

NH Public Utilities Commission

NHPUC 17MAR'16AM11:20

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 Batch Number

Are you registered in NH

- Yes
 No

Aggregator name

NH Reg #

Aggregator Email

Other Aggregator name

Other aggregator email address

Facility Name

Facility Owner Name

Facility Owner email

lckathie@yahoo.com

Owner Phone

(603) 491-4417

Facility Address

397 Mountain Rd.

Facility Town/City

Lempster

Facility State

NH

Facility Zip

03605

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

Facility Primary Contact

karenton@knollwoodenergy.com

Other Email Address

Facility Information

Class

Utility

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

Date of Initial Operation

Facility Operator Name, if applicable

Panel Quantity

Panel Make

Panel Model

Panel Rated Output

System capacity based on panels

Inverter Quantity

14

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

3010

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

3.78

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

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.

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-5-168-6138479_ZqFZHidQ_davis_NHOS.pdf

Please attach additional document here

Aggregator statement of accuracy

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

Karen Tonnesen

Print Name

Karen Tonnesen

Date Signed

03/14/2016

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:

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KATHIE DAVIS

Printed Name of signature owner

Kathie Davis

Signature of system owner

NEW HAMPSHIRE ELECTRIC CO-OP
"ABOVE THE CAP"

INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 KW

PURSUANT TO NEW HAMPSHIRE ELECTRIC COOPERATIVE TERMS & CONDITIONS, SECTION X.
NET METERING, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A
GENERATING FACILITY.

Applicant Information

Name: Kathie Davis

Mailing Address: PO Box 131

City: Goshen State: New Hampshire Zip Code: 03752

Facility Location (if different from above): 397 Mountain Rd, Lempster, NH 03605

Daytime Phone Number: (603) 491-4417

Distribution Utility: NHEC

Account Number: _____

Electricity Supplier (ES): _____

Account Number: _____

Generating Facility Information

Generator Type (check one): Solar Wind Hydro

Generator Manufacturer; Model Name & Number: SunEdison F270, 14

Number of Phases of Unit: Single Three Other

Generation output rating in AC & DC Kilowatts: 3.01 kW (AC) & 3.78 kW (DC)

Inverter Manufacturer, Model Name & Number: Enphase m215, 14

Battery backup? Yes No

Will a generator Disconnect Switch accessible to the utility be installed? Yes No

Proposed location of Disconnect Switch, if applicable: Next to the meter

Installation Information & Certification

Installer: Granite State Solar

Check if owner-installed

Installation Date: TBD

Installing Electrician: Granite State Solar

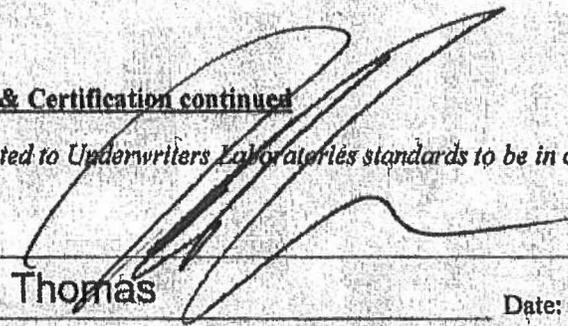
State of NH License #: 0366 C

Mailing Address: 197 North Main St, Boscawen, NH 03303

Daytime Phone Number: (603) 369-4318

Installation Information & Certification continued

The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL1741 and IEEE 929-2000:

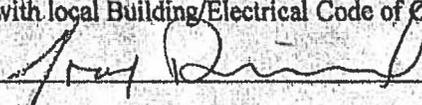
Signed (Vendor/Supplier): 

Name (Printed): Justin Thomas Date: 9/14/15

Company: Granite State Solar

Company Address: 197 North Main St, Boscawen, NH 03303

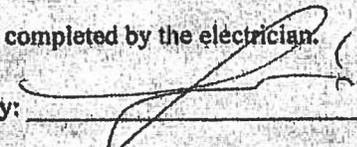
The system has been installed in compliance with local Building/Electrical Code of City/County: _____

Signed (Electrician or Town Inspector): 

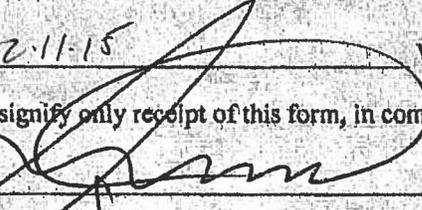
Print Name: Troy Diamond Date: 12/11/2015

**In lieu of signature by inspector, a copy of final inspection certificate may be attached.*

The initial start-up test required by Section X.2.7 has been successfully completed by the electrician.

Completed on: 12.11.15 Witnessed By: 

Utility signature to signify only receipt of this form, in compliance with the NHEC's Terms & Conditions.

Signed (NHEC): 

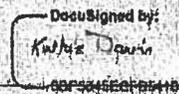
Print Name: Scott McAvoy Date: 12.16.15

Signed (Electricity Supplier Representative): _____

Date: _____ Interconnection Date: 12.16.15

Applicant agrees to install and operate the system in accordance with NHEC's Terms & Conditions.

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: 9/10/2015

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.