



REC 15-221

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

NH-PUC 8JUN15PM12:10

June 1, 2015

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 James McDevitt 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

James McDevitt
45 Middle Mountain Rd.
Jackson, NH 03846
603.581.8014
jimmcdevitt@mac.com

Mailing Address

James McDevitt
PO Box 18
Jackson, NH 03846

The new Nepool GIS ID # for this facility is: NON50758. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. 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)

Knollwood Energy - Your best resource for selling and buying solar renewable energy credits



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. (mailing address/facility address)**

Applicant Name James McDevitt Email jimmcdevitt@mac.com

Address PO BOX 18/45 Middle Mountain Rd City Jackson State NH Zip 03846

Telephone 603.581.8014 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	SolarWorld Sunmodule 275	other		
Inverter	1	Solar Edge SE10000A-US	other		
meter	1	Itron Centron Fm2s cis 30ta 1.0kh	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)? 10.0 AC

What was the initial date of operation (the date your utility approved the facility)? 3/13/15

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

Installer Name Frase Electric LLC Contact Kim Frase License # (if applicable) 4146M

Address 789 Whittier Hwy City So. Tamworth State: NH Zip 03883

Telephone 603.284.6618 email kim@fraseelectric.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 Same as Installer – Frase Electric LLC License # _____

Business Name _____ Email _____
Address _____ City _____ State _____ Zip _____

- **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 Paul Button Energy Audits Unlimited

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 # NON50758 Asset ID # NON50758

- **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. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

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

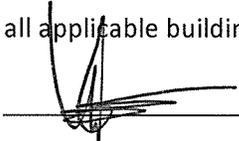
County of _____ State of _____

Notary Public/Justice of the Peace

- 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

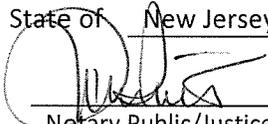
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 5/27/15

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 27 Day of May (month) in the year 2015

County of Morris State of New Jersey


Notary Public/Justice of the Peace

My Commission Expires _____

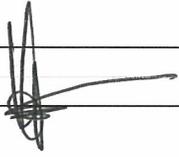
DULCE PINTO
Notary Public
State of New Jersey
My Commission Expires Jan. 21, 2019
I.D.# 2381704

- 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:  6/1/15

Page 2



NEW HAMPSHIRE ELECTRIC CO-OP
INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY.

Section 1. Applicant Information

Name: James McDevitt
Mail Address: PO Box 18
City: Jackson State: NH Zip Code: 03846
Facility Location (if different from above): 45 Middle Mountain Rd.
Daytime Phone #: 603-581-8014 or 603-581-8015
Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #: [REDACTED]
Electricity Supplier (ES) _____ Account #: _____

Section 2. Generating Facility Information

Generator Type (check one): Solar Wind _____ Hydro _____
Generator Manufacturer, Model Name & Number: SolarWorld Sunmodule SW 275 Plus
Number of Phases of Unit: Single Single, Three or Other: Single
Generation output rating in AC & DC Kilowatts: 8.8kW DC / 10kW AC
Inverter Manufacturer, Model Name & Number: SolarEdge SE 10000A US w/optimizers
Battery backup? Yes No
Will a generator Disconnect Switch accessible to the utility be installed? Yes No
Proposed location of Disconnect Switch, if applicable: by the Net Meter

Section 3. Installation Information & Certification

1. Installer Check if owner-installed
Installation Date: 3/5/15
Installing Electrician: Frase Electric LLC
State of NH License #: 41464
Mail Address: 789 Whittier Hwy
City: So. Tamworth
State: NH Zip Code: 03883
Daytime Phone #: 603-284-6618

Section 3. Installation Information & Certification continued

2. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741 and IEEE 929-2000:

Signed (Vendor/Supplier): [Signature]
Name (printed): Kim Frase Date: 3/5/15
Company: Frase Electric LLC
Company Address: 789 Whittier Hwy., So. Tamworth, NH 03883

3. The system has been installed in compliance with the local Building/Electrical Code of:

(City/County) Town of Jackson / CARROLL
Signed (Electrician or Town Inspector): [Signature]
Print Name: Kevin Bennett Date: 3/5/15

In lieu of signature by inspector, a copy of final inspection certificate may be attached.

4. The initial start-up test required by PUC 905.04 has been successfully completed by the electrician.

Completed on 3/13/15 Witnessed By [Signature]

5. Utility signature to signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.

Signed (NHEC) [Signature]
Print Name: JOHN McAVAN Date: 3.13.15

Signed (Electricity Supplier Representative): _____
Date: _____

6. Interconnection Date: 3.13.15

Applicant agrees to install and operate the system in accordance with PUC 900.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.

Signature of Applicant: [Signature] Date: 3/5/15

THE ELIGIBLE CUSTOMER/GENERATOR SHALL PROVIDE NEW HAMPSHIRE ELECTRIC CO-OP WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR.