



March 30, 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:

Shane Robinson
 849 Valley Road
 Mason, NH 03048
 Telephone # 603-493-7663
 Email: s.robinson@libertycourierservices.com

In Support of the request for Class II eligibility for the Shane Robinson, 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: Shane Robinson

Mailing Address: 849 Valley Road

Town/City: Mason State: NH Zip Code: 03048

Primary Contact: Shane Robinson

Telephone: 603-493-7663 Cell: _____

Email address: s.robinson@libertycourierservices.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	
24	SPR-327NE-WHT-D Sunpower panel	1	Computer-UCC w/ Radio (part of tracker)
1	SMA Sunny Boy, Cold Temp. 7000US-11 w/ Display	1	Itron Centron Digital Meter, Type C1S, FM2S, 240V, CL200
1	All Sun Series 24 Tracker		

What is the nameplate capacity of your facility? (1) 7KW Inverter
(based on the size of the inverter(s)) _____

What was the initial date of operation? 11/19/12
*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: Same as above

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%20Energy%20Source%20Eligibility.htm) of independent monitors is available at:

[http://www.puc.nh.gov/Sustainable%20Energy/Renewable Energy Source Eligibility.htm](http://www.puc.nh.gov/Sustainable%20Energy/Renewable%20Energy%20Source%20Eligibility.htm).)

Independent Monitor's Name: Paul Button

Attachment
Dps 1

Town/City: Manchester State: NH Zip Code: 03104
Telephone: 603-617-2469 Cell: 603-836-4402
Email address: pbutton@energy-audits-unitd.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 X
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 [Signature] Date 3/26/13

Applicant's Printed Name Shane Robinson

Subscribed and sworn before me this 26 Day of MARCH (month) in the year 2013

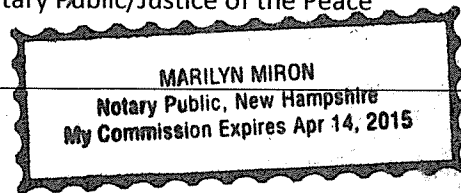
County of Hillsborough State of New Hampshire

Attachment
D pg 2

Marilyn Miron

Notary Public/Justice of the Peace

My Commission Expires



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 LLC/ Stephen Hirsch

Mailing Address: 205 Shaw Farm Road

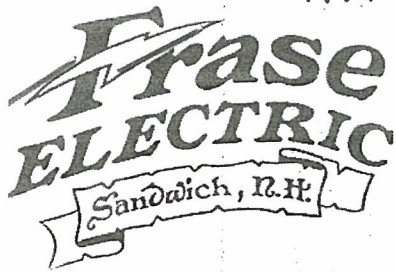
Town/City: Holliston State: MA Zip Code: 02746

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

Email address: solarfarmbank@gmail.com

Preparer's Signature:  3/30/13

Attachment
D Step



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: MARCH 13, 2013

JOB NAME: SHANE ROBINSON

TO WHOM IT MAY CONCERN:

FRASE ELECTRIC LLC HAS INSPECTED THE PV INSTALLATION AT 849 VALLEY ROAD, MASON, NEW HAMPSHIRE.

NINE SUNPOWER 327W MODULES WERE ADDED TO THE EXISTING ARRAY, TOTALING 24 PANELS.

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



RECEIVED
NOV 14 2012
SESD

Attachment
Pg 1

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

Simplified Process Interconnection Application and Service Agreement

Date Prepared: 11/11/12

Contact Information:

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

Customer or Company Name (print): Shane Robinson

Contact Person, if Company:

Mailing Address: 849 Valley Road

City: Mason

State: NH

Zip Code: 03048

Telephone (Daytime): 603-493-7663

(Evening): same

Facsimile Number:

E-Mail Address: S.robinson@libertycourierservices.com

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

Name:

Mailing Address:

City:

State:

Zip Code:

Telephone (Daytime):

(Evening):

Facsimile Number:

E-Mail Address:

Electrical Contractor Contact Information (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): (603) 284-6618

Facsimile Number: (603) 284-6343

E-Mail Address: Kfrase@hughes.net

Facility Site Information:

Facility (Site) Address: 849 Valley Road

City: Mason

State: NH

Zip Code: 03048

Electric

Service Company: PSNH

Account Number: 56282101021

Meter Number: 452611006

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: PNE Energy Supply

Account Number: N/A

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

Facility Machine Information:

Generator/

Model Name &

Inverter Manufacturer: SMA

Number: 700-US-

Quantity: 1

Nameplate Rating: 7020 (kW)

7 (kVA)

7 (AC Volts)

240

Phase: Single ☒ Three ☐

System Design Capacity: 7 (kW)

7 (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

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

Simplified Process Interconnection Application and Service Agreement

Attachment
Page 2

Inverter-based Generating Facilities:

✓ UL 1741/IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)

Yes ☒ No ☐

The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use in Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. **Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.**

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'

Yes ☒ No ☐

✓ Location of External Manual Disconnect Switch: At ARRAY - Pole mount

Project Estimated Install Date: 11/15/12

Project Estimated In-Service Date: 11/20/12

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 for Simplified Process Interconnections** attached hereto:

Customer Signature: [Signature] Title: Owner Date: 11/11/12

Please include, a one-line and/or three-line drawing of proposed installation

For PSNH Use Only

Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☐ No ☒ To be Determined ☐

Company Signature: [Signature] Title: S.R. ENGINEER Date: 11-19-12

PSNH Application Project ID#: _____

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

Attachment A
Suppg 1

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): Shore Robinson

Contact Person, if Company

Mailing Address: 849 Valley Road

City: Mason

State: NH

Zip Code: 03048

Telephone (Daytime): 993 7663

(Evening): 510

Fax/Modem Number:

E-Mail Address: s.robinson@sunlight.com

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

Name:

Mailing Address:

City:

State:

Zip Code:

Telephone (Daytime):

(Evening):

Fax/Modem Number:

E-Mail Address:

Electrical Contractor Contact Information (if appropriate)

Name: Frase Electric LLC

Telephone: 284-6618

Mailing Address: 789 Whittier Hwy

City: So. Tamworth

State: NH

Zip Code: 03883

Facility Information

Address of Facility: 849 Valley Road

City: Mason

State: NH

Zip Code: 03048

Electric Service Company: PSNH Account Number: 5628210101

Meter Number: 652611006

Electricity Supply Company: ENH Power

Account Number:

Generator/Inverter Manufacturer: SMA

Model Name and Number: 7000 US-11 Quantity: 1

Nameplate Rating: 7000 (kW) ~~340~~ (kVA) 240 (AC Volts) Single ☒ or Three Phase ☐

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

Net Metering: If Renewable 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 (IEEE 1547) Listed? Yes ☐ No ☐ External Manual Disconnect: ☒ Yes ☐ No

Estimated Install Date: 1/8/13

Estimated In-Service Date: 1/8/13

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: Owner Date: 3/7/13

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: _____

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

12-30

MASON PERMIT

Attachment B

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☐ Check if owner-installed

Customer or Company Name (print): Shane Robinson

Contact Person, if Company: _____

Mailing Address: 849 Valley Road

City: Mason State: NH Zip Code: 03048

Telephone (Daytime): 603-493-7663 (Evening): 603-493-7663

Facsimile Number: _____ E-Mail Address: S.robinson@libertycourierservices.com

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Generation Vendor: SMA 7000 W Contact Person: Kim Frase

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

Vendor Signature: [Signature]

Date: 11/19/12

Electrical Contractor's Name (if appropriate): Frase Electric LLC

Mailing Address: 784 Whittier Hwy

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

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

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

License number: 4446M

Date of approval to install Facility granted by the Company: _____ Installation Date: _____

Application ID number: _____

Inspection:

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

MASON, MILLSBORO
(City/County)

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

Name (printed): KENNETH B WILSON

Date: 11-19-2012

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: [Signature] Date: 11/19/12