

New Hampshire Public Utilities Commission		This section for PUC use only:		NHPUC 18NOV15PM4:17	
		REC#	15-485		
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	NON57976
				2. This facility is part of an aggregation.	
				yes	no
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. If yes to #2., the facility is part of the aggregation.					
To qualify as a REC eligible facility, PUC 2505.02 (b) requires the source to provide the following information:					
Contact Information					
	Name	Address		City	State ZIP
Facility Owner	Holderness School	33 Chapel Lane		Holderness	NH 03245
Phone 1	603-536-1747	Phone 2		Email	phendel@holderness.org
Facility Location	(if facility is named)		(if different than owner address)		
	New Hockey Rink				
Mailing Address	(if different than owner address and/or facility location)				
Application filed by:	(if different than facility owner)				
Business Name	ecoCFO, LLC				
Contact	Jeff Haydock				
Phone 1	603-553-9147	Phone 2		Email	jeff@ecocfo.com
Facility Operator	(complete only if a separate operator manages the facility)				
Phone 1		Phone 2		Email	
Installer Company	Interstate Electrical Service Company				
Installer Contact	Miguel Martinez				
Phone 1	603-851-4203	Phone 2		Email	mmartinez@iescl.com
Electrician	Miguel Martinez				
Phone 1	603-851-4203	License #	13502M	Email	mmartinez@iescl.com
Equipment Vendor	(if not provided through the installer)				
Phone 1		Phone 2		Email	
Independent Monitor (IM) Name	Tom Kelly			To obtain a GIS Facility Code contact James Webb, Registry Administrator 408.517.2174, jwebb@apx.com	
IM Company Name	Natural Capital				
Equipment Information					
	Manufacturer	Quantity	Model # (if available)	Rated Output/unit	Total Rated Capacity
Panels	Canadian	Solar 360		310 w	111.6 kW (DC)
Inverter(s)	SMA	4		24kW	96 kW (AC)
Meter		1	Utility Project ID #	Initial date of operation	(mm/dd/year)
			N/A		11/06/2015
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 checked="" 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 checked="" type="checkbox"/>					
I agree	A revenue quality meter is used to measure the electricity generated.				
<input checked="" type="checkbox"/>					
I agree	The facility owner has certified to the IM that the meter operates according to manufacturing standards.				
<input checked="" type="checkbox"/>					
I agree	The meter shall be maintained according to the manufacturer's recommendations.				
<input checked="" type="checkbox"/>					

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



**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: Holderness School
Mail Address: 33 Chapel Lane
City: Holderness State: NH, Zip Code: 03245
Facility Location (if different from above): Ice Rink
Daytime Phone #: 603-779-5211
Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #: 5171239010
Electricity Supplier (ES) SAME Account #: _____

Section 2. Generating Facility Information

Generator Type (check one): Solar Wind _____ Hydro _____
Generator Manufacturer, Model Name & Number: Canadian Solar Model CS6X-310P
Number of Phases of Unit: Single, Three or Other: Three
Generation output rating in **AC & DC Kilowatts**: 96 kW AC, 111.6 kW DC
Inverter Manufacturer, Model Name & Number: SMA STP24000TL-US-10
Battery backup? Yes No
Will a generator Disconnect Switch accessible to the utility be installed? Yes No
Proposed location of Disconnect Switch, if applicable: Accessible location TBD after discussion with NHEC

Section 3. Installation Information & Certification

1. Installer Check if owner-installed
Installation Date: Scheduled to Start 9/1/15 and be completed by 11/1/15
Installing Electrician: Interstate Electrical Services
State of NH License #: 1529M
Mail Address: 15 Cote Lane
City: Bedford
State: NH Zip Code: 03110
Daytime Phone #: 603-627-3230

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): 

Name (printed): Michael Parker Date: 4-16-15

Company: Interstate Electrical Services

Company Address: 70 Treble Cove Road, Billerica, MA

3. The system has been installed in compliance with the local Building/Electrical Code of
(City/County) _____

Signed (Electrician or Town Inspector): _____

Print Name: _____ Date: _____

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 _____ Witnessed By _____

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

Signed (NHEC): _____

Print Name: _____ Date: _____

Signed (Electricity Supplier Representative): _____

Date: _____

6. Interconnection Date: _____

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:  Date: 4/16/2015

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.

MUTUAL INDEMNITY AGREEMENT (per NH PUC 904.03)

"Each Party shall hold harmless, and indemnify the other Party and its directors, officers, agents and employees against any and all loss, liability, damage, or expense, including any direct, indirect or consequential loss, liability, damage, or expense, but not including attorneys' fees unless awarded by a court of competent jurisdiction, for injury or death to persons, including employees of either Party, and damage to property, including property of either Party, arising out of or in connection with intentional, willful, wanton, reckless or negligent conduct regarding (a) the engineering, design, construction, maintenance, repair, operation, supervision, inspection, testing, protection or ownership of the Party's facilities, or (b) The making of replacements, additions, or improvements to, or reconstruction of, the Party's facilities. However, neither Party shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct. Notwithstanding the indemnity provisions contained herein, except for a Party's willful misconduct or sole negligence, each Party shall be responsible for damage to its own facilities resulting from electrical disturbances or faults."

Member



Peter Hendel

Eligible Customer-Generator (sign)

Eligible Customer-Generator (print)

4/16/2015

Date Signed

New Hampshire Electric Cooperative, Inc. (NHEC)

Signature

By its _____

Title of Authorized Utility Personnel

Printed Name of Utility Representative

Date Signed

Electric supplier if other than NHEC

Signature

Name of Electricity Supplier

By its _____

Title of Authorized Personnel

Printed Name of Supplier Representative

Date Signed