

# REC Eligibility Application Result #Patrick Connelly

Sat 12/26/2015 12:21 PM

**From:** "Barbara.Bernstein@puc.nh.gov"

**To:** linda@knollwoodenergy.com



Please print two physical copies of this message and mail them to:

Debra Howland, Executive Director  
Public Utilities Commission of New Hampshire  
21 S. Fruit Street  
Concord, NH 03301

WPPUC 31 DEC 15 PM 1:07

**Reference #** 5764969

**Status** Complete

**Login Username** linda modica

**Login Email** linda@knollwoodenergy.com

**Who is submitting this request? \*** Aggregator

**Aggregator Batch Number \*** KN0115

**Aggregator name \*** Knollwood Energy

**Aggregator's Email Address \*** linda@knollwoodenergy.com

**Facility Owner Name \*** Patrick Connelly

**Owner Prefix \*** Mr.

**Facility Owner email \*** patrickjconnelly@gmail.com

**Facility Address \*** 522 Haverhill Rd

**Facility Town/City \*** Chester

**Facility State \*** NH

**Facility Zip \*** 03036

<b>Is the facility address the same as the owner's mailing address *</b>	Yes
<b>Primary Contact (who should we call with questions) *</b>	Linda Modica
<b>Use Aggregator Email Address? *</b>	Yes
<b>Utility *</b>	Other
<b>Other Utility Name *</b>	PSNH
<b>Date of Utility Signoff *</b>	03/27/2013
<b>GIS ID *</b>	NON588o8
<b>Panel Make *</b>	Canadian Solar
<b>Panel Model *</b>	Other
<b>Panel Rated Output *</b>	250
<b>Panel Quantity *</b>	19
<b>System capacity based on panels</b>	4750.00
<b>Inverter Make *</b>	SMA Sunnyboy
<b>Inverter Model *</b>	7000TL-US
<b>Rated Output *</b>	7000
<b>Inverter Quantity *</b>	1
<b>System capacity based on inverters</b>	7000.00
<b>System capacity in kW as stated on the interconnection</b>	7.0

**agreement**

**Revenue Grade Meter Make \*** Focus

**Was this facility installed directly by the customer (no electrician involved)? \*** No

**Sign-off Electrician's License Number** 13139M

**Installation Company \*** ReVision Energy

**Independent Monitor Name \*** Paul Button

**Monitor Company Name \*** Energy Audits Unlimited

**Is the installer also the equipment vendor? \*** Yes

**Please attach your completed interconnection agreement including Exhibit B.** Connelly\_SPIA.pdf (216k) ([https://fs30.formsite.com/jan1947/files/f-5-99-5764969\\_de24CTfU\\_Connelly\\_SPIA.pdf](https://fs30.formsite.com/jan1947/files/f-5-99-5764969_de24CTfU_Connelly_SPIA.pdf))

**Please attach additional document here** Connelly\_NHOS.pdf (136k) ([https://fs30.formsite.com/jan1947/files/f-5-168-5764969\\_Mm5cL4oX\\_Connelly\\_NHOS.pdf](https://fs30.formsite.com/jan1947/files/f-5-168-5764969_Mm5cL4oX_Connelly_NHOS.pdf))

**Aggregator statement of accuracy Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer. \***



**Print Name \*** Linda Modica

**Date Signed \*** 12/26/2015

<b>Last Update</b>	2015-12-26 11:01:33
<b>Start Time</b>	2015-12-26 11:00:29
<b>Finish Time</b>	2015-12-26 11:01:33
<b>IP</b>	98.221.34.56
<b>Browser</b>	Safari
<b>OS</b>	Mac
<b>Referrer</b>	<a href="https://fs30.formsite.com/res/formLoginReturn">https://fs30.formsite.com/res/formLoginReturn</a> ( <a href="https://fs30.formsite.com/res/formLoginReturn">https://fs30.formsite.com/res/formLoginReturn</a> )

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA (Continued)

RECEIVED  
JAN 31 2013  
SESD

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 1-20-2013

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

Customer or Company Name (print): Patrick Connelly

Contact Person, if Company:

Mailing Address: 522 Haverhill Road

City: Chester State: NH Zip Code: 03036

Telephone (Daytime): 603 887 3475 (Evening): 603 5484331

Facsimile Number: E-Mail Address: patrick.j.connelly@gmail.com

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

Name: ReVision Energy, Kimry Corrette

Mailing Address: 7 Commercial Drive

City: Exeter State: NH Zip Code: 03833

Telephone (Daytime): 603-501-1822 (Evening):

Facsimile Number: 603-782-0993 E-Mail Address: kimry@revisionenergy.com

Electrical Contractor Contact Information (if appropriate):

Name: Telephone:

Mailing Address:

City: State: Zip Code:

Facility Information:

Address of Facility: 522 Haverhill Rd; 03036

City: CHESTER State: NH Zip Code: 03036

Electric Service Company: PSNH Account Number: 56366711026 Meter Number: G53580264

Electricity Supply Company: Account Number:

Generator/Inverter Manufacturer: SMA Sunny Model Name and Number: 7000 US Quantity: 1

Nameplate Rating: 7 (kW) 240 (kVA) 240 (AC Volts) Single X or Three Phase

System Design Capacity: Battery Backup: Yes No X

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes X No

Prime Mover: Photovoltaic X Reciprocating Engine Fuel Cell Turbine Other

Energy Source: Solar X Wind Hydro Diesel Natural Gas Fuel Oil Other

UL 1741.1 (IEEE 1547.1) Listed? Yes X No External Manual Disconnect Yes No

Estimated Install Date: 1/2013 Estimated In-Service Date: 5/2013

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: [Signature] Title: OWNER Date: 1-20-2013

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. Are system modifications required? Yes No X To be Determined

Company Signature: [Signature] Title: SR. ENGINEER Date: 1-31-13

SPOKE w/ CUSTOMER 1-31-13. CONFIRMED PV SYSTEM WILL BE TIED IN BEHIND HOUSE METER (G53580264).

SESD

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PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA (Continued)

**Exhibit B - Certificate of Completion for Simplified Process Interconnections**

Installation Information:

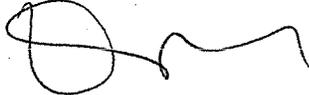
Check if owner-installed

Customer or Company Name (print): PATRICK CONNELLY  
Contact Person, if Company: \_\_\_\_\_  
Mailing Address: 522 HAVORTH RD  
City: CHESTER State: NH Zip Code: 03036  
Telephone (Daytime): 603 540-4331 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address of Facility (if different from above): Same  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Generation Vendor: ReVision Energy Contact Person: Kimry Corrette

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

Vendor Signature:  Date: 2/11/13

Electrical Contractor's Name (if appropriate): William Levay  
Mailing Address: 7 Commercial Drive  
City: Exeter State: NH Zip Code: 03833  
Telephone (Daytime): 603-501-1822 (Evening): \_\_\_\_\_  
Facsimile Number: 603-782-0993 E-Mail Address: kimry@revisionenergy.com  
License number: 13139M

Date of approval to install Facility granted by the Company: 1/31/13 Installation Date: \_\_\_\_\_  
Application ID number: N2634

Inspection:

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

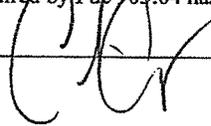
TOWN OF CHESTER, NH  
(City/County)

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

Name (printed): Carrie Rouleau-Cote  
Date: 03/27/2013

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 start up test required by Puc 905.04 has been successfully completed.

Customer Signature:  Date: 3-27-2013

## New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

patrick connelly

\_\_\_\_\_  
Printed Name of signature owner

*patrick Connelly*  
patrick connelly (Nov 18, 2016)

\_\_\_\_\_  
Signature of system owner