



DE 14-371

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

December 11, 2014

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

NHPUC 18DEC14AM10:56

Dear Ms Howland,

Enclosed please find the application for the Paul Nicolosi 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

Paul Nicolosi
3 Birchwood Road
Salem, NH 03079
603.458.5522
pjonic2@aol.com

The Nepool GIS ID # for this facility is: NON44973. 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.

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

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) 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.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I Class II x Check here x if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Paul Nicolosi Email pjonic2@aol.com
 Address 3 Birchwood Road City Salem State NH Zip 03079
 Telephone 603.458.5522 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ Cell _____
 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	32	SunEdison F270	other		
Inverter	32	Enphase m250	other		
meter	1	AEE Solar CL200 204V	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)? 7.68 AC

What was the initial date of operation (the date your utility approved the facility)? 10/27/14

- 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) n/a
 Address 249 Loudon Road City Concord State: NH Zip 03301
 Telephone 603.225.6001 email michael@spreadthesunshine.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 provided the equipment and proceed to the next question.

Business Name SunEdison Contact Kim Wright
 Address 600 Clipper Drive City Belmont State CA Zip 94002
 Telephone 845.224.9376 email n/a

- If an independent electrician was used, please provide the following information. (*Sunray corporate electrician*)

Electrician's Name Shawn Marvel License # 13363M
 Business Name SunRay Solar Email shawn@spreadthesunshine.com

Address 24 Loudon Road City Concord State NH Zip 03001

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Tom Kelly Natural Capital, LLC

Is the facility certified under another state's renewable portfolio standard? yes no
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

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

GIS Facility Code # NON44973 Asset ID # NON44973

- **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 [Signature] Date 2/15/14

Applicant's Printed Name LINDA MODICA

Subscribed and sworn before me this 15 Day of December (month) in the year 2014

County of Morris State of New Jersey

[Signature]
Notary Public/Justice of the Peace

My Commission Expires _____

DULCE PINTO
Notary Public
State of New Jersey
My Commission Expires Jan. 21, 2019
I.D.# 2381704

- Complete the following checklist. If you have questions, contact 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 <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	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 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.</i>	

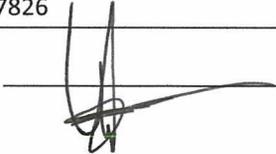
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here and skip this section.

PREPARER'S INFORMATION

Preparer’s Name Linda Modica Email address: linda@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 973.879.7826 Cell _____

Preparer’s Signature: 

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: _____
Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate):
Customer or Company Name (print): Paul Nicolosi Contact Person, if Company: _____
Mailing Address: 3 Birchwood Rd
City: Salem State: NH Zip Code: 03079 E-Mail: pjonc2@aol.com
Telephone (Daytime): (603) 458-5522 (Evening): (508) 510-0294 Facsimile Number: _____

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 E-Mail: justin@spreadthesunshine.com
Telephone (Daytime): (803) 225-0001 (Evening): _____ Facsimile Number: _____

Electrical Contractor Contact Information (if appropriate):
Name: Shawn Marvel Telephone: (603) 209-4384
Mailing Address: 79 Fish Hatchery Rd
City: Richmond State: NH Zip Code: 03470

Facility Information:
Address of Facility: 3 Birchwood Rd
City: Salem State: NH Zip Code: 03079
Electric Supply Co: Liberty Acct #: 52404-01017 Meter #: 96071582
Gen/Inverter Manu: Enphase Model Name and #: m250 Quantity: 2 / 32
Nameplate Rating: 2.0 - 2.4 (kW) _____ (kVA) _____ (AC Volts) Single or Thrao _____ Phase
System Design Capacity: 7.66 (kVA) KW (kVA) 8.4 (kW) Battery Backup: Yes: _____ No:
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes: No: _____
Prime Mover: Photovoltaic Recip'g Engine Fuel Cell Turbine Other: _____
Energy Source: Solar Wind Hydro Diesel Nat Gas Fuel Oil Other: _____
UL 1741.1 (IEEE 1547.1) Listed? Yes: No: _____ External Manual Disconnect: Yes: No: _____
Estimated Install Date: September Estimated In-Service Date: September

ACC# 44634998-44325569

Interconnection 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: _____ Title: Homeowner Date: 9/4/14
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: ENGINEER Date: 9/8/14
Company waives inspection/Witness Test? Yes: No: _____

Dated: July 03, 2012
Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio
Victor D. Del Vecchio
Title: President

Authorized by Docket No. DG 11-040, NHPUC Order No 25,370, Dated 05/30/2012

2014-39

4

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:		!! Check if owner-installed	
Customer or Company Name (print): Paul Nicolosi		Contact Person, if Company:	
Mailing Address: 3 Birchwood Rd			
City: Salem	State: NH	Zip Code: 03079	E-Mail Address pjonc2@aol.com
Telephone (Daytime): (603) 458-5522	(Evening): (508) 510-0294	Facsimile Number:	
Address of Facility (if different from above):			
City:	State:	Zip Code:	
Generation Vendor:	Contact Person:		

I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature: _____ Date: _____

Electrical Contractor's Name (if appropriate): Shawn Marvel		License number: 13363 M	
Mailing Address: 79 Fish Hatchery Rd			
City: Richmond	State: NH	Zip Code: 03470	E-Mail Address shawn@spreadthesunshine.com
Telephone (Daytime): (603) 209-4364	(Evening):	Facsimile Number:	

Date of approval to install Facility granted by the Company: _____ Installation Date: _____
Application ID number: _____

Inspection:

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

Town of Salem Rockingham County
(City/County)

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

Name (printed): Blake A. Miller Date: 10/27/2014

Dated: July 03, 2012
Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio
Victor D. Del Vecchio
Title: President

Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial startup test required by Pub 905.04 has been successfully completed.

Customer Signature: *Anthony Miller Jr* Date: 9/4/14

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

Director of Engineering
Distribution Engineering Dept.
Liberty Utilities
11 Northeastern Blvd.
Salem, NH 03079
Fax No.: 603 896 6175

Dated: July 03, 2012
Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio
Victor D. Del Vecchio
Title: President

Authorized by Docket No. D-G 11-040, NHPUC Order No 25,370, Dated 05/30/2012