

NH Public Utilities Commission  
REC Aggregator Portal

---

NHPUC 21MAR16AM8:51

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

KE031516

Are you registered in NH

- Yes  
 No

Aggregator name

Knollwood Energy - 14625

NH Reg #

Aggregator Email

karenton@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Name

Facility Owner Name

Richard Trow

Facility Owner email

trow@myfairpoint.net

Owner Phone

603-756-4786

Facility Address

582 County Road

Facility Town/City

Walpole

Facility State

NH

Facility Zip

03608

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 Tenneson

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

1

Inverter Make

Solar Edge

Add'l Inverter Quantity

NA

Additional Inverter Make

None

Rated Output - Primary Inverter

240

Rated Output - Additional Inverter

System capacity based on single inverter make

240

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

6.0

Revenue Grade Meter Make

Sangamo

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

- Yes
- No

Electrician Name & Number

Other

Other Electrician Name & Number

E E Houghton #0241C

Installation Company

Solar Dave LLC

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

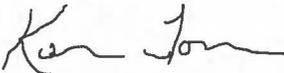
[https://fs30.formsite.com/jan1947/files/f-5-168-6334489\\_BeupCQZV\\_Trow\\_NHOS.pdf](https://fs30.formsite.com/jan1947/files/f-5-168-6334489_BeupCQZV_Trow_NHOS.pdf)

Please attach additional document here

[https://fs30.formsite.com/jan1947/files/f-5-173-6334489\\_0Uu8kHXE\\_Trow\\_SPIA.pdf](https://fs30.formsite.com/jan1947/files/f-5-173-6334489_0Uu8kHXE_Trow_SPIA.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

Karen Tonnesen

Date Signed

03/15/2016

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 7/28/2015

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

Customer or Company Name (print): Rick Frow Contact Person, if Company: \_\_\_\_\_

Mailing Address: 582 County Rd

City: Woolpole State: NH Zip Code: 03608 E-Mail: frow@myfairpoint.net

Telephone (Daytime): 756-4786 (Evening): \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: David Wirth Solar Dave LLC

Mailing Address: 411 Southard Road

City: Westmoreland State: NH Zip Code: 03607 E-Mail: soldave4@gmail.com

Telephone (Daytime): 603-313-8671 (Evening): \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Electrical Contractor Contact Information (if appropriate):

Name: E.E. Houghton Telephone: 603-752-3372

Mailing Address: P.O. Box 387

City: Woolpole State: NH Zip Code: 03608

Facility Information:

Address of Facility: SAME

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

Electric Supply Co: Liberty Acct #: 4462610544317593 Meter #: 04-64349247

Gen/Inverter Manu: Solar Edge Model Name and #: SE 6000A-4S Quantity: 1

Nameplate Rating: 6 (kW) \_\_\_\_\_ (kVA) 240 (AC Volts) Single  or Three \_\_\_\_\_

Phase

System Design Capacity: 6 (kW) \_\_\_\_\_ (kVA) Battery Backup: Yes: \_\_\_\_\_ No:

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes:  No: \_\_\_\_\_

Prime Mover: Photovoltaic  Recip'g Engine  Fuel Cell  Turbine  Other: \_\_\_\_\_

Energy Source: Solar  Wind  Hydro  Diesel  Nat Gas  Fuel Oil  Other: \_\_\_\_\_

UL 1741.1 (IEEE 1547.1) Listed? Yes:  No: \_\_\_\_\_ External Manual Disconnect: Yes:  No: \_\_\_\_\_

Estimated Install Date: 9/15/2015 Estimated In-Service Date: 9/20/2015

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 on the following page:

Customer Signature: [Signature] Title: \_\_\_\_\_ Date: 7-28-15

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:  To be Determined \_\_\_\_\_

Company Signature: JRAN Title: ENGINEERING Date: 8/13/15

Company waives inspection/Witness Test? Yes:  No: \_\_\_\_\_

Application Number 2015-148

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): <i>Rick Trow</i>		Contact Person, if Company:	
Mailing Address: <i>582 County Rd</i>			
City: <i>Walpole</i>	State: <i>NH</i>	Zip Code: <i>03608</i>	E-Mail Address: <i>trow@myfairpoint.net</i>
Telephone (Daytime): <i>756-4786</i>	(Evening):	Facsimile Number:	
Address of Facility (if different from above):			
City:		State:	Zip Code:
Generation Vendor: <i>Solar Dave LLC</i>		Contact Person: <i>David With</i>	

I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature:

*David With*

Date:

*9/18/2015*

Electrical Contractor's Name (if appropriate): <i>B.E. Houghton</i>		License number: <i>0241C</i>	
Mailing Address: <i>P.O. Box 387</i>			
City: <i>Walpole</i>	State: <i>NH</i>	Zip Code: <i>03608</i>	E-Mail Address:
Telephone (Daytime): <i>756-3376</i>	(Evening): <i>756-9998</i>	Facsimile Number:	

Date of approval to install Facility granted by the Company:

*8/13/2015*

Installation Date:

*9/17/2015*

Application ID number:

*2015-148*

Inspection:

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

*Walpole / Cheshire*  
(City/County)

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

*Steve Grenier*

Name (printed):

*Steve Grenier*

Date:

*9/17/15*

Dated: July 03, 2012

Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio

Victor D. Del Vecchio

Title:

President

Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial startup test required by Puc 905/04 has been successfully completed.

Customer Signature:  Date: 9-18-15

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

Electric Sales and Marketing  
Liberty Utilities  
9 Lowell Road  
Salem, NH 03079  
NHSalesMarketing@LibertyUtilities.com

Issued by: /s/ Victor D. Del Vecchio  
Victor D. Del Vecchio  
Title: President

---

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



Printed Name of signature owner



Signature of system owner