



REC15-164

Knollwood Energy of MA LLC  
P.O. Box 30  
Chester, New Jersey 07930

NHPUC 18MAY15pm12:51

May 15, 2015

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

Dear Ms Howland,

Enclosed please find the application for the Scott Merrick system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Scott Merrick  
44 Maple Ave  
Atkinson, NH 03811  
603.362.4941  
samerrick@gmail.com

The new Nepool GIS ID # for this facility is: NON50006. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to [executive.director@puc.nh.gov](mailto:executive.director@puc.nh.gov).

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica  
New England REC Operations Manager  
**Knollwood Energy of MA LLC**  
973.879.7826  
[linda@knollwoodenergy.com](mailto:linda@knollwoodenergy.com)

Enclosures (3)



# State of New Hampshire Public Utilities Commission

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



## DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) 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).

- **Photovoltaic (PV) solar facilities are Class II resources. Contact [Barbara.Bernstein@puc.nh.gov](mailto:Barbara.Bernstein@puc.nh.gov) for assistance.**

Eligibility Requested for: Class I  Class II  Check here  if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- **Provide the following information for the owner of the PV system.**

Applicant Name Scott Merrick Email samerrick@gmail.com  
 Address 44 Maple Ave City Atkinson State NH Zip 03811  
 Telephone 603.362.4941 Cell \_\_\_\_\_

- **For business applicants, provide the facility name and contact information (if different than applicant contact information).**

Facility Name \_\_\_\_\_ Primary Contact \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email address: \_\_\_\_\_

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	30	LG 280W	other		
Inverter	30	Enphase M250	other		
meter	1	Elster AB1	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 7.5 AC

What was the initial date of operation (the date your utility approved the facility)? 4/24/15

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

Installer Name Owner Self installed Contact \_\_\_\_\_ License # (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ email \_\_\_\_\_

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 provided the equipment and proceed to the next question.

Business Name Renvu Contact R  
 Address 1350-C Pear Avenue City Mountain View State CA Zip 94043  
 Telephone 855.755.5855 email info@renvu.com

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

Electrician's Name Owner Self Installed License # \_\_\_\_\_  
 Business Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

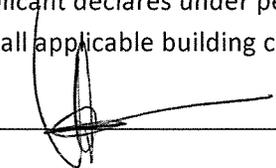


- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

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**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  Date 5/13/15

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 13 Day of May (month) in the year 2015

County of Morris State of New Jersey

  
Notary Public/Justice of the Peace

My Commission Expires 2/16/17

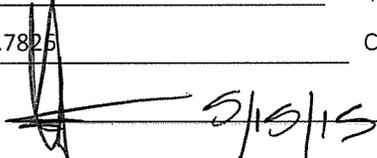
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- Complete the following checklist. If you have questions, contact [barbara.bernstein@puc.nh.gov](mailto:barbara.bernstein@puc.nh.gov).

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> <b>and</b> <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	X
• Documentation of the distribution utility's approval of the installation.*	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	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
<i>*Usually included in the interconnection agreement.</i>	

- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here  and skip this section.

**PREPARER'S INFORMATION**

Preparer's Name Linda Modica Email address: [linda@knollwoodenergy.com](mailto:linda@knollwoodenergy.com)  
 Address PO Box 30 City Chester State NJ Zip 07930  
 Telephone 973.879.7825 Cell \_\_\_\_\_  
 Preparer's Signature:  \_\_\_\_\_



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

GID #904  
 Rec'd  
 3/30/15

**Simplified Process Interconnection Application and Service Agreement**

Contact Information: Date Prepared: 3/26/15  
 Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)  
 Customer Name (print): Scott Merrick Contact Person, if Company: \_\_\_\_\_  
 Mailing Address: 44 Maple Ave  
 City: Atkinson State: NH Zip Code: 03811  
 Telephone (Daytime): 978-764-4500 (Evening): 978-764-4500  
 Facsimile Number: \_\_\_\_\_ E-Mail Address: samerrick@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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Information:  
 Address of Facility: 44 Maple Ave  
 City: Atkinson State: NH Zip Code: 03811  
 Electric Service Company: Unitil Account Number: 2116623-2001120 Meter Number: 119918  
 Inverter Manufacturer: Enphase Model Name and Number: M250-60-2LL-S22 Quantity: 30  
 Nameplate Rating: 0.250 ea (kW) (kVA) 240 (AC Volts) Single X or Three \_\_\_\_\_ Phase  
 System Design Capacity: 8.4 kW DC (kVA) \_\_\_\_\_ (kVA) (30) 280W LG Panels  
 Net Metering: If Renewably Fueled, will the account be Net Metered? Yes X No \_\_\_\_\_  
 Prime Mover: Photovoltaic X Reciprocating Engine  Fuel Cell  Turbine  Other \_\_\_\_\_  
 Energy Source: Solar X Wind  Hydro  Diesel  Natural Gas  Fuel Oil  Other \_\_\_\_\_  
 UL 1741.1 (IEEE 1547.1) Listed? Yes X No \_\_\_\_\_  
 Estimated Install Date: April 2015 Estimated In-Service Date: Late April 2015 - Early May

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: \_\_\_\_\_ Title: Owner/Installer Date: 3-26-15

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 X To be Determined \_\_\_):  
 Company Signature: \_\_\_\_\_ Title: MGR-DIV. Date: APR 26, 2015  
 Company waives inspection/Witness Test? Yes \_\_\_ No X



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): Scott Merrick  
 Mailing Address: 44 Maple Ave  
 City: Atkinson State: NH Zip Code: 03811  
 Telephone (Daytime): 978-764-4500 (Evening): 978-764-4500  
 Facsimile Number: \_\_\_\_\_ E-Mail Address: samerrick@gmail.com

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

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

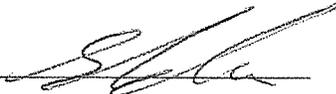
Date of approval to install Facility granted by the Company: April 17th 2015

Application ID number: GID #904

Inspection:

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

Atkinson, NH Rockingham  
 (City/County)

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

Name (printed): Shane McKeen

Date: 4-24-15

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