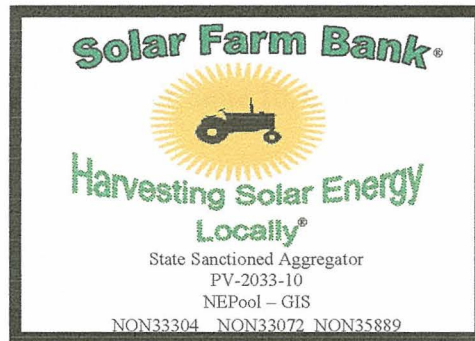


DE13-146



May 13, 2013

Ms. Debra Howland  
Executive Director and Secretary  
State of New Hampshire Public Utilities Commission  
21 S. Fruit Street Suite 10  
Concord, NH 03301-2429

Ms. Howland,

Solar Farm Bank LLC (SFB) New Hampshire Certification Code NH-II-13-O10 requests the New Hampshire Public Utilities Commission (Commission) grant its approval and certification of our account for Class II REC for the photovoltaic array of:

Joseph Shanks  
P.O.Box 1757  
Conway, NH 03818  
Telephone # 603 986 8641  
Email: joseph.shanks1@gmail.com

In Support of the request for Class II eligibility for the Joseph Shanks, SFB submits an original and two copies of the completed application, required documentation and supplemental supporting information.

Thank you for your consideration of SFB's request. If you have any questions or need additional information, please contact me directly.

*Stephen Hirsh,*

*President*

Solar Farm Bank LLC. 508-259-2419  
Mailing address: P O Box 24 Medway, MA 02053  
Office address: 205 Shaw Farm Rd Holliston, MA 01746  
Solarfarmbank@gmail.com



State of New Hampshire  
Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

**DRAFT APPLICATION FORM FOR  
RENEWABLE ENERGY SOURCE ELIGIBILITY FOR CLASS I AND CLASS II  
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS**

*Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources*

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter\* to:

Debra A. Howland  
Executive Director  
New Hampshire Public Utilities Commission  
21 South Fruit Street, Suite 10  
Concord, NH 03301-2429

- Send an electronic version of the completed application and the cover letter electronically to [executive.director@puc.nh.gov](mailto:executive.director@puc.nh.gov).

\* The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or [Barbara.Bernstein@puc.nh.gov](mailto:Barbara.Bernstein@puc.nh.gov).

*Check the applicable class:*

Eligibility Requested for Class I  Class II

Applicant Name: Joseph Shanks

Mailing Address: P.O. Box 1757  
 Town/City: Conway State: NH Zip Code: 03818  
 Primary Contact: Joseph Shanks  
 Telephone: 603-986-8641 Cell: same  
 Email address: Joseph.shanks1@gmail.com

The facility name and contact information (if different than applicant contact information).

Facility Name: 423 Silver Pine Lane  
 Mailing Address: \_\_\_\_\_  
 Town/City: Tamworth State: NH Zip Code: 03886  
 Primary Contact: Joseph Shanks  
 Telephone: Same as above Cell: \_\_\_\_\_  
 Email address: Same as above

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter:

quantity		quantity	
27	Suniva 260W PV Module OPT260-60-4-1B0	1	Itron centron soild state digital Fm2s cis 30ta 1.0kh ansi 12
1	PowerOne Aurora PVI6000-OUTD-US		
8	Unirac Solarmount Rails – 168”		

What is the nameplate capacity of your facility? (1) 6000W Inverter  
 (based on the size of the inverter(s)) \_\_\_\_\_

What was the initial date of operation? 3/30/13  
*This is typically included in the interconnection agreement. Provide this documentation as **Attachment A**.*

Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer Name: Frase Electric LLC

Installer Address: 789 Whittier Highway

License #: 4146M

Town/City: South Tamworth State: NH Zip Code: 03883

Telephone: 603-284-6618 Cell: 603-387-0873

Email address: kfrase@hughes.net

If the equipment was installed directly by the customer, please check here:

Provide the name and contact information of the equipment vendor:

Check here if the installer and the equipment vendor were one and the same.

Business Name: Same as above

Vendor's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

If an independent electrician was used, please provide the following information:

Electrician's Name: Same as above

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License # \_\_\_\_\_

Provide the name and contact information of the independent monitor for this facility.

(A [list](#) of independent monitors is available at:

[http://www.puc.nh.gov/Sustainable%20Energy/Renewable\\_Energy\\_Source\\_Eligibility.htm](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm).)

Independent Monitor's Name: Paul Button

<b>CHECK LIST: The following has been included to complete the application:</b>	<b>YES</b>
• All contact information requested in the application.	X
• A copy of the interconnection agreement, nameplate capacity and date of operation <i>(Attachment A.)</i>	X
• Documentation of the distribution utility's approval of the installation.* <i>(Attachment B.)</i>	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. <i>(Attachment C).</i>	X
• A signed and notarized attestation or <i>Attachment D.</i>	X
• A GIS number has been obtained.	X
• The distribution utility's approval of the installation.*	X
• The document has been printed and notarized.	X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	X
• An electronic version of the completed application has been sent to <a href="mailto:executive.director@puc.nh.gov">executive.director@puc.nh.gov</a> .	X
<b><i>*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.</i></b>	

**PREPARER'S INFORMATION**

Preparer's Name: Solar Farm Bank LLC / Stephen Hirsh

Mailing Address: 205 Shaw Farm Rd

Town/City: Holliston State: MA Zip Code: 01746

Telephone: 508-893-8993 Fax 508-893-8991 Cell: 508-259-2419

Email address: Solarfarmbank@gmail.com or solarfarmbank@verizon.net

Preparer's Signature: \_\_\_\_\_

Attachment D ps 1

Town/City: Manchester State: NH Zip Code: 03104

Telephone: 603-617-2469 Cell: 603-836-4402

Email address: pbutton@energy-audits-unitd.com

Provide documentation of the applicable distribution utility's approval of the installation (This is usually included in the interconnection agreement.) If this documentation is separate from the interconnection document, please provide this as **Attachment B**.

Is the facility certified under another state's renewable portfolio standard? yes \_\_\_\_\_ no X

If "yes", then provide proof of the certification as **Attachment C**.

**In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:**

**James Webb**

**Registry Administrator, APX Environmental Markets**

224 Airport Parkway, Suite 600, San Jose, CA 95110

Office: 408.517.2174

[jwebb@apx.com](mailto:jwebb@apx.com)

Mr. Webb will assist you in obtaining a GIS facility code and, if applicable, an ISO-New England asset ID number.

GIS Facility Code # NON35889 Asset ID # \_\_\_\_\_

Complete an attestation by the applicant that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following attestation or provide a separate document as **Attachment D**.

**AFFIDAVIT**

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature Joseph Shanks Date 4/1/13

Applicant's Printed Name Joseph Shanks

Subscribed and sworn before me this 1 Day of April (month) in the year

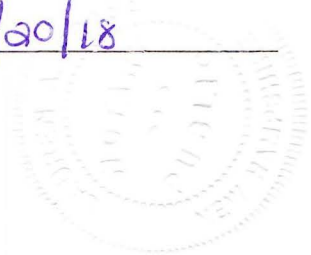
County of CARROLL State of New Hampshire

*[Handwritten signature]*

Notary Public/Justice of the Peace

My Commission Expires

2/20/18



Attachment A p91

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

RECEIVED  
MAR 13 2013  
SESD

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 3/8/17  
Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)  
Customer or Company Name (print): Joseph Shanks  
Contact Person, if Company: \_\_\_\_\_  
Mailing Address: P.O. Box 1757  
City: Conway State: NH Zip Code: 03818  
Telephone (Daytime): 603-986-8641 (Evening): same  
Facsimile Number: \_\_\_\_\_ E-Mail Address: joseph.shanks1@gmail.com  
Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Electrical Contractor Contact Information (if appropriate):  
Name: Frase Electric LLC Telephone: 603-284-6618  
Mailing Address: 789 Whittier Hwy  
City: So. Tamworth State: NH Zip Code: 03883

Facility Information:  
✓ Address of Facility: 423 Silver Pine Lane  
✓ City: Tamworth State: NH Zip Code: 03886  
Electric Service Company: PSNH Account Number: 56769061052 Meter Number: 668852329 ✓  
Electricity Supply Company: \_\_\_\_\_ Account Number: 56769061052  
✓ Generator/Inverter Manufacturer: Power One Model Name and Number: PV1 6000-OVD<sup>US</sup> Quantity: 1  
Nameplate Rating: 6000 (kW) \_\_\_\_\_ (kVA) 240 (AC Volts) Single 1 or Three \_\_\_\_\_ Phase  
System Design Capacity: 6000 (kVA) \_\_\_\_\_ (kVA) Battery Backup: Yes \_\_\_\_\_ (No) Yes  
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 \_\_\_\_\_ External Manual Disconnect: Yes \_\_\_\_\_ (No) No  
Estimated Install Date: 3/29/13 Estimated In-Service Date: 4/1/13

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: Joseph Shanks Title: HOME OWNER Date: 3/11/13  
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: Michael Moffa Title: Sr. Engineer Date: 3-13-13



Attachment B pg 1

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

RECEIVED  
APR 02 2013  
SESD

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

Installation Information:  Check if owner-installed

Customer or Company Name (print): Joseph Shanks  
Contact Person, if Company: \_\_\_\_\_  
Mailing Address: P.O. Box 1757  
City: Conway State: NH Zip Code: 03818  
Telephone (Daytime): 986-8641 (Evening): Same  
Facsimile Number: \_\_\_\_\_ E-Mail Address: joseph.shanks1@gmail.com

Address of Facility (if different from above): 423 Silver Pine Lane  
City: Tamworth State: NH Zip Code: 03886

Generation Vendor: Power One / FRASE ELECTRIC LLC Contact Person: Kim FRASE  
I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature: [Signature] Date: 3/29/13

Electrical Contractor's Name (if appropriate): Frase Electric LLC  
Mailing Address: 789 Whittier Hwy  
City: So. Tamworth State: NH Zip Code: 03883  
Telephone (Daytime): 284-6618 (Evening): Same  
Facsimile Number: 284-6343 E-Mail Address: Kfrase@hughes.net  
License number: 4146M

Date of approval to install Facility granted by the Company: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Application ID number: \_\_\_\_\_

Inspection:

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

\_\_\_\_\_  
(City/County)

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

Name (printed): NA

Date: \_\_\_\_\_

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: Joseph Shanks Date: 3/29/13



Attachment B pg 2

L.L.C.

Kim Frase - NH Lic #4146  
Phone - 603- 284-6618  
Fax - 603-284-6343  
789 Whittier Highway  
South Tamworth, N.H. 03883  
Email - [kfrase@hughes.net](mailto:kfrase@hughes.net)

DATE: MARCH 30, 2013

JOB NAME: JOSEPH SHANKS

To WHOM IT MAY CONCERN:

FRASE ELECTRIC LLC HAS INSPECTED THE PV INSTALLATION AT 423 SILVER PINE LANE,  
TAMWORTH, NEW HAMPSHIRE.

TO THE BEST OF MY KNOWLEDGE IT HAS BEEN INSTALLED TO MEET ALL STATE AND  
FEDERAL ELECTRIC CODES AS WELL AS POWER COMPANY REQUIREMENTS.

THANK YOU FOR YOUR BUSINESS.

SINCERELY,

KIM FRASE