

NH Public Utilities Commission

NHPUC 13MAY'16AM11:26

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

aocannon@gmail.com

Owner Phone

603-401-4040

Facility Address

38 Maple Ave

Facility Town/City

Atkinson

Facility State

NH

Facility Zip

03811

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 Make #1

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- No
- Yes

Panel Make #2

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- No
- Yes

Panel Make #3

Panel Model

Panel Quantity

Panel Rated Output

System capacity based on panels

Inverter Quantity

Inverter Make

Add'l Inverter Quantity

Additional Inverter Make

Rated Output - Primary Inverter

240

Rated Output - Additional Inverter

System capacity based on single inverter make

240

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

8.8

Revenue Grade Meter Make

Itron

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

- Yes
 No

Electrician Name & Number

Other

Other Electrician Name & Number

Brian Valle #13693M

Installation Company

Other

Other Installation Company Name

True Enterprises LLC

Other Inst. Company Address

175 Chases Pond Rd

Other Inst. Company City

York

Other Inst. Company State

ME

Other Inst. Company Zip

03909

Independent Monitor Name & Company

Paul Button - Energy Audits Unlimited

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.

https://fs30.formsite.com/jan1947/files/f-5-99-6750131_GzJcnaKL_Cannon_COC.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

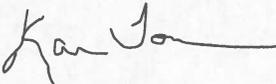
https://fs30.formsite.com/jan1947/files/f-5-168-6750131_VtBaG195_Cannon_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-6750131_H4hKIJFj_Simplified_interconnection_appical

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

A rectangular box containing a handwritten signature in black ink. The signature appears to be "Karen Tonnesen" written in a cursive style.

Print Name

Karen Tonnesen

Date Signed

05/10/2016

Rec'd 8/28/15

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 8-17-15

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

Customer or Company Name (print): ANDREW CANNON Contact Person, if Company: _____

Mailing Address: 3E MAPLE AVE.

City: ATKINSON State: NH Zip Code: 03811

Telephone (Daytime): 603 401-4040 (Evening): SAME

Facsimile Number: N/A E-Mail Address: ACANNON@GMAIL.COM

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

Name: TRUE ENTERPRISES LLC

Mailing Address: 175 CHARLES ROAD RD.

City: YORK State: ME Zip Code: 03909

Telephone (Daytime): 207-660-1455 (Evening): SAME

Facsimile Number: NA E-Mail Address: JCEL@TRUEENTERPRISESLLC.COM

Electrical Contractor Contact Information (if appropriate):

Name: BRIAN VALLE Telephone: _____

Mailing Address: 186 LINSOTT HILL RD.

City: N. BERWICK State: ME Zip Code: 03906

Facility Information:

Address of Facility: 3E MAPLE AVE.

City: ATKINSON State: NH Zip Code: 03811

Electric Service Company: UNITIL Account Number: 2036651-20345 Meter Number: 119909

Inverter Manufacturer: SOLAR EDGE Model Name and Number: SE7600A Quantity: 1 SE7600A0001

Nameplate Rating: 7600 (KW) 240 (KVA) 60 (AC Volts) Single or Three Phase NH02

System Design Capacity: 8800 (KVA) 240 (KVA)

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 _____

UL 1741.1 (IEEE 1547.1) Listed? Yes No

Estimated Install Date: 8-24-15 Estimated In-Service Date: 8-28-15

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:

Interconnecting Customer Signature: Andrew Cannon Title: OWNER Date: 8-17-15

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 To be determined _____):

Company Signature: [Signature] Title: MGR. DIST Date: SEP 30 2015

Company waives inspection/Witness Test? Yes No

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.

andrew cannon

Printed Name of signature owner

andrew cannon
andrew cannon (Sep 30, 2015)

Signature of system owner

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): TRUE ENTERPRISES LLC Contact Person, if Company: _____

Mailing Address: 175 CHASES ROAD

City: WEEK State: ME Zip Code: 03909

Telephone (Daytime): 207-660-1455 (Evening): _____

Facsimile Number: _____ E-Mail Address: harry@trueenterprisesllc.com

Address of Facility (if different from above): 30 Maple Ave

City: Atkinson State: NH Zip Code: _____

Electrical Contractor's Name (if appropriate): BRIAN VALLE

Mailing Address: 196 LINSCOTT RD

City: North Berwick State: ME Zip Code: 03906

Telephone (Daytime): 278-777-9344 (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

License number: 1369 JM

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

Application ID number: 1277

Inspection:

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

Atkinson / Rockingham
(City/County)

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

Name (printed): Shane Mclen

Date: 9-22-15

As a condition of interconnection you are required to send/fax a copy of this form to (insert Company's name below):

Name: _____
Company: _____
Mail 1: _____
Mail 2: _____
City, State ZIP: _____
Fax No.: _____