



REC 15-410

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

September 17, 2015

NHPUC 21SEP'15PM3:51

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 Medbery 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

Russ Medbery
141 South Main St
Newport, NH 03773
medbery@comcast.net
(603) 748-0640

The new Nepool GIS ID # for this facility is: NON 54575. 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.

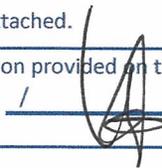
Please do not hesitate to contact me if you have any questions regarding this application.

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 54575	2. This facility is part of an aggregation.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
				<i>GIS contact info is provided below</i>	
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	Russ Medbery	141 South Main St	Newport	NH	03773
Phone 1	(603) 748-0640	Phone 2	Email	medbery@comcast.net	
Facility Location	<i>(If facility is named)</i>		<i>(if different than owner address)</i>		
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	Granite State Solar	197 N Main St	Boscawen	NH	03303
Installer Contact	Justin Thomas				
Phone 1	(603) 369-4318	Phone 2	Email	justin@granitestatesolar.com	
Electrician	Shawn Marvel Granite State Solar	197 N Main St	Boscawen	NH	03303
Phone 1		License #	13363 M	Email	shawn@granitestatesolar.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	SunEdison	40	F270	0.270	10.8 (DC)
Inverter(s)	Enphase	40	m215	0.215	8.6 (AC)
Meter	Hialeah	S-02S-20023E	Utility Project ID #	Initial date of operation	<i>(mm/dd/year)</i> 8/4/15
To be completed by the owner. Aggregators may include the owner sign-off via email or letter.					
I agree	The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate.				
<input type="checkbox"/>					
The project described in this application will meet the metering requirements of Puc 2506 including:					
I agree	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.				
<input type="checkbox"/>					
I agree	A revenue quality meter is used to measure the electricity generated.				
<input type="checkbox"/>					
I agree	The facility owner has certified to the IM that the meter operates according to manufacturing standards.				
<input type="checkbox"/>					
I agree	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.	
 9/17/15 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:

REM
REM

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.

REM
REM

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

REM
REM

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

REM
REM

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

REM
REM

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

REM
REM

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

Russell Medbery

Printed Name of signature owner

Russell Medbery
Russell Medbery (Sep 11, 2015)

Signature of system owner

RECEIVED

JUN 23 2015

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

SESD

Simplified Process Interconnection Application and Service Agreement

Eversource Application Project ID#: N 3603

Contact Information:

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

Customer or Company Name (print): Russ Medbery

Contact Person, if Company: _____

Mailing Address: 141 South Main St

City: Newport State: New Hampshire Zip Code: 03773

Telephone (Daytime): (603) 748-0640 (Evening): _____

Facsimile Number: _____ E-Mail Address: medbery@comcast.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: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Facility Site Information:

Facility (Site) Address: 141 South Main St , UNIT 2, REAR

City: Newport State: NH Zip Code: 03773

Electric

Service Company: Eversource Account Number: 56439901075 Meter Number: G98182956

Account and Meter Number: Please consult an actual Eversource electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the Eversource Work Request number.

Eversource Work Request # _____

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: _____ Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: Enphase Model Name & Number: m215 Quantity: 40
Nameplate Rating: .215 (kW) _____ (kVA) _____ (AC Volts) Phase: Single Three
Nameplate Rating: The AC Nameplate rating of the individual inverter.
System Design Capacity: 8.6 (kW) _____ (kVA) Battery Backup: Yes No
System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.
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 _____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
Yes No

The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'

Yes No

Location of External Manual Disconnect Switch: Next to the meter.

Project Estimated Install Date: July

Project Estimated In-Service Date: July

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 for Simplified Process Interconnections** attached hereto:

Customer Signature: [Signature]

Title: Homeowner

Date: 6-27-15

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the Eversource meter socket. Applications without such a diagram may be returned.

For Eversource Use Only

Approval to Install Facility:

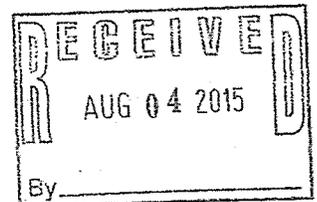
Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes No To be Determined

Company Signature: [Signature]

Title: Associate Engineer

Date: 6/23/15



Eversource
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: Check if owner-installed
Customer or Company Name (print): Russ Medbery
Contact Person, if Company: _____
Mailing Address: 141 South Main St
City: Newport State: New Hampshire Zip Code: 03773
Telephone (Daytime): (603) 748-0640 (Evening): _____
Facsimile Number: _____ E-Mail Address: medbery@comcast.net

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

Electrical Contractor Contact Information:
Electrical Contractor's Name (if appropriate): 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@granitstatesolar.com
License number: 0366 C
Date of approval to install Facility granted by the Company: 6/23/15
Eversource Application ID number: EN 3603

Inspection:
The system has been installed and inspected in compliance with the local Building/Electrical Code of:
City: Manport County: Sullivan
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):
Signature: Alan H. Chase
Name (printed): Alan H. Chase Date: 8/3/15

Customer Certification:
I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.
Customer Signature: _____

As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924