

NH Public Utilities Commission

NHPUC 7APR'16 PM 12:39

REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Basic Information

Who is submitting this request?

Aggregator Batch Number

Are you registered in NH

- Yes
 No

Aggregator name

NH Reg #

Aggregator Email

Other Aggregator name

Other aggregator email address

Facility Name

Facility Owner Name

Facility Owner email

dan@fusen.com

Owner Phone

603-470-7877

Facility Address

59 Garvins Falls Rd

Facility Town/City

Concord

Facility State

NH

Facility Zip

03301

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

Karen Tenneson

Primary Contact

Facility Primary Contact

karenton@knollwoodenergy.com

Other Email Address

Facility Information

Class

Utility

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

Date of Initial Operation

Facility Operator Name, if applicable

Panel Quantity

Panel Make

Panel Model

Panel Rated Output

System capacity based on panels

Inverter Quantity

21

Inverter Make

Enphase Energy

Add'l Inverter Quantity

NA

Additional Inverter Make

None

Rated Output - Primary Inverter

215

Rated Output - Additional Inverter

System capacity based on single inverter make

4515

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

4.515

Revenue Grade Meter Make

AEE Solar

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

- Yes
 No

Electrician Name & Number

Laura Buffett 12638M

Other Electrician Name & Number

Installation Company

SunRay Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name & Company

Other Monitor Name and Company

Is the installer also the equipment supplier?

- Yes
 No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

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

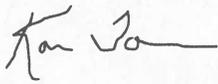
https://fs30.formsite.com/jan1947/files/f-5-168-6485457_4MaSLxie_Curren_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-6485457_U9LR0tJ2_Curren_Application_Approved_184

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

Karen Tonnesen

Date Signed

04/05/2016



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 1/21/2016
Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
Customer Name (print): Dan Curren ✓ Contact Person, if Company: _____
Mailing Address: 59 Garvins Falls Road
City: Concord State: NH Zip Code: 03301
Telephone (Daytime): 603-470-7877 (Evening): _____
Facsimile Number: _____ E-Mail Address: dan@fusen.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
Name: SunRay Solar, LLC
Mailing Address: 124A Hall Street
City: Concord State: NH Zip Code: 03301
Telephone (Daytime): 603-225-6001 (Evening): _____
Facsimile Number: _____ E-Mail Address: Amanda@spreadthesunshine.com

Electrical Contractor Contact Information (if appropriate):
Name: SunRay Solar, LLC Telephone: 603-225-6001
Mailing Address: 124A Hall Street
City: Concord State: NH Zip Code: 03301

Facility Information:
Address of Facility: 59 Garvins Falls Road ✓
City: Concord State: NH Zip Code: 03301
Electric Service Company: Unitil Account Number: 1127631-1040568 ✓ Meter Number: 459093 ✓
Inverter Manufacturer: Enphase Model Name and Number: M215 Quantity: 21
Nameplate Rating: 215 (kW) _____ (kVA) _____ (AC Volts) Single x or Three _____ Phase
System Design Capacity: 4.515 (kVA) _____ (kVA)
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes x No _____
Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other _____
Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other _____
UL 1741.1 (IEEE 1547.1) Listed? Yes x No _____
Estimated Install Date: February 2016 Estimated In-Service Date: February 2016

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:

X Interconnecting Customer Signature: _____ Title: Owner Date: 1-15-16

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: Mgr Dist Date: FEB-9, 2016

Company waives inspection/Witness Test? Yes ___ No ___



**UNITIL ENERGY SYSTEMS, INC.
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(print): Dan Curren
 Mailing Address: 59 Garvins Falls Rd
 City: Concord State: NH Zip Code: 03301
 Telephone (Daytime): (603) 470-7877 (Evening): _____
 Facsimile Number: _____ E-Mail Address: dan@fusenh.com

Address of Facility (if different from above): _____
 City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): SunRay Solar, LLC
 Mailing Address: 124A Hall Street
 City: Concord State: NH Zip Code: 03301
 Telephone (Daytime): 603-225-6001 (Evening): _____
 Facsimile Number: _____ E-Mail Address: install@spreadthesunshine.com
 License number: 0358C expires 5/31/2016

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

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

Concord Merrimack
 (City/County)

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

Name (printed): Craig Billingham

Date: 2/3/16

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

Generator Interconnection Applications
 Unitil
 325 West Road
 Portsmouth, NH 03801
 Fax: 603-294-5226

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.

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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.

Daniel Curren

Printed Name of signature owner

Daniel Curren

Daniel Curren (Mar 23, 2016)

Signature of system owner