

March 11, 2013

Ms. Debra Howland
 Executive Director and Secretary
 State of New Hampshire Public Utilities Commission
 21 S. Fruit Street Suite 10
 Concord, NH 03301-2429

Ms. Howland,

Solar Farm Bank LLC (SFB) New Hampshire Certification Code NH-II-13-O10 requests the New Hampshire Public Utilities Commission (Commission) grant its approval and certification of our account for Class II REC for the photovoltaic array of:

REM
 C/O Linda Rice
 124 Trow Hill Road
 Sunapee, NH 03782
 Telephone 603-633-3636
 Email: LRICE@NHINSUREANCE.COM

In Support of the request for Class II eligibility for the Linda Rice, SFB submits an original and two copies of the completed application, required documentation and supplemental supporting information.

Thank you for your consideration of SFB's request. If you have any questions or need additional information, please contact me directly.

Stephen Hirsh,

President

Solar Farm Bank LLC. 508-259-2419
 Mailing address: P O Box 24 Medway, MA 02053
 Office address: 205 Shaw Farm Rd Holliston, MA 01746
 Solarfarmbank@gmail.com



State of New Hampshire
Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

DRAFT APPLICATION FORM FOR
RENEWABLE ENERGY SOURCE ELIGIBILITY FOR CLASS I AND CLASS II
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.

* The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

Check the applicable class:

Eligibility Requested for Class I Class II

Applicant Name: REM

Mailing Address: C/O LINDA RICE 124 TROW HILL ROAD

Town/City: SUNAPEE NH Zip Code: 03782

Primary Contact: LINDA RICE

Telephone: 6038633636 Cell: 6034547009

Email address: LRICE@NHINSURANCE.COM

The facility name and contact information (if different than applicant contact information).

Facility Name: _____
Mailing Address: _____
Town/City: _____ State: _____ Zip Code: _____
Primary Contact: _____
Telephone: _____ Cell: _____
Email address: _____

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter:

quantity		quantity	
96	YGE Series YL 245P-29b Modules		
2	Fronius IG Plus V 11.4-3 Inverters		

What is the nameplate capacity of your facility? 11.4 Nameplate rating (22.8 kW Design capacity)

What was the initial date of operation? 6/15/2012

*This is typically included in the interconnection agreement. Provide this documentation as **Attachment A**.*

Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer Name: Prudent Living Inc

Installer Address: 3189b Us Rt 5 South

License #: N/A

Town/City: Windsor State: VT Zip Code: 05089

Telephone: 802-674-9155 x106 Cell: _____

Email address: tim@prudentliving.com

If the equipment was installed directly by the customer, please check here:

Provide the name and contact information of the equipment vendor:

Check here if the installer and the equipment vendor were one and the same.

Business Name: _____

Vendor's Name: _____

Business Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

Email address: _____

If an independent electrician was used, please provide the following information:

Electrician's Name: Matthew Smith

Business Name: Brite Lite Electrical

Business Address: 3189b US Rt 5 South

Town/City: Windsor State: VT Zip Code: 05089

License # 13148 M

Provide the name and contact information of the independent monitor for this facility.

(A [list](#) of independent monitors is available at:

http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name: Paul Button

Town/City: Manchester NH Zip Code: 03102

Telephone: 603-617-2469 Cell: 603-836-4402

Email address: pbutton@energy-audits-unltd.com

Provide documentation of the applicable distribution utility's approval of the installation (This is usually included in the interconnection agreement.) If this documentation is separate from the interconnection document, please provide this as **Attachment B**.

Is the facility certified under another state's renewable portfolio standard? yes _____ no _____

If "yes", then provide proof of the certification as **Attachment C**.

In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174
jwebb@apx.com

Mr. Webb will assist you in obtaining a GIS facility code and, if applicable, an ISO-New England asset ID number.

GIS Facility Code # NON 35889 Asset ID # _____

Complete an attestation by the applicant that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following attestation or provide a separate document as **Attachment D**.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature [Signature] Date 3/11/2013

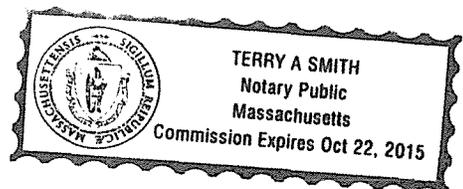
Applicant's Printed Name Stephen Hirsh

Subscribed and sworn before me this 11th Day of MARCH (month) in the year 2013

County of Middlesex State of Massachusetts

[Signature]
Notary Public/Justice of the Peace

My Commission Expires Oct 22, 2015



CHECK LIST: The following has been included to complete the application:	YES
• All contact information requested in the application.	X
• A copy of the interconnection agreement, nameplate capacity and date of operation <i>(Attachment A.)</i>	X
• Documentation of the distribution utility's approval of the installation.* <i>(Attachment B.)</i>	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. <i>(Attachment C).</i>	N/A
• A signed and notarized attestation or <i>Attachment D.</i>	SFB
• A GIS number has been obtained.	X
• The distribution utility's approval of the installation.*	X
• The document has been printed and notarized.	SFB
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	SFB
• An electronic version of the completed application has been sent to <i>connectivedirect@puc.state.ma.us</i>	SFB
*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.	

PREPARER'S INFORMATION

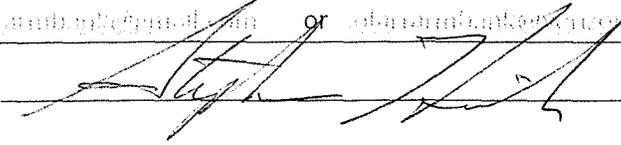
Preparer's Name: Solar Farm Bank LLC / Stephen Hirsh

Mailing Address: 205 Shaw Farm RD

Town/City: Holliston State: MA Zip Code: 01746

Telephone: 508-893-8993 Fax 508-893-8991 Cell: 508-259-2419

Email address: connectivedirect@puc.state.ma.us or obranlund@puc.state.ma.us

Preparer's Signature: 

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

RECEIVED
MAY 23 2012

BY:

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 5/12/2012
Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)
Customer or Company Name (print): McCrillis & Eldridge Insurance
Contact Person, if Company: David McCrillis
Mailing Address: PO Box 539
City: Newport State: NH Zip Code: 03773
Telephone (Daytime): (603) 863-3636 (Evening): Cell (603) 381-5162
Facsimile Number: (603) 863-9486 E-Mail Address: dmccrillis@nhinsurance.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
Name: Prudent Living, Inc.
Mailing Address: 3189b US Rt 5 South
City: Windsor State: VT Zip Code: 05089
Telephone (Daytime): (802) 674-9155 (Evening): (603) 738-9776
Facsimile Number: (802) 674-6872 E-Mail Address: tim@prudentliving.com

Electrical Contractor Contact Information (if appropriate):
Name: Matt Smith - Brite Lite Electric Telephone: (802) 674-9155
Mailing Address: 3189b US Rt 5 South
City: Windsor State: VT Zip Code: 05089

Facility Information:
Address of Facility: 2 North Main Street
City: Newport State: NH Zip Code: 03773
Electric Service Company: PSNH Account Number: ~~062380004~~ Meter Number: 866227611 ✓
Electricity Supply Company: PSNH 56302311063 Account Number: ~~062380004~~ 56302311063
Generator/Inverter Manufacturer: Fronius Model Name and Number: IG Plus V 11.4-3 Quantity: 2
Nameplate Rating: 11.4 (kW) 11.4 (kVA) 208/120 (AC Volts) Single or Three X Phase
System Design Capacity: 22.8 (kVA) 22.8 (kVA) Battery Backup: Yes No X
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes X No
Prime Mover: Photovoltaic X Reciprocating Engine Fuel Cell Turbine Other
Energy Source: Solar X Wind Hydro Diesel Natural Gas Fuel Oil Other
UL 1741.1 (IEEE 1547.1) Listed? Yes X No External Manual Disconnect: (Yes) Yes No
Estimated Install Date: 6/15/12 Estimated In-Service Date: 7/1/12

22.8kW

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: V.P. Date: 5/22/12
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: SR. ENGINEER Date: 5-23-12

NEWPORT 42x3 MAP C P. 3/40 3PHASE
NORTH ROAD S/S - TTF

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Company waives inspection/Witness Test? Yes No PLEASE CALL TO SCHEDULE

Terms and Conditions for Simplified Process Interconnections

1. **Construction of the Facility.** The Interconnecting Customer may proceed to construct the Facility in compliance with the specifications of its Application once the Approval to Install the Facility has been signed by the Company.
2. **Interconnection and operation.** The Interconnecting Customer may operate Facility and interconnect with the Company's system once the all of the following has occurred:
 - 2.1. **Municipal Inspection.** Upon completing construction, the Interconnecting Customer will cause the Facility to be inspected or otherwise certified by the local electrical wiring inspector with jurisdiction.
 - 2.2. **Certificate of Completion.** The Interconnecting Customer returns the Certificate of Completion to the Agreement to the Company at address noted.
 - 2.3. **Company has completed or waived the right to inspection.**
3. **Company Right of Inspection.** The Company will make every attempt within ten (10) business days after receipt of the Certificate of Completion, and upon reasonable notice and at a mutually convenient time, conduct an inspection of the Facility to ensure that all equipment has been appropriately installed and that all electrical connections have been made in accordance with the Interconnection Standard. The Company has the right to disconnect the Facility in the event of improper installation or failure to return Certificate of Completion. All projects larger than 10 kVA will be witness tested, unless waived by the Company.
4. **Safe Operations and Maintenance.** The Interconnecting Customer shall be fully responsible to operate, maintain, and repair the Facility.
5. **Disconnection.** The Company may temporarily disconnect the Facility to facilitate planned or emergency Company work.
6. **Metering and Billing.** All renewable Facilities approved under this Agreement that qualify for net metering, as approved by the Commission from time to time, and the following is necessary to implement the net metering provisions:
 - 6.1. **Interconnecting Customer Provides:** The Interconnecting Customer shall furnish and install, if not already in place, the necessary meter socket and wiring in accordance with accepted electrical standards. In some cases the Interconnecting Customer may be required to install a separate telephone line.
 - 6.2. **Company Installs Meter.** The Company will make every attempt to furnish and install a meter capable of net metering within ten (10) business days after receipt of the Certificate of Completion if inspection is waived, or within 10 business days after the inspection is completed, if such meter is not already in place.
7. **Indemnification.** Interconnecting Customer and Company shall each indemnify, defend and hold the other, its directors, officers, employees and agents (including, but not limited to, Affiliates and contractors and their employees), harmless from and against all liabilities, damages, losses, penalties, claims, demands, suits and proceedings of any nature whatsoever for personal injury (including death) or property damages to unaffiliated third parties that arise out of, or are in any manner connected with, the performance of this Agreement by that party, except to the extent that such injury or damages to unaffiliated third parties may be attributable to the negligence or willful misconduct of the party seeking indemnification.
8. **Limitation of Liability.** Each party's liability to the other party for any loss, cost, claim, injury, liability, or expense, including reasonable attorney's fees, relating to or arising from any act or omission in its performance of this Agreement, shall be limited to the amount of direct damage actually incurred. In no event shall either party be liable to the other party for any indirect, incidental, special, consequential, or punitive damages of any kind whatsoever.
9. **Termination.** This Agreement may be terminated under the following conditions:
 - 9.1. **By Mutual Agreement.** The Parties agree in writing to terminate the Agreement.
 - 9.2. **By Interconnecting Customer.** The Interconnecting Customer may terminate this Agreement by providing written notice to Company.
 - 9.3. **By Company.** The Company may terminate this Agreement (1) if the Facility fails to operate for any consecutive 12 month period, or (2) in the event that the Facility impairs or, in the good faith judgment of the Company, may imminently impair the operation of the electric distribution system or service to other customers or materially impairs the local circuit and the Interconnecting Customer does not cure the impairment.
10. **Assignment/Transfer of Ownership of the Facility.** This Agreement shall survive the transfer of ownership of the Facility to a new owner when the new owner agrees in writing to comply with the terms of this Agreement and so notifies the Company.
11. **Interconnection Standard.** These Terms and Conditions are pursuant to the Company's "Interconnection Standards for Inverters Sized Up to 100 kVA" for the Interconnection of Customer-Owned Generating Facilities, as approved by the Commission and as the same may be amended from time to time ("Interconnection Standard"). All defined terms set forth in these Terms and Conditions are as defined in the Interconnection Standard (see Company's website for the complete document).

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
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 or Company Name (print): McCrisillis and Eldredge Insurance

Contact Person, if Company: David McCrisillis

Mailing Address: PO Box 539

City: Newport State: NH Zip Code: 03773

Telephone (Daytime): (603)-863-3636 (Evening): cell (603)-381-5162

Facsimile Number: (603)-863-9486 E-Mail Address: dmccrisillis@nhinsurance.com

Address of Facility (if different from above): 2 North Main Street

City: Newport State: NH Zip Code: 03773

Generation Vendor: McCrisillis and Eldredge Ins Contact Person: David McCrisillis

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

Vendor Signature:

John P. Buehler, Contractor

Date: 6/21/2012
6/21/2012

Electrical Contractor's Name (if appropriate): Matt Smith - Brite Lite Electric

Mailing Address: 3189b US RT 5 South

City: Windsor State: VT Zip Code: 05089

Telephone (Daytime): (802)-674-9155 (Evening): (603)-381-7811

Facsimile Number: (802)-674-6872 E-Mail Address: Matt@britelitenh.com

License number: 13148 M

Date of approval to install Facility granted by the Company: 5-23-12

Installation Date:

Application ID number: # N2511

Inspection:

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

TOWN OF NEWPORT SULLIVAN COUNTY
(City/County)

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

Name (printed): WAYNE CONROY

Date: 6-21-2012

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 start up test required by Puc 905.04 has been successfully completed.

Customer Signature: David McCrisillis Date: 6/21/12