

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN0215

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Doug Magee

Owner Prefix

Mr.

Facility Owner email

dougmagee@mindspring.com

Owner Phone

603-225-9029

Facility Address

15 Reserve Place

Facility Town/City

Concord

Facility State

NH

Facility Zip

03301

Is the facility address the same as the owner's mailing address

- Yes
- No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact (who should we call with questions)

Contact Phone

Other Email Address

Facility Information

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Class

Utility

Other Utility Name

Date of Utility Signoff

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

55439

Facility Operator Name, if applicable

Panel Quantity

52

Panel Make

SunEdison

Panel Model

F270

Panel Rated Output

270

System capacity based on panels

14.0400

Inverter Quantity

52

Inverter Make

Enphase Energy

Additional Inverter

Rated Output

215

System capacity based on inverters

11.18

System capacity in mW as stated on the interconnection agreement

11.1

Revenue Grade Meter Make

Hialeah

Was this facility installed directly by the customer (no electrician involved)?

- Yes
- No

Date of Electrician Signoff

Sign-off Electrician's License Number

Installation Company

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name

Monitor Company Name

Monitor Company Name

Monitor Company Name

Monitor Company Name

Other Monitor Company Name

Is the installer also the equipment vendor?

- Yes  
 No

Equipment Vendor

SunEdison

Please attach your completed interconnection agreement including Exhibit B.

[https://fs30.formsite.com/jan1947/files/f-5-99-5791063\\_aKVRyTj\\_Magee\\_SPIA.pdf](https://fs30.formsite.com/jan1947/files/f-5-99-5791063_aKVRyTj_Magee_SPIA.pdf)

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

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.

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

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

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

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

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

Please attach additional document here

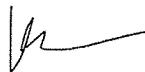
[https://fs30.formsite.com/jan1947/files/f-5-168-5791063\\_KBFRIDdf\\_Magee\\_NHOS.pdf](https://fs30.formsite.com/jan1947/files/f-5-168-5791063_KBFRIDdf_Magee_NHOS.pdf)

Please attach additional document here

[https://fs30.formsite.com/jan1947/files/f-5-173-5791063\\_x3PZIXVs\\_Magee\\_COC.pdf](https://fs30.formsite.com/jan1947/files/f-5-173-5791063_x3PZIXVs_Magee_COC.pdf)

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Linda Modica

Date Signed

12/31/2015

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: 3/24/15

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

Customer or Company Name (print): Doug Magee Contact Person, if Company: \_\_\_\_\_

Mailing Address: 15 Reserve Place

City: Concord State: New Hampshire Zip Code: 03301

Telephone (Daytime): (603) 225-9029 (Evening): (603) 867-0401

Facsimile Number: \_\_\_\_\_ E-Mail Address: dougmagee@mindspring.com

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: 15 Reserve Place

City: Concord State: New Hampshire Zip Code: 03301

Electric Service Company: Unitil Account Number: 1129695-1068932 Meter Number: 460023

Inverter Manufacturer: Enphase Model Name and Number: m215 Quantity: 52

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

System Design Capacity: 11.1 (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: April Estimated In-Service Date: April

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: [Signature] Title: Homeowner Date: 3/24/2015

**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): \_\_\_\_\_

Contact Person, if Company: Doug Magee

Mailing Address: 15 Reserve Place

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): (603) 225-9029 (Evening): (603) 867-0401

Facsimile Number: \_\_\_\_\_ E-Mail Address: dougmagee@mindspring.com

Address of Facility (if different from above): \_\_\_\_\_

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

Electrical Contractor's Name (if appropriate): Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: NH Zip Code: 03303

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

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

License number: 0366 C State: NH

Date of approval to install Facility granted by the Company: 6/1/15

Application ID number: 908

Inspection

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Concord Merrimack  
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection) [Signature]

Name (printed): Craig Billingham

Date: 8/25/15

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

## 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:

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

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

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

Douglas Magee

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Printed Name of signature owner

*Douglas Magee*

Douglas Magee (Sep 16, 2015)

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Signature of system owner