

NHPUC 23MAY'16PM12:55

## NH Public Utilities Commission

REC Aggregator Portal

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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

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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

gregreed5@gmail.com

Owner Phone

330-883-6970

Facility Address

5 Blevens Dr

Facility Town/City

Bow

Facility State

NH

Facility Zip

03304

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**

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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

250

Rated Output - Additional Inverter

System capacity based on single inverter make

12500

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

14.25

Revenue Grade Meter Make

Landis Gyr

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

- Yes  
 No

Electrician Name & Number

Other

Other Electrician Name & Number

Renvu

Installation Company

Owner of Property

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

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-5-99-6814475\\_QS2GYIpR\\_Greg\\_Reed\\_COC.pdf](https://fs30.formsite.com/jan1947/files/f-5-99-6814475_QS2GYIpR_Greg_Reed_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

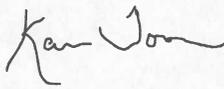
[https://fs30.formsite.com/jan1947/files/f-5-168-6814475\\_OKuySY5b\\_Gregory\\_Reed\\_contract\\_part\\_3\\_-](https://fs30.formsite.com/jan1947/files/f-5-168-6814475_OKuySY5b_Gregory_Reed_contract_part_3_-)

Please attach additional document here

[https://fs30.formsite.com/jan1947/files/f-5-173-6814475\\_zo8jStqN\\_Application\\_Approved\\_1254-Rec](https://fs30.formsite.com/jan1947/files/f-5-173-6814475_zo8jStqN_Application_Approved_1254-Rec)

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

05/18/2016



Certificate of Completion for Interconnection

Installation Information:

Check if owner-installed

Customer or Company Name (print): GREG REED  
Contact Person, if Company: \_\_\_\_\_  
Mailing Address: 5 BLEVENS DR  
City: BOW State: NH Zip Code: 03304  
Telephone (Daytime): 330-883-6970 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: gregreed5@gmail.com

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

Electrical Contractor's Name (if appropriate): N/A  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
License number: \_\_\_\_\_ State: \_\_\_\_\_

Date of approval to install Facility granted by the Company: 5 OCT 15  
Application ID number: 1754

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of  
BOW, NH  
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): [Signature]  
Name (printed): BRIAN BUTTRICK  
Date: 11-16-15

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation  
Attention: Generator Interconnections  
6 Liberty Lane West  
Hampton, NH 03842

### Simplified Process Interconnection Application and Service Agreement

Contact Information

Date Prepared 25 AUG 15

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

Customer or Company Name (print) GREG REED Contact Person, if Company \_\_\_\_\_

Mailing Address S BLEVENS DR.

City: BCW State NH Zip Code 03304

Telephone (Daytime) 330-883-6970 (Evening) 330-883-6970

Facsimile Number \_\_\_\_\_ E-Mail Address gregreed5@gmail.com

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

Name N/A

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Electrical Contractor Contact Information (if appropriate):

Name: N/A Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Facility Information

Address of Facility S BLEVENS DR.

City BCW State NH Zip Code 03304

Electric Service Company UNITIL Account Number 1167881-1073502 Meter Number AAE 0000462721

Inverter Manufacturer ENPHASE Model Name and Number M250-60-24 Quantity 50

Nameplate Rating 250W (KVA) 1.0A (KVA) 240 (AC Volts) Single  or Three \_\_\_\_\_ Phase

System Design Capacity 4.5KW (KVA) \_\_\_\_\_ (KVA) *see data sheet attached*

Net Metering: If renewably fueled, will the account be Net Metered? Yes  No \_\_\_\_\_

Prime Mover: Photovoltaic  Reciprocating Engine  Fuel Cell  Turbine  Other \_\_\_\_\_

*USING 50 SOLARWORLD 250W PANELS*

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

UL 1741-1 (IEEE 1547-1) Listed? Yes  No \_\_\_\_\_

Estimated Install Date 25 SEP 15 Estimated In-Service Date 26 SEP 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 Greg Reed Title Homeowner Date 25 AUG 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 AGT DRS Date 10/1/15

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:

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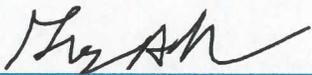
The project is installed and operating in conformance with applicable building codes.

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

Gregory A. Reed

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Printed Name of signature owner



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Greg Reed (May 4, 2016)

Signature of system owner