



KNOLLWOOD ENERGY

REC 15-128

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

May 1, 2015

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 amended application for the Jeff Kennedy 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

Jeff Kennedy
41 Rust Farm Lane
Alstead, NH 03602
603.756.3110

The Nepool GIS ID # for this facility is: NON47499. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. 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 Check here 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. (mailing address)

Applicant Name Jeff Kennedy Email suejeffk@gmail.com

Address 41 Rust Farm Lane City Alstead State NH Zip 03602

Telephone 603.756.3110 Cell _____

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

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	20	Suniva OPT-265M	other		
Inverter	1	SMA5000TL	other		
meter	1	GE FM2S	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)? 5.0 AC

What was the initial date of operation (the date your utility approved the facility)? 9/9/14

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

Installer Name Solar Dave LLC Contact David Wirth License # (if applicable) _____
 Address 411 Spofford Road City Westmoreland State: N Zip 03468
 Telephone 603.313.8671 email Solardave4@gmail.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 Steve Grenier License # 0241G

Business Name E.E. Houghton Email n/a
Address PO BOX 390 City Walpole State NH Zip 03608

- 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.)

Independent Monitor's Name Paul Button Energy Audits Unlimited

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 # NON47499 Asset ID # NON47499

- 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. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

Notary Public/Justice of the Peace

- 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: 8/19/2014

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

Customer or Company Name (print): JEFF KENNEDY Contact Person, if Company:

Mailing Address: 41 RUST FARM LANE

City: ALSTREAD State: NH Zip Code: 03602 E-Mail: SURJEFFK@GANN.COM

Telephone (Daytime): 603-756-3110 (Evening): SAME Facsimile Number: SAME

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

Name: David Wirth

Mailing Address: 411 Spotted Rd

City: Westmoreland State: NH Zip Code: 03467 E-Mail: solar@ave4eng.com

Telephone (Daytime): 603-313-8621 (Evening): Facsimile Number:

Electrical Contractor Contact Information (if appropriate):

Name: Cheshire County Electric Telephone: 603-313-7572

Mailing Address: P.O. Box 145

City: Winchester State: NH Zip Code: 03470

Facility Information:

Address of Facility: 41 RUST FARM LANE

City: ALSTREAD State: NH Zip Code: 03602 E80362287

Electric Supply Co: LIBERTY UTILITIES Acct #: 4463348144297101 Meter #: E-000362287

Gen/Inverter Manu: SMA Model Name and #: SB 5000 TL Quantity: 1

Nameplate Rating: 5 (kW) (kVA) 240 (AC Volts) Single or Three Phase

System Design Capacity: (kVA) (kVA) Battery Backup: Yes: No:

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes: 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: Yes No: External Manual Disconnect Yes: Yes No:

Estimated Install Date: 8/27/2014 Estimated In-Service Date: 8/28/2014

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: Jeff Kennedy Title: OWNER Date: 8/19/2014

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: X To be Determined

Company Signature: JAR Title: ENGINEERING Date: 8/21/14

Company waives inspection/Witness Test? Yes: X No:

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

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

2014-35

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: Check if owner-installed

Customer or Company Name (print): JEFF KENNEDY		Contact Person, if Company:	
Mailing Address: 41 RUST FARM LANE			
City: ALSTEAD	State: NH.	Zip Code: 03602	E-Mail Address: SUEJEFFK@GMAIL.COM
Telephone (Daytime): 603-756-3110	(Evening): SAME	Facsimile Number: SAME	
Address of Facility (if different from above):			
City:		State:	Zip Code:
Generation Vendor: Solar Dave LLC		Contact Person: David Wirth	

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

Vendor Signature: *D. Wirth* Date: 9/9/2014

Electrical Contractor's Name (if appropriate): Cheshire County Electric		License number: 6930 - 6930 m	
Mailing Address: P.O. Box 1015			
City: Winchester	State: NH	Zip Code: 03470	E-Mail Address: cheshirecountyelectricllc@gmail.com
Telephone (Daytime): 313-7572	(Evening):	Facsimile Number:	

Date of approval to install Facility granted by the Company: _____ Installation Date: 9/9/2014
Application ID number: _____

Inspection:

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

Alstead Cheshire
(City/County)

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

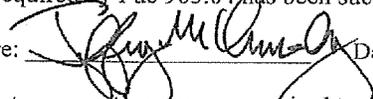
Name (printed): CHRIS SUMNER Date: 9/9/2014

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 Puc 905.04 has been successfully completed.

Customer Signature:  Date: 9/9/2014

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