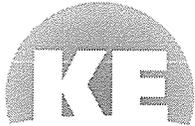


DE 14-253



KNOLLWOOD ENERGY

Knollwood Energy of MA LLC  
P.O. Box 30  
Chester, New Jersey 07930

September 23, 2014

Debra A. Howland  
Executive Director  
New Hampshire Public Utilities Commission  
21 South Fruit Street, Suite 10  
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Tom Hill system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Tom Hill

7 Old Dover Rd

Concord, NH 03301

603- 470-6934

hillside@yahoo.com

The Nepool GIS ID # for this facility is: NON43086. Also enclosed are the Simplified Process Interconnection Application and Service Agreement and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to [executive.director@puc.nh.gov](mailto:executive.director@puc.nh.gov).

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

**Alane Lakritz**

Alane Lakritz  
President  
**Knollwood Energy of MA LLC**  
862-432-0259  
908-955-0593 (fax)  
[Alane@KnollwoodEnergy.com](mailto:Alane@KnollwoodEnergy.com)

Enclosures (3)



Email address: \_\_\_\_\_

Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	30	SunEdison F265	other		
Inverter	30	Enphase m250	other		
meter	1	AEE Solar CL200 204V 3W	other		

A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.

For PSNH customers, both the Simplified Process Interconnection Application and Exhibit B - Certificate of Completion are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 7.95

What was the initial date of operation (the date your utility approved the facility)? 7/30/2014

Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer  
Name SunRay Solar, LLC Contact Michael Fay License # (if applicable) \_\_\_\_\_  
Address 249 Loudon Rd City Concord State: NH Zip 03301  
Telephone (603) 225-6001 email michael@spreadthsunshine.com

If the equipment was installed directly by the customer, please check here:

Provide the name and contact information of the equipment vendor.

X Check here if the installer provided the equipment and proceed to the next question.

Business Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

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

Electrician's Name Shawn Marvel License # 13363 M

Business Name SunRay Solar, LLC Email marvel@inbx.com

Address 79 Fish Hatchery Rd City Richmond State NH Zip 03470

Provide the name of the independent monitor for this facility. (A list of approved 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_Energy_Source_Eligibility.htm).)

Independent Monitor's Name Paul Button Energy Audits Unlimited

Is the facility certified under another state's renewable portfolio standard?      yes      nox

If "yes", then provide proof of the certification as **Attachment C**.

- Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.
- 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](mailto:jwebb@apx.com)

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

**GIS Facility Code #** NON43086

**Asset ID #** NON43086

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.

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

**AFFIDAVIT**

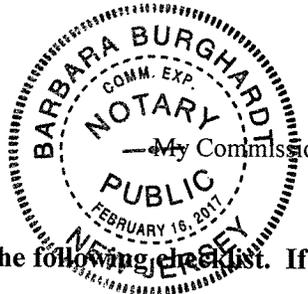
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature Alane Labritz Date 9/24/14

Applicant's Printed Name Alane Labritz

Subscribed and sworn before me this 24 Day of September (month) in the year 2014

County of Morris State of New Jersey



Barbara Burghardt  
Notary Public/Justice of the Peace

My Commission Expires 2/16/17

Complete the following checklist. If you have questions, contact [barbara.bernstein@puc.nh.gov](mailto:barbara.bernstein@puc.nh.gov).

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both the Interconnection Standards for Inverters Sized up to 100 KVA <b>and</b> Exhibit B – Certification of Completion for Simplified Process Interconnection.	X
• Documentation of the distribution utility's approval of the installation.*	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	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 PLIC	X

<ul style="list-style-type: none"><li>An electronic version of the completed application has been sent to <a href="mailto:executive.director@puc.nh.gov">executive.director@puc.nh.gov</a> .</li></ul>	x
<b>*Usually included in the interconnection agreement.</b>	

If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here and skip this section.

**PREPARER'S INFORMATION**

Preparer's Name Alane Lakritz Email address: [alane@knollwoodenergy.com](mailto:alane@knollwoodenergy.com)

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 862-432-0590 Cell \_\_\_\_\_

Preparer's Signature: 

**Simplified Process Interconnection Application and Service Agreement**

Contact Information:

Date Prepared: 4/23/14

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

Customer or Company Name (print): Tom Hill Contact Person, if Company: \_\_\_\_\_

Mailing Address: 7 Old Dover rd

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): (603) 470-6934 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: Thomas.B.Hill@gmail.com

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

Name: SunRay Solar LLC

Mailing Address: 249 Loudon Rd

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): (603) 225-6001 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Electrical Contractor Contact Information (if appropriate):

Name: Radiant Electric Telephone: \_\_\_\_\_

Mailing Address: 34 Old bye Rd

City: Raymond State: NH Zip Code: 03077

Facility Information:

Address of Facility: 7 old Dover rd

City: Concord State: NH Zip Code: 03301

Electric Service Company: Unitil Account Number: 1109221-107704 Meter Number: 459167

Inverter Manufacturer: Enphase Model Name and Number: M250 Quantity: 30

Nameplate Rating: 7.9 (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts) Single  or Three \_\_\_\_\_ Phase

System Design Capacity: \_\_\_\_\_ (kVA) \_\_\_\_\_ (kVA)

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: 5/2 Estimated In-Service Date: 5/4

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: [Signature] Title: Owner Date: 4/23/14

*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: \_\_\_\_\_ Date: \_\_\_\_\_

Company waives inspection/Witness Test? Yes \_\_\_\_\_ No \_\_\_\_\_

EMAILED TO SHAWN

Received 7/30/14



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): TOM HILL

Mailing Address: 7 OLD DOVER RD

City: CONCORD State: NH Zip Code: 03301

Telephone (Daytime): 603.470.6934 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: THOMASRHILL@EMAIL.COM

Address of Facility (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electrical Contractor's Name (if appropriate): SHAWN MARVEL

Mailing Address: 108 SUNAPEE RD #C

City: NEWPORT State: NH Zip Code: 03273

Telephone (Daytime): 603.209.4364 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: MARVEL@INBX.COM

License number: 15363M

Date of approval to install Facility granted by the Company: 5/2/14

Application ID number: 424

Inspection:

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

Concord Merrimack NH  
(City/County)

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

Name (printed): Craig Billingham

Date: 7/29/14

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