

NH Public Utilities Commission

NHPUIC 7APR'16PM12:39

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

mdblackmd@netscape.net

Owner Phone

603-770-9446

Facility Address

45 Oscar Blvd

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

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

2

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

480

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

10.08

Revenue Grade Meter Make

Landis Gyr

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

- Yes
 No

Electrician Name & Number

Bill Levay13139M

Other Electrician Name & Number

Installation Company

ReVision Energy

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

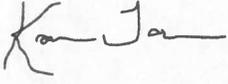
https://fs30.formsite.com/jan1947/files/f-5-168-6484813_JTU7iUnO_Black_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-6484813_VUEuAa0w_Black_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

04/05/2016

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: 12/28/15

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
Customer or Company Name (print): Martin and Melissa Black ✓ Contact Person, if Company: _____
Mailing Address: 45 Oscar Blvd ✓
City: Concord State: NH Zip Code: 03301
Telephone (Daytime): 603-770-9446 (Evening): _____
Facsimile Number: _____ E-Mail Address: mdblackmd@netscape.net

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

Name: ReVision Energy
Mailing Address: 7 Commercial Dr
City: Exeter State: NH Zip Code: 03833
Telephone (Daytime): 603-679-1777 (Evening): _____
Facsimile Number: _____ E-Mail Address: mulin@revisionenergy.com

Electrical Contractor Contact Information (if appropriate):

Name: Same as Alternative Contact Telephone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Facility Information:

Address of Facility: Same as above
City: _____ State: _____ Zip Code: _____
Electric Service Company: Unitil Account Number: 1166947-1066328 Meter Number: 458075 ✓
Inverter Manufacturer: SolarEdge Model Name and Number: SE5000A-US Quantity: 2
Nameplate Rating: 5.0 (kW) _____ (kVA) 240 (AC Volts) Single or Three _____ Phase
System Design Capacity: 5.45 10.0 (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: Mar 2016 Estimated In-Service Date: Apr 2016

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: Martin and Melissa Black Title: Homeowner Date: Dec 28, 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: [Signature] Title: MGR. DIST. Date: JAN 14, 2016

Company waives inspection/Witness Test? Yes _____ No _____



UNITIL ENERGY SYSTEMS, INC.
 INTERCONNECTION STANDARDS FOR INVERTERS
 SIZED UP TO 100 KVA (Continued)

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer(print): Martin and Melissa Black

Mailing Address: 45 Oscar Blvd

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 603-770-9446 (Evening): _____

Facsimile Number: _____ E-Mail Address: mdblackmd@netscape.net

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): ReVision Energy

Mailing Address: 7 Commercial Drive

City: Brentwood State: NH Zip Code: 03833

Telephone (Daytime): 603-679-1777 (Evening): _____

Facsimile Number: _____ E-Mail Address: sbogue@revisionenergy.com

License number: 13139M

Date of approval to install Facility granted by the Company: 1/15/16

Application ID number: GID # 1788

Inspection:

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

Concord Merrimack
 (City/County)

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

Name (printed): Craig Billingham

Date: 2/19/16

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

Generator Interconnection Applications
 Unitil
 325 West Road
 Portsmouth, NH 03801
 Fax: 603-294-5226

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.

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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.

Martin D. Black

Printed Name of signature owner

Martin D. Black

Martin D. Black (Mar 28, 2016)

Signature of system owner