

NHPUC 3MAR'14pm12:32

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:

Sam Pylypczuk
 14 Cloudview Drive
 Moultonboro NH, 03254
 Telephone # 603-520-6128
 Email: spylypczuk@yahoo.com

In Support of the request for Class II eligibility for the Sam Pylypczuk, 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

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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: Sam Pylypczuk

Mailing Address: 14 Cloudview Drive

Town/City: Moultonboro State: NH Zip Code: 03254

Primary Contact: Sam Pylypczuk

Telephone: 603-520-6128 Cell: _____

Email address: spylypczuk@yahoo.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	
30	SunPower X21-345 panels		
2	PowerOne 5000W Inverters		
1	Itron Centron Solid State Digital FM25 CIS 30TA 1.0KH ANSI12		

What is the nameplate capacity of your facility? 10.35KW

What was the initial date of operation? 2/11/14

*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 #: 4146

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

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

Attachment D

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 [Signature] Date 2/20/2014

Applicant's Printed Name Sam Pylypczuk

Subscribed and sworn before me this 20th Day of February (month) in the year

County of Belknap State of New Hampshire

[Signature]
Notary Public/Justice of the Peace

My Commission Expires 12/5/17



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
<i>*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.</i>	

PREPARER'S INFORMATION

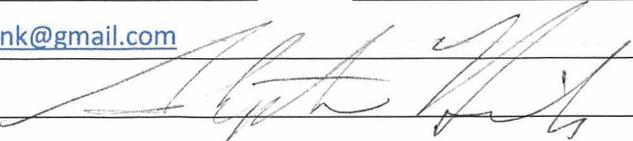
Preparer's Name: Stephen Hirsh // Solar Farm Bank LLC

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

1. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741 and IEEE 929-2000:

Signed (Vendor/Supplier): [Signature]

Name (printed): Kim Frase Date: 2/1/14

Company: Frase Electric LLC

Company Address: 729 Whittey Hwy., So. Tamworth NH 03883

2. The system has been installed in compliance with the local Building/Electrical Code of

(City/County) Moultonborough N.H.

Signed (Electrician or Town Inspector): [Signature]

Print Name: Donald E Cannon Date: 2-10-14

In lieu of signature by inspector, a copy of final inspection certificate may be attached.

3. The initial start-up test required by PUC 905.04 has been successfully completed by the electrician.

Completed on 2/3/14 Witnessed By [Signature]

4. Utility signature to signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.

Signed (NHFC): [Signature]

Print Name: Scott Mearik Date: 2.11.14

Signed (Electricity Supplier Representative): _____

Date: _____

5. Interconnection Date: 2.11.14

Applicant agrees to install and operate the system in accordance with PUC 900.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.

Signature of Applicant: [Signature] Date: 2/3/2014

THE ELIGIBLE CUSTOMER-GENERATOR SHALL PROVIDE NEW HAMPSHIRE ELECTRIC CO-OP WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR.



Attachment B

NEW HAMPSHIRE ELECTRIC CO-OP
INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY.

Section 1. Applicant Information

Name: Sam Rylypczuk

Mail Address: 14 Cloudview Dr.

City: Moultonboro State: NH Zip Code: 03254

Facility Location (if different from above): _____

Daytime Phone #: 520-6128

Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #: _____

Electricity Supplier (ES) _____ Account #: _____

Section 2. Generating Facility Information

Generator Type (check one): Solar Wind _____ Hydro _____

Generator Manufacturer, Model Name & Number: SunPower SPR-X21-345

Number of Phases of Unit: Single Three or Other: Single

Generation output rating in Kilowatts: 9660

Inverter Manufacturer, Model Name & Number: PowerOne 5000-OUTD

Battery backup? Yes No

Will a generator Disconnect Switch accessible to the utility be installed? Yes No

Proposed location of Disconnect Switch, if applicable: By net meter

Section 3. Installation Information & Certification

Check if owner-installed

Proposed Installation Date: 2/10/14

Installing Electrician: Frase Electric LLC

State of NH License #: 4146

Mail Address: 789 Whittier Hwy

City: So. Tamworth

State: NH Zip Code: 03883

Daytime Phone #: 284-6618