

## NH Public Utilities Commission

## REC Aggregator Portal

NHPUC MAY05'16 PM12:47

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

bpalmer544@myfairpoint.net

Owner Phone

603-756-4256

Facility Address

42 Barnett Hill 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

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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 Make #1

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- No
- Yes

Panel Make #2

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- No
- Yes

Panel Make #3

Panel Model

Panel Quantity

Panel Rated Output

System capacity based on panels

Inverter Quantity

Inverter Make

Add'l Inverter Quantity

Additional Inverter Make

Rated Output - Primary Inverter

7700

Rated Output - Additional Inverter

System capacity based on single inverter make

15400

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

14.88

Revenue Grade Meter Make

GE

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

- Yes  
 No

Electrician Name & Number

Tim Lathron 12173M

Other Electrician Name & Number

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

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-5-99-6688454\\_xPtslbEH\\_Palmer\\_COC.jpg](https://fs30.formsite.com/jan1947/files/f-5-99-6688454_xPtslbEH_Palmer_COC.jpg)

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

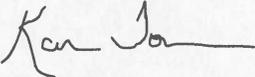
[https://fs30.formsite.com/jan1947/files/f-5-168-6688454\\_1xI0iFMB\\_Robert\\_Palmer\\_contract\\_part\\_3\\_-\\_](https://fs30.formsite.com/jan1947/files/f-5-168-6688454_1xI0iFMB_Robert_Palmer_contract_part_3_-_)

Please attach additional document here

[https://fs30.formsite.com/jan1947/files/f-5-173-6688454\\_IHPguHdD\\_spia\\_palmer.pdf](https://fs30.formsite.com/jan1947/files/f-5-173-6688454_IHPguHdD_spia_palmer.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

05/02/2016

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.

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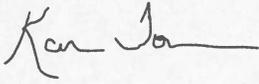
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Aggregator statement of accuracy

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

05/02/2016

## 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.

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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.

Robert L. Palmer

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Printed Name of signature owner

*Robert L. Palmer*

Robert L. Palmer (May 1, 2016)

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Signature of system owner

**Simplified Process Interconnection Application and Service Agreement**

**Contact Information:**

Date Prepared: 7/28/15

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

Customer or Company Name (print): Margaret Palmer Contact Person, if Company: \_\_\_\_\_

Mailing Address: PO Box 544

City: Walpole State: NH Zip Code: 03608 E-Mail: mpalmer544@my.surpoint.net

Telephone (Daytime): 603-956-4256 (Evening): 603-956-4256 Facsimile Number: \_\_\_\_\_

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

Name: Solar Dave LLC David Wirth

Mailing Address: 411 Spafford Road

City: Westmoreland State: NH Zip Code: 03467 E-Mail: solar-dave-4@gmail.com

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

**Electrical Contractor Contact Information** (if appropriate):

Name: Tim Catham Electrical Telephone: 603-313-5828

Mailing Address: 350 March Hill Rd

City: Walpole State: NH Zip Code: 03608

**Facility Information:**

Address of Facility: 42 Bunker Hill Rd

City: Walpole State: NH Zip Code: 03608

Electric Supply Co: Liberty Utilities Acct #: 44638190-44330928 Meter #: E-50272117

Gen/Inverter Manu: SMN Model Name and #: SB7000TL Quantity: 2

Nameplate Rating: 7 (kW) \_\_\_\_\_ (kVA) 240 (AC Volts) Single \_\_\_\_\_ or Three \_\_\_\_\_

Phase \_\_\_\_\_

System Design Capacity: 14 (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: 9-15-2015

**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: Margaret Palmer 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: Joel A Rivera Title: Engineering Date: 7/29/15

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

Application Number 2015-147

Dated: May 4, 2015  
Effective: July 15, 2014

Issued by /s/ Richard Leehr  
Richard Leehr  
Title: President

Authorized by Order No. 25.638 Issued March 17, 2014 in Docket No. DE 13-063

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:  Check if owner-installed

Customer or Company Name (print): <i>Margaret Palmer</i>		Contact Person, if Company:	
Mailing Address: <i>P.O. Box 544</i>			
City: <i>Walpole</i>	State: <i>NH</i>	Zip Code: <i>03608</i>	E-Mail Address
Telephone (Daytime):	(Evening):	Facsimile Number:	
Address of Facility (if different from above): <i>42 Barnett Hill Rd</i>			
City: <i>Walpole</i>	State: <i>NH</i>	Zip Code: <i>03608</i>	
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: *12/17/2015*

Electrical Contractor's Name (if appropriate): <i>Tim Latham Electrical</i>		License number: <i>12173 m</i>	
Mailing Address: <i>380 Merch Hill Rd</i>			
City: <i>Walpole</i>	State: <i>NH</i>	Zip Code: <i>03608</i>	E-Mail Address
Telephone (Daytime): <i>603-343-5828</i>	(Evening):	Facsimile Number:	

Date of approval to install Facility granted by the Company: *7/29/2015* Installation Date: *12/17/2015*  
Application ID number: *2015-147*

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): *[Signature]*  
Name (printed): *Tim Latham* Date: *12/17/15*

Dated: July 03, 2012  
Effective: July 03, 2012

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