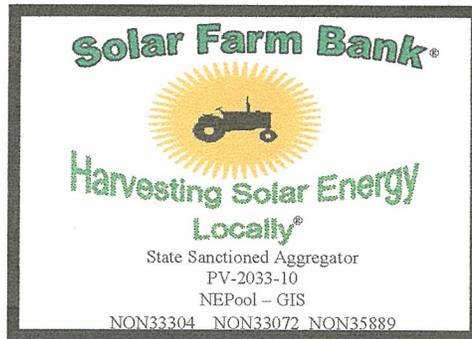


DE 13-241

NHPUC 15AUG'13PM12:18



August 9, 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:

Robert Wyatt
166 Snow Pond Rd
Concord NH 03301
Telephone # 603-469-7292
Email: rbtwyatt@comcast.net

In Support of the request for Class II eligibility for the Robert Wyatt, 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: Robert J. Wyatt

Mailing Address: 166 Snow Pond Rd
 Town/City: Concord NH 03301
 Primary Contact: Robert Wyatt
 Telephone: Cell: 603-496-7292 Home: 603-224-3637
 Email address: rbtwyatt@comcast.net

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

Facility Name: Same as above.
 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	
1	Solar Edge 6000W INV # SE6000AUS	35	Suniva 265 W modules # OPT265604100
1	Solar Edge 3800 W INV# SE3800AUS		Uni rac SM rail syatem
35	Solar edge optimizers # OP300-MV	1	KWH meter # ITRON CENTRON FM2S240CL200

What is the nameplate capacity of your facility? 9800
 (based on the size of the inverter(s)) _____

What was the initial date of operation? 7/15/13
*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

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

Attachment D pg 1

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**. *See attached.*

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**. ~~See attached.~~

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

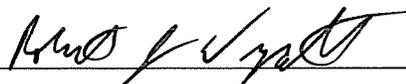
Mr. Webb will assist you in obtaining a GIS facility code and, if applicable, an ISO-New England asset ID number.

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  Date 8/07/2013

Applicant's Printed Name Robert J. Wyatt

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

County of Merrimack State of New Hampshire

Attachment D pg 2

Caroleen A. Stiles
Notary Public/Justice of the Peace

My Commission Expires June 27, 2017

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 <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 executive.director@puc.nh.gov .	x
<i>*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.</i>	

PREPARER'S INFORMATION

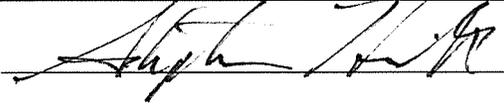
Preparer's Name: Solar Farm Bank LLC / Stephen Hirsh

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:  SFBS / president

Received 6/11/13
Received Engr 6/12/13



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 6/4/2013
Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
Customer Name (print): Robert J. Wyatt Contact Person, if Company: _____
Mailing Address: 166 Snow Pond Rd
City: Concord State: NH Zip Code: 03301
Telephone (Daytime): 603-496-7292 (Evening): 603-224-3637
Facsimile Number: _____ E-Mail Address: rbtwyatt@comcast.net

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: 03823
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: 166 Snow Pond Rd
City: Concord State: NH Zip Code: 03301
Electric Service Company: Unitil Account Number: 1047917-1069480 Meter Number: _____
Inverter Manufacturer: SolarEdge 3.8kW 6kW Model Name and Number: SE3000A-US Quantity: 1 of each
Nameplate Rating: 9.8 (kW) 9.8 (kVA) 240 (AC Volts) Single or Three _____ Phase
System Design Capacity: 8.44 (kVA) 8.44 (kVA) 32x 265W Prinect (ETC) = 123
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: 6/15/13 Estimated In-Service Date: 6/28/13

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: Robert J. Wyatt Title: owner Date: 6/4/13

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: 1260 Dept. Engr Date: 6/28/13

Company waives inspection/Witness Test? Yes _____ No _____

103



July 15, 2013

Robert Wyatt
166 Snow Pond Road
Concord, NH 03301

Dear Robert,

This letter is to notify you that we have tested your generator (Solar PV) and the inverter system at the following address: 166 Snow Pond Road, Concord, NH.

We have replaced your standard meter with a "Net Meter" and you are now authorized to energize your generator and interconnect to the Unitil electric system.

Please, do not hesitate to contact me if you have any further questions or comments.

Warmest regards,

A handwritten signature in cursive script, appearing to read "Rebecca".

Rebecca Scott
Program Coordinator, Customer Energy Solutions
Unitil
325 West Road
Portsmouth, NH 03801
T 603.294.5126
F 603.294.5226
Email scott@unitil.com



UNITIL ENERGY SYSTEMS, INC.
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(print): Robert J Wyatt
Mailing Address: 166 Snow Pond Rd
City: Concord State: NH Zip Code: 03301
Telephone (Daytime): 603-496-7292 (Evening): 603-224-3637
Facsimile Number: _____ E-Mail Address: rjt wyatt@comcast.net

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

Electrical Contractor's Name (if appropriate): FRASE ELECTRIC LLC
Mailing Address: 789 Whittier Hwy S
City: South Tamworth State: NH Zip Code: 03863
Telephone (Daytime): 603 284 6618 (Evening): SAME
Facsimile Number: 603 284 6343 E-Mail Address: Kfrase@hughesnet
License number: M 4146

Date of approval to install Facility granted by the Company: 6/12/13

Application ID number: G-10 #331

Inspection:

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

Concord, Merrimack
(City/County)

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

Name (printed): Craig Billingham

Date: 7/9/13

As a condition of interconnection you are required to send/fax a copy of this form to:

Generator Interconnection Applications
Unitil
325 West Road
Portsmouth, NH 03801
Fax: 603-294-5226

NOTE: WE ARE INSTALLING 6KW INVERTER AT
THIS TIME w/ 4.77 KW OF PV

Wyatt, Robert

To: Robert Wyatt
Subject: RE: Approved to Interconnect_2nd Inverter

From: "Scott, Rebecca" <scott@unitil.com>
Date: August 6, 2013, 4:11:38 PM EDT
To: "rbtwyatt@comcast.net" <rbtwyatt@comcast.net>
Cc: "Scott, Rebecca" <scott@unitil.com>, "kfrase@hughes.net" <kfrase@hughes.net>
Subject: **Approved to Interconnect_2nd Inverter**

Dear Robert,

This letter is to notify you that we have tested your generator (Solar PV) and the 2nd inverter system at the following address: 166 Snow Pond Road, Concord, NH.

We have replaced your standard meter with a "Net Meter" and you are now authorized to energize your generator and interconnect to the Unitil electric system.

Please, do not hesitate to contact me if you have any further questions or comments.

Warmest regards,

Rebecca Scott
Program Coordinator, Customer Energy Solutions



325 West Road
Portsmouth, NH 03801
T 603.294.5126 M 603.918.8693
www.unitil.com

7/31/13
2nd Inverter
3.8 KW



UNITIL ENERGY SYSTEMS, INC.
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(print): Robert Wyatt
Mailing Address: 166 Snow Pond Rd.
City: Concord State: NH Zip Code: 03301
Telephone (Daytime): 603-224-3637 (Evening): Cell - 603-496-7292
Facsimile Number: _____ E-Mail Address: rbtwyatt@comcast.net

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

Electrical Contractor's Name (if appropriate): Frase Electric LLC
Mailing Address: 789 Whittier Hwy.
City: So. Tamworth State: NH Zip Code: 03883
Telephone (Daytime): 603-284-6618 (Evening): 284-6618
Facsimile Number: 284-6343 E-Mail Address: kkfrase@hughes.net
License number: 4146

Date of approval to install Facility granted by the Company: 6/27/13

Application ID number: 331

Inspection:

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

Concord Concord
(City/County)

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

Name (printed): Craig Billingham

Date: 7/31/13

As a condition of interconnection you are required to send/fax a copy of this form to:

Generator Interconnection Applications
Unitil
325 West Road
Portsmouth, NH 03801
Fax: 603-294-5226

Inspecting for a 3.8 KW Inverter for Phase #2, making
for a new total of 9.8 KW