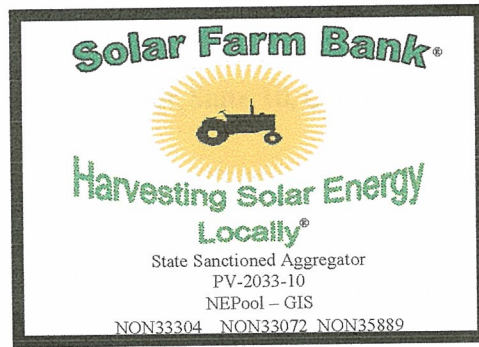


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DE13-147



May 13, 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:

George Havell
936 Turkey Street
Chocora, NH 03817
Telephone # 603 986 1905
Email: none

In Support of the request for Class II eligibility for the George Havell, 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: George Havell

Mailing Address: 936 Turkey Street

Town/City: Chocorua State: NH Zip Code: 03817

Primary Contact: George Havell

Telephone: _____ Cell: (603) 986-1905

Email address: _____

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	Suniva 265W Module OPT265-60-4-100		Itron centron soild state digital Fm2s cis 30ta 1.0kh ansi 12
1	PowerOne Aurora Inverter PVI6000-OUTD-US		
16	Unirac Solarmount Rails – 168"		

What is the nameplate capacity of your facility? (1) 6000W Inverter
(based on the size of the inverter(s)) _____

What was the initial date of operation? 5/7/13
*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_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

Attachment D Pg 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 George Howell Date 5/7/13

Applicant's Printed Name George Howell

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

County of CARROLL State of New Hampshire

Attachmear + Dpg2



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.		X
• A copy of the interconnection agreement, nameplate capacity and date of operation (Attachment A.)		X
• Documentation of the distribution utility's approval of the installation.* (Attachment B.)		X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. (Attachment C).		X
• A signed and notarized attestation or Attachment D.		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 executive.director@puc.nh.gov .		x
*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: Solarfarmbank@gmail.com or solarfarmbank@verizon.net

Preparer's Signature: _____

Attachment B P51

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

RECEIVED
APR 01 2013
SESD

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☐ Check if owner-installed

Customer or Company Name (print): George Havell
Contact Person, if Company: _____
Mailing Address: 936 Turkey St.
City: Chocoma State: NH Zip Code: 03817
Telephone (Daytime): 986-1905 (cell) (Evening): 323-7552
Facsimile Number: NONE E-Mail Address: NONE

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

Generation Vendor: Power One - Frase Electric Contact Person: Kofrak
I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature: Kofrak Date: 3/26/13

Electrical Contractor's Name (if appropriate): Frase Electric LLC
Mailing Address: 789 Whittier Hwy
City: So. Tamworth State: NH Zip Code: 03883
Telephone (Daytime): 284-6618 (Evening): 284-6618
Facsimile Number: 284-6343 E-Mail Address: Kfrase@hughes.net
License number: 446M

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

NO INSPECTOR IN TOWN
(City/County)

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

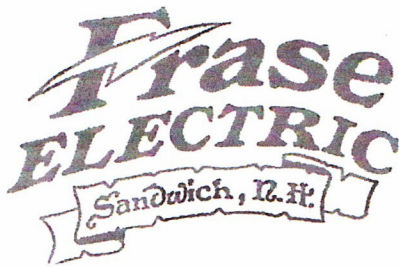
Name (printed): Kim Frase

Date: 3/26/13

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: George Havell Date: 3/26/13



Attachment B pg 2

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 30, 2013

JOB NAME: GEORGE HAVELL

To WHOM IT MAY CONCERN:

FRASE ELECTRIC LLC HAS INSPECTED THE PV INSTALLATION AT 936 TURKEY STREET,
CHOCORUA, 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

Attachment A p51

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

RECEIVED
MAR 13 2013
SESD

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 3/8/13

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

Customer or Company Name (print): George Havel

Contact Person, if Company:

Mailing Address: 936 Turkey St.

City: Chocorua

State: NH

Zip Code: 03813

Telephone (Daytime): 986-1905 (cell) (Evening): 323-7552

Facsimile Number: _____ E-Mail Address: _____

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

Telephone: 603-284-6618

Mailing Address: 789 Whither Hwy.

City: So. Tamworth

State: NH

Zip Code: 03883

Facility Information:

✓ Address of Facility: 936 Turkey St.

✓ City: Chocorua

State: NH

Zip Code: 03817

Electric Service Company: PSNH Account Number: 569939110801 Meter Number: W58743800 ✓

Electricity Supply Company: _____ Account Number: _____

✓ Generator/Inverter Manufacturer: Power One Model Name and Number: PV16000-WTP-05 Quantity: 1

Nameplate Rating: 6000 (kW) _____ (kVA) 240 (AC Volts) Single 1 or Three _____ Phase

System Design Capacity: 6000 (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: 3/20/13

Estimated In-Service Date: 4/1/13

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 pages.

Customer Signature: George Havel Title: _____ Date: 3-11-13

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: Michael Wotta Title: S.R. ENGINEER Date: 3-13-13