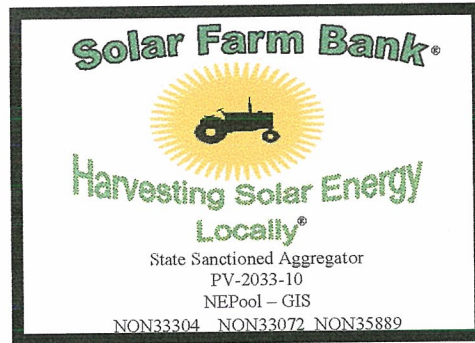
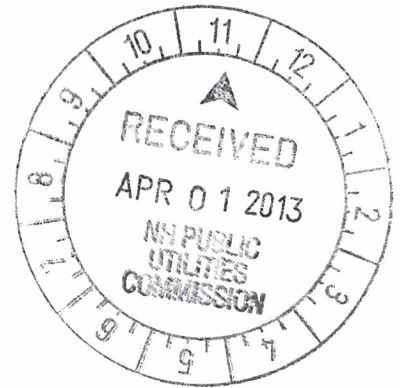


DE13-095



March 28, 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:

Alan J. Mazzola
64 Stag Drive
Silver Lake, N-H 03875
Telephone # 860-395-7378
Email: italian10_22@yahoo.com

In Support of the request for Class II eligibility for the Alan J. Mazzola, 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: Alan J. Mazzola

Mailing Address: 64 Stag Drive

Town/City: Silver Lake State: NH Zip Code: 03875

Primary

Contact: Alan Mazzola

Telephone: _____ Cell: (860) 395-7378
Email
address: italian10_22@yahoo.com

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

Facility Name: same
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	
60	SunPower SPR-240E-WHT-D panels	1	Sunpower Monitor Kit - MON-SPRu-1
1	SPR-5000-m Inverter	1	Itron Centron Digital Meter, Type C1S,FM2S, 240V, CL200
1	SPR-7000-m Inverter		

What is the nameplate capacity of your facility? (based on the size of the inverter(s)) (1) 5KW Inverter and (1) 7KW Inverter = total of 12KW

What was the initial date of operation? 9/12/11

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: Frase Electric LLC
Installer Address: 789 Whittier Highway
License #: 4146M

Town/City: South Tamworth State: NH Zip Code: 03883
Telephone: (603) 284-6618 Cell: (603) 387-0873
Email address: kfrase@hughes.net
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: Same as above
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: Frase Electric LLC
Business Name: _____
Business Address: _____
Town/City: _____ State: _____ Zip Code: _____
License # _____

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

(A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) 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 State: NH Zip Code: 03104
Telephone: 603-617-2469 Cell: 603-836-4402
Email address: pbutton@energy-audits-unitd.com

Attachment
Dps 1

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 noX

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

NON35889 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



Date

3/7/2013

Applicant's Printed
Name

ALAN J. MAZZOLA LYNN F. RATON

Subscribed and sworn before me 7 Day of March (month) in the
this 2013 year

Attest
0 28 2

County of

Carroll

State of

New Hampshire

Notary Public/Justice of the Peace

My Commission
Expires

2/20/18

CHECK LIST: The following has been included to complete the application:	YES
• All contact information requested in the application.	✓
• A copy of the interconnection agreement, nameplate capacity and date of operation (Attachment A.)	✓
• Documentation of the distribution utility's approval of the installation.* (Attachment B.)	✓
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. (Attachment C.)	NO
• A signed and notarized attestation or Attachment D.	✓
• A GIS number has been obtained.	✓
• The distribution utility's approval of the installation.*	✓
• The document has been printed and notarized.	✓
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	
*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/Stephen Hirsch

Mailing Address: 205 Shaw Farm Rd.

Town/City: Holliston State: MA Zip Code: 02746

508-893-8993 FAX

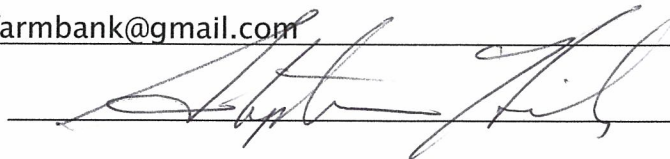
Telephone: 508-893-8991 Cell: 508-259-2419

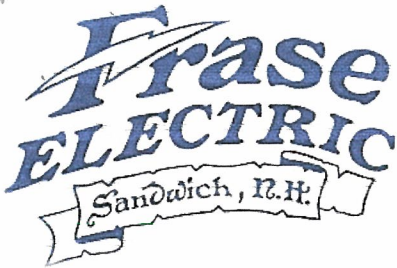
Email

address: solarfarmbank@gmail.com

Preparer's

Signature:





L.L.C.

Kim Frase – NH Lic #4146
Phone –603- 284-6618
Fax – 603-284-6343
789 Whittier Highway
South Tamworth, N.H. 03883
Email – kfrase@hughes.net

DATE: DECEMBER 15, 2012

JOB NAME: ALAN MAZZOLA

To WHOM IT MAY CONCERN:

FRASE ELECTRIC LLC HAS INSPECTED THE PV INSTALLATION AT 64 STAG ROAD, SILVER LAKE, NEW HAMPSHIRE.

TO THE BEST OF MY KNOWLEDGE IT HAS BEEN INSTALLED TO MEET ALL STATE AND FEDERAL ELECTRIC CODES AS WELL AS POWER COMPANY REQUIREMENTS.

THANK YOU FOR YOUR BUSINESS.

SINCERELY,

KIM FRASE

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

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 3/7/13

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

Customer or Company Name (print): Alan Mazzola & Lynn Paton

Contact Person, if Company:

Mailing Address: 64 Stag Drive

City: Silver Lake State: NH Zip Code: 03875

Telephone (Daytime): 860-395-7378 (Evening): Same

Facsimile Number: _____ E-Mail Address: italian10-22@yahoo.com

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

Name: Frase Electric LLC

Mailing Address: 789 Whittier Hwy

City: So. Tamworth State: NH Zip Code: 03883

Telephone (Daytime): 603-284-6618 (Evening): Same

Facsimile Number: 603-284-6343 E-Mail Address: Kfrase@hughes.net

Electrical Contractor Contact Information (if appropriate):

Name: Same as above

Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Added 7000W Inverter to the existing 500W Inverter array

Facility Information:

Address of Facility: 64 Stag Dr.

City: Silver Lake State: NH Zip Code: 03875

Electric Service Company: _____ Account Number: _____ Meter Number: 693572389

Electricity Supply Company: _____ Account Number: _____

Generator/Inverter Manufacturer: SunPower Model Name and Number: SPK7000M Quantity: 1

Nameplate Rating: 7000 (kW) _____ (kVA) _____ (AC Volts) Single _____ or Three _____ Phase

System Design Capacity: 7000 (kVA) _____ (kVA) Battery Backup: Yes ☒ No ☒

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 _____ External Manual Disconnect: Yes _____ No _____

Estimated Install Date: _____ Estimated In-Service Date: 12/15/11

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: 3/7/2013

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: _____ Title: _____ Date: _____

Attachment
AP92

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

RECEIVED
JUL 20 2011
SESD

Simplified Process Interconnection Application and Service Agreement

Information: Date Prepared: JULY 6, 2011
Name and Address of Interconnecting Customer (or, Company name, if appropriate)
Customer or Company Name (print): ALAN J. MAZZOLA & Lynn F. Paton
Contact Person, if Company: _____
Mailing Address: 64 STAG DRIVE
City: SILVER LAKE State: N. H. Zip Code: 03875
Telephone (Daytime): 860-395-7378 (Evening): 860-395-7378
Facsimile Number: _____ E-Mail Address: ITALIAN10-22@YAHOO.COM

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
Name: Frase Electric LLC
Mailing Address: 789 Whittier Hwy
City: So. Tamworth State: NH Zip Code: 03883
Telephone (Daytime): 603 284-6618 (Evening): Same
Facsimile Number: 603 284-6343 E-Mail Address: Kfrase@hughes.net

Electrical Contractor Contact Information (if appropriate):
Name: Same as above Telephone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Facility Information:
Address of Facility: 64 Stag Drive
City: Silver Lake State: NH Zip Code: 03875
Electric Service Company: _____ Account Number: _____ Meter Number: 693572389
Electricity Supply Company: _____ Account Number: _____
Generator/Inverter Manufacturer: Sunpower Model Name and Number: SPR5000 Quantity: 1
Nameplate Rating: 5000 (kW) 5000 (kVA) 240 (AC Volts) Single ☐ or Three ☐ Phase
System Design Capacity: 4800 (kVA) 480 (kVA) Battery Backup: Yes ☐ No ☒
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 ☐ External Manual Disconnect: Yes ☐ No ☒
Estimated Install Date: July 04 Estimated In-Service Date: AUG 11

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: ME. Date: 7/6/11
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: Associate Eng. Date: 7/20/2011

16

RECEIVED
SEP 22 2011
SESD

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:

Customer or Company Name (Print): ANA MAZZOLA & LYNN PATTEN

Contract Person, if Company: _____

Mailing Address: 104 STAG DRIVE

City: SILVER LAKE (MAZOLA) State: NH

Telephone (Daytime): 860-355-1377 (Evening): Same

Facsimile Number: _____ E-Mail Address: ITALIAN K-22@Yahoo.com

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Generation Vendor: FRASE ELECTRIC LLC Contract Person: KIM FRASE

I hereby certify that the system hardware is in compliance with Rule 909.

Vendor Signature: _____

Electrical Contractor's Name (if appropriate): FRASE ELECTRIC LLC

Mailing Address: 285 LINDSEY ROAD

City: SALEM State: NH Zip Code: 03883

Telephone (Daytime): 603-281-6618 (Evening): Same

Facsimile Number: 603-281-6693 E-Mail Address: KFRASE@nh-frase.net

Location Number: 41541

Date of approval to install Facility granted by the Company: 10/20/11 Installed in Date: _____

Application ID number: _____

Inspection: _____

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

MADISON NH 03804

(City/County)

Signed (Local Electrical Wiring Inspector, or other signed electrical professional): _____

Name (Printed): ROBERT FRASE

Date: 9-13-11

Contractor's Signature: _____

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 Rule 909.04 has been successfully completed.

Date: 9/17/2011

[Handwritten signature]