

NH Public Utilities Commission
REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Basic Information

Who is submitting this request?

Aggregator

Aggregator Batch Number

KE022216

Are you registered in NH

- Yes
 No

Aggregator name

Knollwood Energy - 14625

NH Reg #

Aggregator Email

alane@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Margaret Boyles

Facility Owner email

writangl@gmail.com

Owner Phone

603-648-2482

Facility Address

17 old Turnpike Rd.

Facility Town/City

Salisbury

Facility State

NH

Facility Zip

03268

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

Karen T

Primary Contact

Other Email Address

alane@knollwoodenergy.com

Facility Information

Class

II

Utility

Unitil

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

NON71374

Date of Initial Operation

01/07/2016

Facility Operator Name, if applicable

Panel Quantity

18

Panel Make

SunEdison

Panel Model

F270

Panel Rated Output

270

System capacity based on panels

4860

Inverter Quantity

18

Inverter Make

Enphase Energy

Add'l Inverter Quantity

NA

Additional Inverter Make

None

Rated Output - Primary Inverter

215

Rated Output - Additional Inverter

System capacity based on single inverter make

3870

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

Revenue Grade Meter Make

Hialeah

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

- Yes
- No

Electrician Name & Number

Troy Diamond 12218M

Other Electrician Name & Number

Installation Company

Granite State Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name & Company

Paul Button - Energy Audits Unlimited

Other Monitor Name and Company

Is the installer also the equipment supplier?

- Yes
 No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

https://fs30.formsite.com/jan1947/files/f-5-99-6138460_9KwBZIYI_boyles_ex_b_signed.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-5-168-6138460_IZ6SjB3B_Boyles_SPIA.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-6138460_wNX1xmZN_Boyles_NHOS.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.

A rectangular box containing a handwritten signature in cursive script that reads "Karen Tonnesen".

Print Name

Karen Tonnesen

Date Signed

02/22/2016

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:

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.

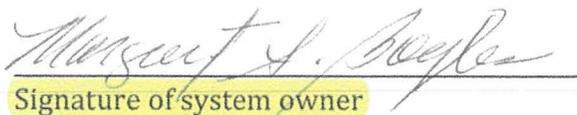
The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

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

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

MARGARET BOYLES

Printed Name of signature owner


Signature of system owner



Certificate of Completion for Interconnection

Installation Information: _____ Check if owner-installed

Customer or Company Name (print): Margaret Boyles

Contact Person, if Company: _____

Mailing Address: 17 Old Turnpike Rd

City: Salisbury State: NH Zip Code: 03268

Telephone (Daytime): (603) 648-2482 (Evening): _____

Facsimile Number: _____ E-Mail Address: writangl@gmail.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: 10/20/15

Application ID number: GID 1399

Inspection:

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

(City/County/State)

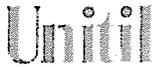
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): [Signature]

Name (printed): Troy Diamond

Date: 1/7/2016

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



110 1349

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: 9/21/15
 Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
 Customer Name (print): Margaret Boyles Contact Person, if Company: _____
 Mailing Address: 17 Old Turnpike Rd
 City: Salisbury State: New Hampshire Zip Code: 03268
 Telephone (Daytime): (603) 648-2482 (Evening): _____
 Facsimile Number: _____ E-Mail Address: writangi@gmail.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: 17 Old Turnpike Rd
 City: Salisbury State: New Hampshire Zip Code: 03303
 Electric Service Company: Unitil Account Number: 1015731-1013944 Meter Number: 458032
 Inverter Manufacturer: Enphase Model Name and Number: m215 Quantity: 18
 Nameplate Rating: .215 (kW) _____ (kVA) _____ (AC Volts) Single X or Three _____ Phase
 System Design Capacity: 3.87 (kVA) _____ (kVA)
 Net Metering: If Renewably Fueled, will the account be Net Metered? Yes X 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 X No _____
 Estimated Install Date: October Estimated In-Service Date: October

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: Margaret Boyles Title: Homeowner Date: 9/20/15
 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 X To be Determined _____):
 Company Signature: [Signature] Title: Mgr. Dist. Date: Oct. 20, 2015
 Company waives inspection/Witness Test? Yes _____ No _____