

August 8, 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:

Thomas Scanlon
28 Old Pine Tree Cemetery Rd.
Lebanon, NH 03748
Telephone # 603-298-6274
Email: scanlont@missouri.edu

In Support of the request for Class II eligibility for the Thomas Scanlon, 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

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	
24	Sharp 250 Watt ND-250QCS	24	GE Energy 205 Watt Modules
1	Fronius IG Plus 6.0-UNI		
1	SMA 5000		

What is the nameplate capacity of your facility? 11,000 Watts

What was the initial date of operation? Original System was and was commission in May 2010 and expansion was commissioned in July 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 Electric llc
Business Address: 3189b US Rt 5 South
Town/City: Windsor State: VT Zip Code: 05089
License # 13148M

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

Attachment D

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

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 8/2/13

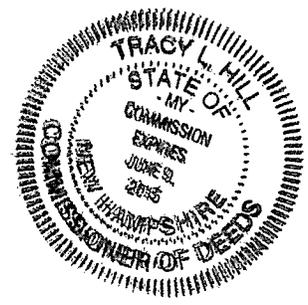
Applicant's Printed Name Thomas C Scanlon

Subscribed and sworn before me this 2nd Day of August (month) in the year 2013

County of Grafton State of New Hampshire

[Signature]
Notary Public/Justice of the Peace

My Commission Expires 6-9-15



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 <i>(Attachment A.)</i>	
• Documentation of the distribution utility's approval of the installation.* <i>(Attachment B.)</i>	
• 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>	
• A signed and notarized attestation or <i>Attachment D.</i>	
• 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 .	
<i>*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.</i>	

PREPARER'S INFORMATION

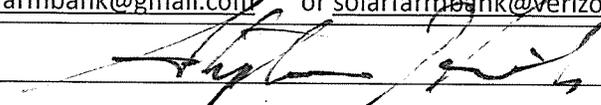
Preparer's Name: Solar Farm Bank LLC / Stephen Hirsh

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:  *SF-B / president*

Attachment A

GRANITE STATE ELECTRIC COMPANY INTERCONNECTION STANDARDS PROVISION FOR INVERTERS SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: May 22, 2013

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

Customer or Company Name (print): Thomas ScanlonContact Person, if Company: N/AMailing Address: 28 Old Pine Tree Cemetery RdCity: West LebanonState: NHZip Code: 03784Telephone (Daytime): (603)298-6274(Evening): N/A

NIC

Facsimile Number: _____

E-Mail Address: scanlont@missouri.edu

D

Note: there is currently a 4.92 kW array that was installed at this address May 2010. This application is to connect an additional 6 kW to the existing array.

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

Name: Prudent Living Inc. (Tim Biebel)Mailing Address: 3189b US Rt 5 SouthCity: WindsorState: VermontZip Code: 05089Telephone (Daytime): 802-674-9155 x106(Evening): N/AFacsimile Number: 802-674-6872E-Mail Address: tim@prudentliving.com

Electrical Contractor Contact Information (if appropriate):

Name: Brite Lite Electric LLC. (Matthew Smith)Telephone: 802-674-9155 x108Mailing Address: 3189b US Rt 5 SouthCity: WindsorState: VermontZip Code: 05089

Facility Information:

Address of Facility: 28 Old Pine Tree Cemetery Rd

General Electric - NET

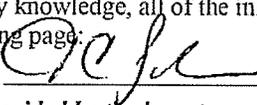
Date Meter Set: 3/6/12City: West Lebanon

State: _____

Zip Code: 03784Electric Service Company: Liberty Utilities Account Number: 8945679012Meter Number: 60078059Inverter Manufacturer: Fronius USA & SMAModel Name and Number: Fronius IG PLUS 6.0-UNI-SMA 5000Quantity: 1 eachNameplate Rating: 11 (kW) 11 (kVA) 240 (AC Volts)Single or Three _____ PhaseSystem Design Capacity: 10.29 (kVA) _____ (kVA)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 _____Estimated Install Date: June 2013Estimated In-Service Date: July 2013

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:

Interconnecting Customer Signature: Title: ownerDate: 5/17/13

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: Jana BobsonTitle: CSRDate: 05/31/2013Company waives inspection/Witness Test? Yes _____ No Application ID number: 14965573

Attachment B pg 1

STANDARDS FOR INTERCONNECTING DISTRIBUTED GENERATION

ATTACHMENT 2

Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): Thomas Scanlon

Contact Person, if Company: N/A

Mailing Address: 28 Old Pine Tree Cemetery Rd

City: West Lebanon State: NH Zip Code: 03784

Telephone (Primary): (603)-298-6274 Telephone (Secondary): N/A

Fax: N/A Email: scanlont@missouri.edu

Facility Address (If different from above): N/A

City: _____ State: _____ Zip Code: _____

Account Number: 8945679012 Meter Number: 60078059

Electrical Contractor's Company or Name (print): Brite Lite Electric LLC

Electrician Name, if Company: Matthew Smith

Mailing Address: 3189b US RT 5 South

City: Windsor State: VT Zip Code: 05089

Telephone (Primary): 802-674-9155 x108 Telephone (Secondary): N/A

Fax: _____ Email: matt@britelitenh.com

License number: 13148 M

Date of approval to install Facility granted by the Company: 5/31/2013

Application ID number: 14965573

Inspection:

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

Lebanon NH per 2011 NEC
(City/Town)

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

Winston F. Spencer Jr.

Wiring Inspector Name (printed):

Winston F. Spencer Jr.

Phone Number:

603-448-1524

Email Address:

win.spencer@lebanonvt.com

As a condition of interconnection you are required to email a copy of this form along with a copy of the signed electrical permit to distributed.generation@us.ngrid.com

Attachment B pg 2

From: [Jill Fitzpatrick](#)
To: [Tim Biebel \(tim@prudential.com\)](mailto:tim@prudential.com)
Subject: Simplified - Authority to Interconnect - 28 Old Pine Tree Cemetery Road
Date: Wednesday, July 31, 2013 2:47:33 PM
Attachments: [LUSimplifiedApp.pdf](#)
[Certification .htm](#)

Hi Tim,

You are authorized to interconnect the 6 kW PV system at 28 Old Pine Tree Cemetery Road, W. Lebanon, NH 03784 with Liberty Utilities distribution system. The existing bi-directional meter will not need to be replaced.

If the system changes ownership, please contact us immediately so we can keep our records up to date.

Group e-mail: NHSalesMarketing@LibertyUtilities.com

Also, I attached the most recent application.

Thanks,



Jill Fitzpatrick | Liberty Utilities NH | Electric Key Account Manager, Customer Care
P: 603-952-2999 | F: 603-870-9041
E: Jill.Fitzpatrick@libertyutilities.com
9 Lowell Road, Salem, NH 03079

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