

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN0215

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Steven Riggs

Owner Prefix

Mr.

Facility Owner email

sriggs007@aol.com

Owner Phone

603-554-6354

Facility Address

201 Temple Rd

Facility Town/City

New Ipswich

Facility State

NH

Facility Zip

03071

Is the facility address the same as the owner's mailing address

- Yes
- No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact (who should we call with questions)

Contact Phone

Other Email Address

Facility Information

Class

Utility

Other Utility Name

Date of Utility Signoff

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

59097

Facility Operator Name, if applicable

Panel Quantity

22

Panel Make

Solarworld

Panel Model

285

Panel Rated Output

285

System capacity based on panels

6.2700

Inverter Quantity

1

Inverter Make

Fronius

Additional Inverter

Rated Output

6000

System capacity based on inverters

6.00

System capacity in mW as stated on the interconnection agreement

6.0

Revenue Grade Meter Make

Hialeah

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

- Yes
- No

Date of Electrician Signoff

Sign-off Electrician's License Number

Installation Company

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name

Monitor Company Name

Monitor Company Name

Monitor Company Name

Monitor Company Name

Other Monitor Company Name

Is the installer also the equipment vendor?

- Yes
 No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

https://fs30.formsite.com/jan1947/files/f-5-99-5791330_E5xXYoP4_Riggs_SPIA.pdf

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.

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-168-5791330_ZDDW24IM_Riggs_NHOS_signed.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-5791330_bAdXi8Zj_Riggs_Certificate_of_Completion.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 Modia

Date Signed

12/31/2015

JUN 23 2015

Eversource Project ID

N 3608

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

SESD

Simplified Process Interconnection Application and Service Agreement

Date Prepared: 6/22/15

Contact Information:

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

Customer or Company Name (print): Steven Riggs

Contact Person, if Company: _____

Mailing Address: 201 Temple Rd.

City: New Ipswich State: NH Zip Code: 03071

Telephone (Daytime): _____ (Evening): 603 554-6354

Facsimile Number: _____ E-Mail Address: sriggs007@901.com

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

Name: Gregory Blake South Pack Solar

Mailing Address: 68 Cunningham Pond Rd.

City: Peterborough State: NH Zip Code: 03158

Telephone (Daytime): 603 491-5158 (Evening): 603 924-2089

Facsimile Number: _____ E-Mail Address: greg@southpacksolar.com

Electrical Contractor Contact Information (if appropriate):

Name: William Wildes

Mailing Address: 227 Hill Rd.

City: Temple State: NH Zip Code: 03084

Telephone (Daytime): 603 878-2399 (Evening): _____

Facsimile Number: _____ E-Mail Address: willwildese@yahoo.com

Facility Site Information:

Facility (Site) Address: 201 Temple Rd.

City: New Ipswich State: NH Zip Code: 03071

Electric:

Service Company: PSNH Account Number: 56516351095 Meter Number: W62306048

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: _____ Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

Facility Machine Information:

Generator/ Inverter Manufacturer: Frontius Model Name & Number: PRIMO 6.0-1 Quantity: 1

Nameplate Rating: 6 (kW) 6 (kVA) (AC Volts) 240 Phase: Single Three

System Design Capacity: 6 (kW) 6 (kVA) Battery Backup: Yes No

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 _____

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

Simplified Process Interconnection Application and Service Agreement

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
Yes No

The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use in Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.

Yes No

Location of External Manual Disconnect Switch: IN GARAGE NEAR INVERTER

Project Estimated Install Date: 7/15/15 Project Estimated In-Service Date: 7/30/15

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 for Simplified Process Interconnections attached hereto:

X Customer Signature: [Signature] Title: OWNER Date: 6/23/15
Please include, a one-line and/or three-line drawing of proposed installation

For PSNH Use Only

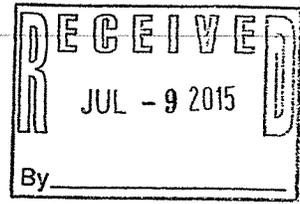
Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes No To be Determined

Company Signature: [Signature] Title: Associate Engineer Date: 6/29/15

PSNH Application Project ID#: _____



Eversource
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: Check if owner-installed
Customer or Company Name (print): Steven Riggs
Contact Person, if Company: _____
Mailing Address: 201 Temple Rd
City: New Ipswich State: NH Zip Code: 03071
Telephone (Daytime): _____ (Evening): 603 554-6354
Facsimile Number: _____ E-Mail Address: sriggs@07c.cof.com
Facility Information: → Eversource Meter # W62306048

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____
Electrical Contractor Contact Information: SYSTEM INSTALLER: GARY BLAIR SOUTH PACIFIC AC
grey@swipa.com
603 491-5158
Electrical Contractor's Name (if appropriate): William Wildes
Mailing Address: 227 Hill Rd
City: Temple State: NH Zip Code: 03084
Telephone (Daytime): 603 878-2399 (Evening): _____
Facsimile Number: _____ E-Mail Address: willwildese@yahoo.com
License number: 9416
Date of approval to install facility granted by the Company: 6/23/15
Eversource Application ID number: IN 3608

Inspection:
X The system has been installed and inspected in compliance with the local Building/Electrical Code of:
City: New Ipswich County: Hillsboro
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):
X Signature: [Signature]
X Name (printed): RICHARD DONOVAN Date: X 7/6/15

Customer Certification:
I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Psc. 905.04 has been successfully completed.
Please remember to provide digital photos of the installation, including the AC disconnect switch (if required), the existing Eversource meter, the inverters and the point of electrical interconnection.
X Customer Signature: [Signature] 7/7/15
As a condition of interconnection you are required to send this copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P.O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924

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:

Sola
sdr

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

Sola
sdr

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

Sola
sdr

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

Steven Riggs

Printed Name of signature owner

Steven Riggs
Steven Riggs (Seal, 2015)

Signature of system owner