



REC 15-404

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

NH-PUC 21SEP15PM8:48

September 17, 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 Ahearn Solar Garden, LLC 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

Ahearn Solar Garden, LLC
David Ahearn
195 Exeter Road
Hampton Falls, NH 03844
pitlochryfarm@comcast.net
603-918-0287

The new Nepool GIS ID # for this facility is: NON 54492. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, Certificate of Completion and NH Owner Statements. An electronic version has been sent to executive.director@puc.nh.gov.

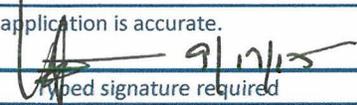
Please do not hesitate to contact me if you have any questions regarding this application.

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)

New Hampshire Public Utilities Commission		This section for PUC use only:			
		REC#			
Draft Class I or II REC Eligibility Application For Solar Customer-Sited Sources 100 Kilowatts Or Less					
1. Class I <input type="checkbox"/>	Class II <input checked="" type="checkbox"/>	GIS Facility Code	NON 54492	2. This facility is part of an aggregation.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
		GIS contact info is provided below			
3. If yes to #2., the facility is part of the Knollwood Energy of MA LLC aggregation.					
<i>To qualify as a REC eligible facility, PUC 2505.02 (b) requires the source to provide the following information:</i>					
Contact Information					
	Name	Address		City	State ZIP
Facility Owner	David Ahearn	195 Exeter Rd		Hampton Falls	NH 3844
Phone 1	603-918-0287	Phone 2		Email	pitlochryfarm@comcast.net
Facility Location	<i>(If facility is named)</i>		<i>(if different than owner address)</i>		
	Ahearn Solar Garden, LLC				
Mailing Address	<i>(if different than owner address and/or facility location)</i>				
Application filed by:					
Business Name	Knollwood Energy of MA LLC	PO Box 30	Chester	NJ	07930
Contact	Linda Modica				
Phone 1	908-879-7826	Phone 2		Email	linda@knollwoodenergy.com
Facility Operator	<i>(complete only if a separate operator manages the facility)</i>				
Phone 1		Phone 2		Email	
Installer Company	Solar Endeavors, LLC	217 Lafayette Rd	Rye	NH	03871
Installer Contact	Aaron Russell				
Phone 1	603-505-8801	Phone 2		Email	aaron@solarendeavors.com
Electrician	Christopher Vining Warren Industries	6 Longwood Avenue	No. Andover	MA	*01846
Phone 1		License #	NH 12730	Email	cwvining@gmail.com
Equipment Vendor	<i>(if not provided through the installer)</i>				
Phone 1		Phone 2		Email	
Independent Monitor (IM) Name	Paul Button			<i>To obtain a GIS Facility Code contact James Webb, Registry Administrator 408.517.2174, jwebb@apx.com</i>	
IM Company Name	EAU-NH				
Equipment Information					
	Manufacturer	Quantity	Model # (if available)	Rated Output/unit	Total Rated Capacity
Panels	SolarWorld	100	SW280	0.280	28.0 (DC)
Inverter(s)	SolarEdge	3	SE10000A-US	10.0	30.0 (AC)
Meter	Schlumberger	CL200 Type J5S	Utility Project ID #	Initial date of operation	<i>(mm/dd/year)</i> 6/1/15
To be completed by the owner. Aggregators may include the owner sign-off via email or letter.					
I agree <input type="checkbox"/>	The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate.				
The project described in this application will meet the metering requirements of Puc 2506 including:					
I agree <input type="checkbox"/>	Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the IM, or a designated representative.				
I agree <input type="checkbox"/>	A revenue quality meter is used to measure the electricity generated.				
I agree <input type="checkbox"/>	The facility owner has certified to the IM that the meter operates according to manufacturing standards.				
I agree <input type="checkbox"/>	The meter shall be maintained according to the manufacturer's recommendations.				

<input type="checkbox"/>	
I agree	The project is installed and operating in conformance with applicable building codes.
<input type="checkbox"/>	
included	A copy of the facility's interconnection agreement is attached.
X	
The Undersigned declares under penalty of perjury that the information provided on this application is accurate.	
 Typed signature required	
Contact Barbara Bernstein at Barbara.bernstein@puc.nh.gov or 603-271-6011 with questions and comments.	

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

DEA
DEA

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

DEA
DEA

A revenue quality meter is used to measure the electricity generated.

DEA
DEA

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

DEA
DEA

The meter shall be maintained according to the manufacturer's recommendations.

DEA
DEA

The project is installed and operating in conformance with applicable building codes.

DEA
DEA

A copy of the facility's interconnection agreement is attached.

David E. Ahearn

Printed Name of signature owner

David E. Ahearn
David E. Ahearn (Sep 10, 2015)

Signature of system owner



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: December 1, 2014

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
 Customer Name (print): David Ahearn Contact Person, if Company: _____
 Mailing Address: 195 Exeter Road
 City: Hampton Falls State: NH Zip Code: 03844
 Telephone (Daytime): 603-918-0287 (Evening): 603-772-7069
 Facsimile Number: _____ E-Mail Address: pitlochryfarm@comcast.net

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
 Name: Aaron Russell
 Mailing Address: 1090 Washington Road
 City: Rye State: NH Zip Code: 03870
 Telephone (Daytime): 978-771-4645 (Evening): _____
 Facsimile Number: _____ E-Mail Address: aaron@solarendeavors.com

Electrical Contractor Contact Information (if appropriate):
 Name: Neil Vilders Telephone: 603-765-2439
 Mailing Address: 255 McKinley Road
 City: Portsmouth State: NH Zip Code: 03801

Facility Information:
 Address of Facility: Same as above
 City: _____ State: _____ Zip Code: _____
 Electric Service Company: Unitil Account Number: 2038419-2036352 Meter Number: ACD0000136386
 Inverter Manufacturer: SolarEdge Model Name and Number: SE10000A-US 3
 Nameplate Rating: 10000 (kW) _____ (kVA) 240 (AC Volts) _____
 System Design Capacity: 28000 (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 _____ Quantity : 3
 Estimated Install Date: 12/18/2014 Estimated In-Service Date: 12/29/2014 Single or Three _____ Phase

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: David Ahearn Title: Homeowner Date: 12/1/2014
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 ___

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): David Ahearn Contact Person, if Company: _____
Mailing Address: 195 Exeter Road
City: Hampton Falls State: NH Zip Code: 03844
Telephone (Daytime): 603-918-0287 (Evening): _____
Facsimile Number: _____ E-Mail Address: pitlochryfarm@comcast.net

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

Electrical Contractor's Name (if appropriate): Christopher Vining (Warren Industries Inc)
Mailing Address: 5 Longwood Avenue
City: N. Andover State: MA Zip Code: 01845
Telephone (Daytime): 978-257-0981 (Evening): _____
Facsimile Number: _____ E-Mail Address: cwvining@gmail.com
License number: 12729

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

Hampton Falls, NH Rockingham County
(City/County)

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

Mark Sikorski

Name (printed): Mark Sikorski

Date: 6/1/15

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.: _____