

February 27, 2014

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:

Lyn Lindpaintner
39 Via Tranquilla
Concord, NH 03301
Telephone # 603-312-2333
Email: lynlin@bluewin.com

In Support of the request for Class II eligibility for the Lyn Lindpaintner, 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.

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: Solar Farm Bank LLC

Applicant Name: Lyn Lindpaintner

Mailing Address: 39 Via Tranquilla

Town/City: Concord State: NH Zip Code: 03301

Primary Contact: Lyn

Telephone: 603-312-2333 Cell: _____

Email address: lynlin@bluewin.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	
80	Suniva OPT265-60-4-100 panels	1	PowerOne VSN-MGR-RES-PI Aurora Logger Residential
4	PowerOne PVI-6000-OUTD-US-A	1	Itron Centron Solid State Digital FM25 CIS 30TA 1.0KH ANSI12
1	PowerOne PVI-DESKTOP Monitor		

What is the nameplate capacity of your facility? 21.1KW

What was the initial date of operation?
12/24/13

*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: 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: Kim@fraseelectric.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: 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.)

Independent Monitor's Name: Paul Button

Town/City: Manchester

State: NH

Zip Code: 03104

Telephone: 603-617-2469

Cell: 603-836-4402

Email address: pbutton@energy-audits-unltd.com

Attachment D

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

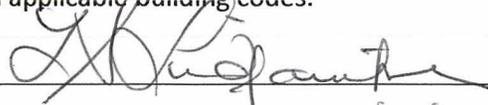
GIS Facility Code # NON-35889 Asset ID # Not needed

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

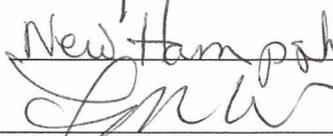
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 2/23/2014

Applicant's Printed Name Lyn S. Lindpaintner

Subscribed and sworn before me this 23rd Day of February (month) in the year 2014

County of Stafford State of New Hampshire


Notary Public/Justice of the Peace



My Commission Expires 10-16-2015

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

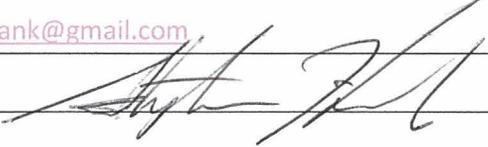
Preparer's Name: Stephen Hirsh // Solar Farm Bank LLC

Mailing Address: 205 Shaw Farm Road

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

Preparer's Signature:  SFB/CEO



Attachment A (RS)

Part 1

Generating Facility
(Standard Process) Interconnection Application

Contact Information

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

Customer or Company Name: LINDPARK Contact Person, if Company: LYN LINDPARK

Mailing Address: 39 VIA TRANQUILLA

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 603-312-2333 (Evening): SAME

Facsimile Number: NA E-Mail Address: LynLin@bluewin.com

Alternative Contact Information (e.g. system installation contractor or coordinating company)

Name: FRABE ELECTRIC LLC

Mailing Address: 789 Whittier Hwy

City: So Tamworth State: NH Zip Code: 03883

Telephone (Daytime): 603-284-1618 (Evening): SAME

Facsimile Number: 603-284-6343 E-Mail Address: kcase@hughes.net

Ownership (include % ownership by any electric utility):

Confidentiality Statement: "I agree to allow information regarding the processing of my application (without my name and address) to be reviewed by the DG Collaborative that is exploring ways to further expedite future interconnections."

Yes [checked] No

Generating Facility Information

Address of Facility: 39 VIA TRANQUILLA

City: Concord State: NH Zip Code: 03301

Electric Service Company: Unitil Account Number (if available):

Type of Generating Unit: Synchronous Induction Inverter [checked]

Manufacturer: Power ONE Model: PVI-6000-OUTD-US-ARCFAULT

Nameplate Rating: 6 (kW) 240 (Volts) Single [checked] or Three Phase

Prime Mover: Fuel Cell Recip Engine Gas Turb Steam Turb Microturbine PV [checked] Other

Energy Source: Solar [checked] Wind Hydro Diesel Natural Gas Fuel Oil Other

UL 1741 Listed? Yes [checked] No Need an air quality permit from DEP? Yes No [checked] Not Sure

If "yes", have you applied for it? Yes No

Planning to Export Power? Yes [checked] No A Cogeneration Facility? Yes No [checked]

Anticipated Export Power Purchaser: Unitil

Export Form? Simultaneous Purchase/Sale Net Purchase/Sale Net Metering [checked] Other

Est. Install Date: 10/10/13 Est. In-Service Date: 10/15/13 Agreement Needed By:

Application Process

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true:

Customer Signature: [Signature] Title: Home Owner Date: 8/16/13

The information provided in this application is complete:

Company Signature: [Signature] Title: Owner/Contractor Date: 9/28/13

Generating Facility Technical Detail

List components of the generating facility that are currently certified and/or listed to national standards

SET
x2
v36

Equipment Type	Manufacturer	Model	National Standard
1. Inverter	Power One - Aurora	PI-6800-00000	UL1741/IEE1547
2. SONIVA - PV module	SONIVA - P	OP-265-4-10	UL1703, IEC 61215 IEC 61730-1/2
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. PHASE #2 will be 2 INV & 44 modules	_____	_____	_____
6. _____	_____	_____	_____

Total Number of Generating Units in Facility? 4

Generator Unit Power Factor Rating: 0.995

Max Adjustable Leading Power Factor? NA Max Adjustable Lagging Power Factor? NA

Generator Characteristic Data (for all inverter-based machines)

Max Design Fault Contribution Current? 112 (4 inv) Instantaneous or RMS?

Harmonics Characteristics: < 2

Start-up power requirements: 240V @ 32W

Generator Characteristic Data (for all rotating machines) NA

Rotating Frequency: _____ (rpm) Neutral Grounding Resistor (If Applicable): _____

Additional Information for Synchronous Generating Units

Synchronous Reactance, Xd: _____ (PU) Transient Reactance, X'd: _____ (PU)

Subtransient Reactance, X''d: _____ (PU) Neg Sequence Reactance, X₂: _____ (PU)

Zero Sequence Reactance, X₀: _____ (PU) kVA Base: _____

Field Voltage: _____ (Volts) Field Current: _____ (Amps)

Additional information for Induction Generating Units NA

Rotor Resistance, R_r: _____ Stator Resistance, R_s: _____

Rotor Reactance, X_r: _____ Stator Reactance, X_s: _____

Magnetizing Reactance, X_m: _____ Short Circuit Reactance, X_d'': _____

Exciting Current: _____ Temperature Rise: _____

Frame Size: _____

Total Rotating Inertia, H: _____ Per Unit on kVA Base: _____

Reactive Power Required In Vars (No Load): _____

Reactive Power Required In Vars (Full Load): _____

Additional information for Induction Generating Units that are started by motoring

Motoring Power: _____ (kW) Design Letter: _____

Attachment A ps 3

Interconnection Equipment Technical Detail

Will a transformer be used between the generator and the point of interconnection? Yes _____ No

Will the transformer be provided by Interconnecting Customer? Yes _____ No

Transformer Data (if applicable, for Interconnecting Customer-Owned Transformer): **NA**

Nameplate Rating: _____ (kVA) Single _____ or Three _____ Phase

Transformer Impedance: _____ (%) on a _____ kVA Base

If Three Phase:

Transformer Primary: _____ (Volts) ___ Delta ___ Wye ___ Wye Grounded ___ Other

Transformer Secondary: _____ (Volts) ___ Delta ___ Wye ___ Wye Grounded ___ Other

Transformer Fuse Data (if applicable, for Interconnecting Customer-Owned Fuse): **NA**

(Attach copy of fuse manufacturer's Minimum Melt & Total Clearing Time-Current Curves)

Manufacturer: _____ Type: _____ Size: _____ Speed: _____

Interconnecting Circuit Breaker (if applicable):

Manufacturer: S&D Type: GA Load Rating: 150 Interrupting Rating: 16,000 Trip Speed: INSTANT
(Amps) (Amps) (Cycles)

Interconnection Protective Relays (if applicable): **NA**

(If microprocessor-controlled)

List of Functions and Adjustable Setpoints for the protective equipment or software:

	Setpoint Function	Minimum	Maximum
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(If discrete components)

(Enclose copy of any proposed Time-Overcurrent Coordination Curves)

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Current Transformer Data (if applicable):

(Enclose copy of Manufacturer's Excitation & Ratio Correction Curves)

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Potential Transformer Data (if applicable):

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Attachment A p. 4

General Technical Detail

Enclose 3 copies of site electrical One-Line Diagram showing the configuration of all generating facility equipment, current and potential circuits, and protection and control schemes with a registered professional engineer (PE) stamp.

Enclose 3 copies of any applicable site documentation that indicates the precise physical location of the proposed generating facility (e.g., USGS topographic map or other diagram or documentation).

Proposed Location of Protective Interface Equipment on Property:
(Include Address if Different from Application Address)

150AMP Breaker will be on Home Net to
Net meter.

Enclose copy of any applicable site documentation that describes and details the operation of the protection and control schemes.

Enclose copies of applicable schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).

Please enclose any other information pertinent to this installation.

Attachment B

Certificate of Completion for (Standard Process) Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): Lyn Lindpaardner Contact Person, if Company: Lyn
 Mailing Address: 39 Via Tranquilla
 City: Concord State: NH Zip Code: 03301
 Telephone (Daytime): 603 312-2333 (Evening): Same
 Facsimile Number: — E-Mail Address: lynlin@bluewin.com

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): Same
 Facsimile Number: 603-284-6343 E-Mail Address: Kfrase@hughes.net
 License number: 4146

Date of approval to install Facility granted by the Company: _____

Application ID number: _____
Install Phase 2: w(2) Power One 6000W Inverters & total of 11.66 kW PV.
The total system now is (4) Power One 6000W Inverters & 21.2 kW of PV.

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: 1/15/14

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
 Attention: Generator Interconnections
 6 Liberty Lane West
 Hampton, NH 03842