



DE 14-375

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

November 13, 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 Vernon John 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

Vernon John  
32 Weir Road  
Boscawen, NH 03303  
603.848.4589  
[linear919@msn.com](mailto:linear919@msn.com)

The Nepoch GIS ID # for this facility is: NON44303. 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](mailto: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**  
908-955-0590  
[linda@knollwoodenergy.com](mailto: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](mailto: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](mailto:Barbara.Bernstein@puc.nh.gov).

- Photovoltaic (PV) solar facilities are Class II resources. Contact [Barbara.Bernstein@puc.nh.gov](mailto: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 Vernon John Email linear919@msn.com  
 Address 32 Weir Road City Boscawen State NH Zip 03303  
 Telephone 603.848.4589 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	20	Canadian Solar 250W	other		
Inverter	20	Canadian Solar 250	other		
meter	1	GE kv2c	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)? 5 DC 5 AC

What was the initial date of operation (the date your utility approved the facility)? 7/29/13

- 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: H 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 Fireman License # 10803M

Business Name Keith Fireman Electric Email kfirmanelectric@comcast.net

Address 47 Tiffany Hill Rd City Weare State NH Zip 03882

- 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](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](mailto: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 # NON44303 Asset ID # NON44303

- 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 \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

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 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 [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](mailto: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> <b>and</b> <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 <a href="mailto:executive.director@puc.nh.gov">executive.director@puc.nh.gov</a> .	X
<i>*Usually included in the interconnection agreement.</i>	

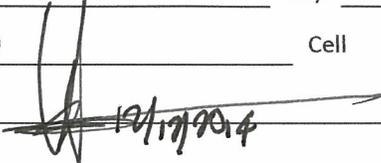
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here  and skip this section.

**PREPARER'S INFORMATION**

Preparer's Name Linda Modica Email address: [linda@knollwoodenergy.com](mailto:linda@knollwoodenergy.com)

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 908.955.0590 Cell \_\_\_\_\_

Preparer's Signature: 

UNITIL ENERGY SYSTEMS, INC.  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA (Continued)

**Simplified Process Interconnection Application and Service Agreement**

Contact Information:

Date Prepared: 6/14/13

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

Customer or Company Name (print): Vernon John Contact Person, if Company: \_\_\_\_\_

Mailing Address: 32 Weir Road

City: Boscawen State: NH Zip Code: 03303

Telephone (Daytime): 603-848-4589 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: linear919@msn.com

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

Name: Sun Ray Solar, LLC

Mailing Address: 249 Loudon Road

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 603-225-6001 (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: 32 Weir Road

City: Boscawen State: NH Zip Code: 03303

Electric Service Company: Unitil Account Number: 1093363-1062664 Meter Number: 459013

Inverter Manufacturer: Canadian Solar Model Name and Number: CS6P-250<sup>M</sup>EA Quantity: 20

Nameplate Rating: 2.5 (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts) Single  or Three \_\_\_\_\_ Phase

System Design Capacity: 6.25 (kVA) \_\_\_\_\_ (kVA)

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 \_\_\_\_\_

Estimated Install Date: 7/15/13 Estimated In-Service Date: 7/20/13

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:

Interconnecting Customer Signature: Vernon John Title: \_\_\_\_\_ Date: 6/14/13

*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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company waives inspection/Witness Test? Yes \_\_\_ No \_\_\_

UNITIL ENERGY SYSTEMS, INC.  
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): Vernon John Contact Person, if Company: \_\_\_\_\_  
Mailing Address: 32 Weir Road  
City: Boscawen State: NH Zip Code: 03303  
Telephone (Daytime): 848-4589 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: linear919@msn.com

Address of Facility (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electrical Contractor's Name (if appropriate): Keith Firman  
Mailing Address: 47 Tiffany Hill rd  
City: Weare State: NH Zip Code: 03281  
Telephone (Daytime): 603-680-2827 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: kfirmanelectric@comcast.net  
License number: 10803M

Date of approval to install Facility granted by the Company: \_\_\_\_\_

Application ID number: \_\_\_\_\_

Inspection:

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

BOSCAWEN, NH  
(City/County)

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

Name (printed): ALON H. HARDY

Date: 7/29/2013

As a condition of interconnection you are required to send/fax a copy of this form to (insert Company's name below):

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mail 1: \_\_\_\_\_  
Mail 2: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Fax No.: \_\_\_\_\_