

Jessica Vaillancourt

From: Jessica Vaillancourt [jjv@ndprecast.com]
Sent: Tuesday, January 28, 2014 4:43 PM
To: 'executive.director@puc.nh.gov'
Subject: Draft Application Form

NHPUC JAN30'14 AM11:37

Debra,

Here is Brad Thompson's application to sell R.E.C. credits. PUC is familiar with us and our company as we recently received our PUC rebate check for our solar panels.

Brad has contracted with Mike Behrmann of Revolution Energy to sell our R.E.C. and Paul Button of EAU-NH as our independent Monitor. Mike Behrmann supplied us with the G.I.S. Facility code # 15299.

Please let us know if any additional information is needed.

Jessica

JESSICA VAILLANCOURT
ASSISTANT PROJECT MANAGER
NORTHERN DESIGN
51 INTERNATIONAL DRIVE
LOUDON, NH 03307
OFFICE: 603 -783 - 8989
FAX: 603 -783 - 9090
JJV@NDPRECAST.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.

Eligibility Requested for: Class I Class II

Is this facility part of an aggregation? YES NO

If the facility is part of an aggregation,
please list the aggregator's name: _____

Applicant Name: Northern Design Precast, Inc

Mailing Address: P.O. Box 7365

Town/City: Gilford State: N.H Zip Code: 03247

Primary Contact: Bradley Thompson

Telephone: 783-8989 Cell: 387 1426

Email address: bThompson@ndprecast.com

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

Facility Name: Northern Design Precast, Inc
 Mailing Address: P.O. Box 7305
 Town/City: Gilford State: NH Zip Code: 03247
 Primary Contact: Bradley Thompson
 Telephone: 783 8989 Cell: 3871426
 Email address: bThompson@ndprecast.com

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter:

quantity	Solar System	quantity	
162	Solar Wind photovoltaic panels & SW260 Mono		Rating system for Roof Mount
3	Fronius # INVERTERS 12.0 344E277		
1	Meter		

What is the nameplate capacity of your facility? Rating 11.4

What was the initial date of operation? Nov. 21st 2013

This information 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: Smart Energy of New England Inc

Installer Address: 120 Angels Rd PO Box 56

License #: _____

Town/City: Colebrook State: NH Zip Code: 03576

Telephone: _____ Cell: 603 608-5840

Email address: david@smartergyne.com Cell 603-915-1507

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: Smart ENERGY of New England Inc
Vendor's Name: David Belanger
Business Address: P.O. Box 56
Town/City: Colebrook State: NH Zip Code: 03576
Telephone: 608-5840 Cell: 915-1507
Email address: david@SMARTENERGYNH.COM

If an independent electrician was used, please provide the following information:

Electrician's Name: Ron Caron
Business Name: _____
Business Address: 10 State St.
Town/City: Groveton State: NH. Zip Code: 03582
License # 7923M

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%20Energy%20Source%20Eligibility.htm))

Independent Monitor's Name: Paul Button @ EAU-N.H.
Town/City: 85 Yvette ST Manchester State: N.H. Zip Code: 03102
Telephone: - Cell: 836-4402
Email address: pbutton@EAUNH.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**.

* EXTERNAL AC DISCONNECT REQUIRED

RECEIVED
APR 16 2013

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

Simplified Process Interconnection Application and Service Agreement

BY:

Contact Information:

Date Prepared: 04/02/2013

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

Customer or Company Name (print): Northern Design Precast

Contact Person, if Company: Brad Thomson

Mailing Address: P.O. Box 7305

City: Gilford State: NH Zip Code: 03247

Telephone (Daytime): 603-783-8989 (Evening):

Facsimile Number: E-Mail Address:

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

Name: Smart Energy of New England

Mailing Address: P.O. Box 56

City: Colebrook State: NH Zip Code: 03576

Telephone (Daytime): 603-496-3504 (Evening):

Facsimile Number: 603-386-0242 E-Mail Address: david@smartenergynh.com

Electrical Contractor Contact Information (if appropriate):

Name: S & S Electric Telephone: 603-246-8698

Mailing Address: 241 US Route 3

City: Stewartstown State: NH Zip Code: 03576

Facility Information:

Address of Facility: 51 International Dr

City: Loudon State: NH Zip Code: 03301

Electric Service Company: PSNH Account Number: 56595541020 Meter Number: W01764019V

Electricity Supply Company: PSNH Account Number: 56595541020

Generator/Inverter Manufacturer: Fronius Model Name and Number: Quantity: 3

Nameplate Rating: 11.4 (kW) (kVA) 500 (AC Volts) Single or Three Phase Phase

System Design Capacity: 40.5 (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: April 2013 Estimated In-Service Date: May 2013

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: Bradley J. Thompson Title: President Date: April 15, 2013

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: [Signature] Title: Sr. Engineer Date: 4-17-13

PTSFIELD 31W1 P. 63C/6 MAP C PH. 3PHASE 300
OAK HILL S/S - PTF (3-100's)

MODEL No.
1210 31W1/227
277/480 V
SERVICE

36kW

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. Please note, if your facility is part of an aggregation, your aggregator should provide you with this information.

GIS Facility Code # 15299 ^{N.H.} Asset ID # _____

Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document as **Attachment D**.

The Commission requires a notarized affidavit as part of the application.

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 Bradley J. Thompson Date Jan. 28 2014

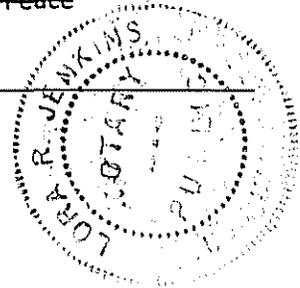
Applicant's Printed Name Bradley J. Thompson

Subscribed and sworn before me this 28th Day of JANUARY (month) in the year 2014

County of Merrimack State of New Hampshire

Lora R. Jenkins
Notary Public/Justice of the Peace

LORA R. JENKINS, Notary Public
My Commission Expires My Commission Expires April 15, 2014



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).	
• 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 .	
<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: Bradley J. Thompson / Northern Design Precast Inc
Mailing Address: 18 Tannery Hill Rd / PO Box 7305
Town/City: Gilford (Both) State: N.H Zip Code: 03217
Telephone: 783-~~8889~~⁸⁹⁸⁹ WAK Cell: 3871426
Email address: bthompson@ndprecast.com
Preparer's Signature: Bradley J. Thompson, Pres.

Public Service Company of New Hampshire
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: Check if owner-installed

Customer or Company Name (print): Northern Design Precast Inc

Contact Person, if Company: Bradley Tompson

Mailing Address: 51 International dr

City: Loudon State: NH Zip Code: 03307

Telephone (Daytime): 603-783-8989 (Evening): _____

Facsimile Number: _____ E-Mail Address: bthompson@ndprecast.com

Facility Information:

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): Ron Caron

Mailing Address: 10 State St

City: Groveton State: NH Zip Code: 03582

Telephone (Daytime): 603-636-1919 (Evening): _____

Facsimile Number: _____ E-Mail Address: realnhron@gmail.com

License number: 7923M

Date of approval to install Facility granted by the Company: 4/16/2013

PSNH Application ID number: #N 2677

Inspection:

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

City: Loudon County: Merrimack

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

Signature: [Signature]

Name (printed): ROBERT N. FESKE Date: 11/21/13

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial/start-up test required by Puc. 905.04 has been successfully completed.

Customer Signature: Bradley Tompson Pres.

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

Public Service Company of New Hampshire
Supplemental Energy Sources Department
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2449