

NHPUC 31JUL'13AM11:39

July 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:

Lawrence & Susan Warren  
 114 Wentworth Road  
 Brookfield, NH 03872  
 Telephone # 603-522-6267  
 Email: [Larry@warrenclan.org](mailto:Larry@warrenclan.org)

In Support of the request for Class II eligibility for the Lawrence & Susan Warren, 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](mailto: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](mailto: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](mailto:Barbara.Bernstein@puc.nh.gov).

Check the applicable class:

Eligibility Requested for Class I  Class II

Applicant Name: Lawrence Warren or Susan O Warren

Mailing Address: 114 Wentworth Road  
 Town/City: Brookfield NH 03872  
 Primary Contact: Lawrence  
 Telephone: 603-522-6267  
 Email address: Larry@warrenclan.org

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	
30	SunPower SPR-240E-WHT-D Module	1	Itron Centron Solid State Digital Meter FM2S CIS 30TA 1.0KH ANSI 12
1	SunPower SPR7000m Inverter		
	Unirac SolarMount Roof Mounting System		

What is the nameplate capacity of your facility? 7000W  
 (based on the size of the inverter(s)) \_\_\_\_\_

What was the initial date of operation? 12/18/11  
*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 Tanworth State: NH Zip Code: 03883

Telephone: 603-284-6618 Cell: 603-387-0873

Email address: [kfrase@hughes.net](mailto: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](#) 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_Energy_Source_Eligibility.htm).)

Independent Monitor's Name: Paul Button

Town/City: Manchester State: NH Zip Code: 03104

# Attachment Apg 1

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

Email address: [pbutton@energy-audits-unltd.com](mailto: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 X  
If "yes", then provide proof of the certification as **Attachment C**.

## Attachment D

*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](mailto: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 Susan O. Warren      Date 7/22/13

Applicant's Printed Name Susan O. Warren

Subscribed and sworn before me this 22ND Day of July (month) in the year 2013

County of Carroll      State of N.H.

Attachment D pg 2

  
\_\_\_\_\_  
Notary Public/Justice of the Peace

My Commission Expires \_\_\_\_\_

JANICE R. GRAY, Justice of the Peace  
My Commission Expires February 2, 2016

<b>CHECK LIST: The following has been included to complete the application:</b>	<b>YES</b>
• 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>	X
• A signed and notarized attestation or <i>Attachment D.</i>	X
• A GIS number has been obtained.	X
• The distribution utility's approval of the installation.*	X
• The document has been printed and notarized.	X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	X
• An electronic version of the completed application has been sent to <a href="mailto:executive.director@puc.nh.gov">executive.director@puc.nh.gov</a> .	X
<i>*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.</i>	

**PREPARER'S INFORMATION**

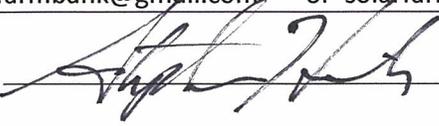
Preparer's Name: Solar Farm Bank LLC / Stephen Hirsh

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: Solarfarmbank@gmail.com or solarfarmbank@verizon.net

Preparer's Signature:  SFB/President

Attachment A

RECEIVED  
DEC 07 2011

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

BY: .....

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 11/9/2011

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

Customer or Company Name (print): Lawrence Warren

Contact Person, if Company:

Mailing Address: 114 Wentworth Road

City: Brookfield

State: NH

Zip Code: 03872

Telephone (Daytime): 603 522 6267 (Evening): 522 6267

Facsimile Number: E-Mail Address: LARRY@WARRENCLAN.ORG

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): (603) 284-6618

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: 114 Wentworth Road

City: Brookfield

State: NH

Zip Code: 03872

Electric Service Company: PSNH Account Number: 56405790080 Meter Number: 653830642

Electricity Supply Company: Account Number:

Generator/Inverter Manufacturer: Sunpower Model Name and Number: SPR7600 Quantity: 1

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

System Design Capacity: 4.8 (kVA) 4.8 (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: 12/20/11

Estimated In-Service Date: 12/24/11

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 of the following page:

Customer Signature: Lawrence Warren Title: owner Date: 11/9/2011

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: Michael Motta Title: ENGINEER Date: 12-8-11

ROCHESTER 73W1 39/54 MAP A PH A (1)

Attachment B pg 3

File

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): Lawrence Warren  
Contact Person, if Company: \_\_\_\_\_  
Mailing Address: 114 Wentworth Rd  
City: Brookfield State: NH Zip Code: 03872  
Telephone (Daytime): 603 522-6267 (Evening): 603 522-6267  
Facsimile Number: \_\_\_\_\_ E-Mail Address: larry@warrencan.org

Address of Facility (if different from above): SAME  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Generation Vendor: SunPower / FINE ELECTRIC Contact Person: KIM FRASE

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

Vendor Signature: [Signature] Date: 12/15/11

Electrical Contractor's Name (if appropriate): FRASE ELECTRIC LLC  
Mailing Address: 789 Whittier Hwy  
City: SE TOWN State: NH Zip Code: 03863  
Telephone (Daytime): 603-284-6688 (Evening): 603-284-6688  
Facsimile Number: 284-6343 E-Mail Address: KFrase@hughes.net  
License number: 4146

Date of approval to install Facility granted by the Company: 12-8-11 Installation Date: \_\_\_\_\_

Application ID number: #12442

Inspection:

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

Brookfield NH  
(City/County)

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

Name (printed): EDWARD NASON - Brookfield - CEO

Date: 12/13/11

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: Lawrence Warren Date: 12/13/2011



Attachment B pg 2

File

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](mailto:kfrase@hughes.net)

DATE: DECEMBER 18, 2011

JOB NAME: LAWRENCE WARREN

To Whom It May Concern:

FRASE ELECTRIC LLC HAS INSPECTED THE PV INSTALLATION AT 114 WENTWORTH ROAD, BROOKFIELD, 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