REC15-192

KNOLLWOOD ENERGY

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

May 26, 2015

NHPUC 29MAY'15PM12:10

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 Michael Petrilli 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
Michael Petrilli
51 Granite Ave
Salem, NH 03079
603.893.4784
nhlighthouse@yahoo.com

The new Nepool GIS ID # for this facility is: NON48705. 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) ELIGIBILITYFOR 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 Michael Petrilli Email nhlighthouse@yahoo.com

Address 51 Granite Ave City Salem State NH Zip 03079

Telephone 603.893.4784 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	27	SunEdison F265	other		
Inverter	27	Enphase m215	other		
meter	1	Hialeah S-02S-20023E	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)? 5.8 AC

What was the initial date of operation (the date your utility approved the facility)? 3/10/15

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

Installer Name Granite State Solar Contact Justin Thomas License # (if applicable) 0366C

Address 197 N Main Street City Boscawen State: NH Zip 03303

Telephone 603.369.4318 email justin@granitestatesolar.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 SunEdison Contact Kim Wright

Address 600 Clipper Drive City Belmont State CA Zip 94002

Telephone 845.224.9376 email kwright@sunedison.com

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

Electrician's Name Shawn Marvel License # 13363M

Business Name Granite State Solar Email shawn@granitestatesolar.com

Address 197 N Main Street City Boscawen State NH Zip 03303

- **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 ☐X
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 # NON48705 **Asset ID #** NON48705

- **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

My Commission Expires _____

- **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 _____ Date 5/27/15

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 27 Day of May (month) in the year 2015

County of Morris State of New Jersey

_____
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 *the Interconnection Standards for Inverters Sized up to 100 KVA* **and** *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 PUC.	x
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	x
Usually included in the interconnection agreement.	

- **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: 5/26/15

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 2/24/15

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

Customer or Company Name (print): Michael Petrilli *Contact Person, if Company:* _____

Mailing Address: 51 Granite Avenue

City: Salem *State:* NH *Zip Code:* 03079 *E-Mail:* nhlighthouse@yahoo.com

Telephone (Daytime): (603) 893-4784 *(Evening):* _____ *Facsimile Number:* _____

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

Name: Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen *State:* NH *Zip Code:* 03303 *E-Mail:* justin@granitestatesolar.com

Telephone (Daytime): (603) 832-3929 *(Evening):* _____ *Facsimile Number:* _____

Electrical Contractor Contact Information *(if appropriate):*

Name: _____ *Telephone:* _____

Mailing Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Facility Information:

Address of Facility: 51 Granite Ave

City: Salem *State:* NH *Zip Code:* 03079

Electric Supply Co: Liberty *Acct #:* 44610198-44318963 *Meter #:* 96595277

Gen/Inverter Manu: Enphase *Model Name and #:* m215 *Quantity:* 27

Nameplate Rating: 215 (kW) _____ (kVA) _____ (AC Volts) *Single* ✓ or *Three* _____ *Phase*

System Design Capacity: 5.8 kW (kVA) _____ (kVA) *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: March *Estimated In-Service Date:* March

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: Michael W. Petrilli Title: Homeowner Date: 3/3/15

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: JDAL Title: ENGINEERING Date: 3/9/15

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

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

Scanned by CamScanner

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): Michael Petrilli			Contact Person, if Company:	
Mailing Address: 51 Granite Ave				
City: Salem		State: NH	Zip Code: 03079	E-Mail Address nhlighthouse@yahoo.com
Telephone (Daytime): (603) 893-4784	(Evening):	Facsimile Number:		
Address of Facility (if different from above):				
City:		State:	Zip Code:	
Generation Vendor: Granite State Solar		Contact Person: Justin Thomas		

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

Vendor Signature: _____ Date: _____

Electrical Contractor's Name (if appropriate): Granite State Solar			License number: 0366 C	
Mailing Address: 197 North Main St				
City: Boscawen		State: NH	Zip Code: 03303	E-Mail Address shawn@granitestatesolar.com
Telephone (Daytime): (603) 209-4346	(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

Salem Rockingham County
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): Blake A Miller

Name (printed): Blake A Miller Date: 3/10/2015

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