



REC 15-335

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

August 17, 2015

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

NH-PUC 20A00715PW8:24

Dear Ms Howland,

Enclosed please find the application for the George Olsen 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 (including new requirements 2506.01 and PUC 2506.02)

Customer and Facility Information

George Olsen  
16A Crane Crossing Rd  
Newton, NH 03858  
603.566.8903  
giolsen@myfairpoint.net

The new Nepool GIS ID # for this facility is: NON53465. 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](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**  
973.879.7826  
[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 George Olsen Email [giolsen@myfairpoint.net](mailto:giolsen@myfairpoint.net)

Address 16A Crane Crossing Rd City Newton State NH Zip 03858

Telephone 603.566.8903 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	53	SunEdison F265	other		
Inverter	53	Enphase m215	other		
meter	1	Hialeah S-02S-20023E	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)? 11.3 AC

What was the initial date of operation (the date your utility approved the facility)? 5/28/15

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

Installer  
 Name Granite State Solar Contact Justin Thomas License # (if applicable) 0366C  
 Address 197 N Main Street City Boscawen State: H Zip 03303  
 Telephone 603.369.4318 email [justin@granitestatesolar.com](mailto:justin@granitestatesolar.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 SunEdison Contact Kim Wright  
 Address 600 Clipper Drive City Belmont State CA Zip 94002  
 Telephone 845.224.9376 email [kwright@sunedison.com](mailto:kwright@sunedison.com)

- If an independent electrician was used, please provide the following information. (*Sunray corporate electrician*)

Electrician's Name Shawn Marvel License # 13363M  
 Business Name Granite State Solar Email [shawn@granitestatesolar.com](mailto:shawn@granitestatesolar.com)

Address 197 N Main Street City Boscawen State NH Zip 03303

- **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 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](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 # NON53465                      Asset ID # NON53465

- **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 \_\_\_\_\_

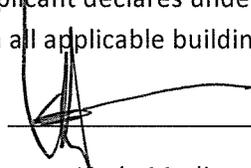
\_\_\_\_\_  
Notary Public/Justice of the Peace

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**

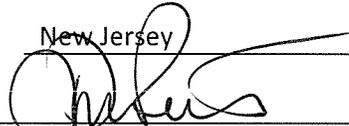
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 8/17/15

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 17 Day of August (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](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 973.879.7826 Cell \_\_\_\_\_

Preparer's Signature:  \_\_\_\_\_

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

**Simplified Process Interconnection Application and Service Agreement**

Contact Information: \_\_\_\_\_ Date Prepared: 3/10/15

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

Customer or Company Name (print): George Olsen Contact Person, if Company: \_\_\_\_\_

Mailing Address: 16A Crane Crossing Rd

City: Newton State: New Hampshire Zip Code: 03858

Telephone (Daytime): (603) 566-8903 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: gjolsen@myfairpoint.net

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

Name: Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: New Hampshire Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: justin@granitestatesolar.com

Electrical Contractor Contact Information (if appropriate):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Information:

Address of Facility: 16A Crane Crossing Rd

City: Newton State: New Hampshire Zip Code: 03858

Electric Service Company: Unitil Account Number: 21039332087832 Meter Number: 146712

Inverter Manufacturer: Enphase Model Name and Number: m215 Quantity: 53

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

System Design Capacity: 11.3 (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: March Estimated In-Service Date: March

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: George Olsen Title: Homeowner Date: 3-10-15

**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 \_\_\_\_\_



Certificate of Completion for Interconnection

Installation Information: \_\_\_\_\_ Check if owner-installed

Customer or Company Name (print): GEORGE OLSEN

Contact Person, if Company: \_\_\_\_\_

Mailing Address: 16A CRANE CROSSING RD

City: NEWTON State: NH Zip Code: 03858

Telephone (Daytime): 603-566-8903 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: gjolsen@myfairpoint.net

Address of Facility (if different from above): 16A CRANE CROSSING

City: NEWTON State: NH Zip Code: \_\_\_\_\_

Electrical Contractor's Name (if appropriate): GRANITE-STATE SOLAR

Mailing Address: 197 N MAIN ST

City: BOSCANEW State: NH Zip Code: 03303

Telephone (Daytime): 603-369-4318 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: justin@granitestate solar.com

License number: 0366 C State: NH

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

\_\_\_\_\_  
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): Daniel H Reilly

Name (printed): Daniel H Reilly

Date: 5/28/15

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation  
Attention: Generator Interconnections  
6 Liberty Lane West  
Hampton, NH 03842