature]

Name (printed): John BAYF

Date: 11/4/13

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: David E. Hartman Date: 11 Oct 2013