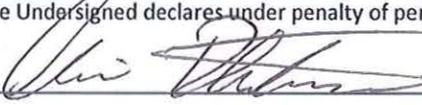


New Hampshire Public Utilities Commission		This section for PUC use only:			
		REC#			
Draft Class I or II REC Eligibility Application For Solar Customer-Sited Sources 100 Kilowatts Or Less					
1. Class I <input type="checkbox"/>	Class II <input checked="" type="checkbox"/>	GIS Facility Code	NON51815	2. This facility is part of an aggregation.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
		<i>GIS contact info is provided below</i>			
3. If yes to #2., the facility is part of the IGS Solar- Proctor Academy aggregation.					
<i>To qualify as a REC eligible facility, PUC 2505.02 (b) requires the source to provide the following information:</i>					
Contact Information					
	Name	Address	City	State	ZIP
Facility Owner	IGS Solar, LLC	6100 Emerald Parkway	Dublin	OH	43016
Phone 1	614-659-5633	Phone 2		Email	crengstorf@igsenergy.com
Facility Location	<i>(if facility is named)</i>		<i>(if different than owner address)</i>		
	Proctor Daycare	45 North Street	Andover	NH	03216
Mailing Address	<i>(if different than owner address and/or facility location)</i>				
Application filed by:	<i>(if different than facility owner)</i>				
Business Name					
Contact	Chris Rengstorf	6100 Emerald Parkway	Dublin	OH	43016
Phone 1	614-659-5633	Phone 2		Email	crengstorf@igsenergy.com
Facility Operator	<i>(complete only if a separate operator manages the facility)</i>				
Phone 1		Phone 2		Email	
Installer Company	ReVision Energy	7 Commercial Drive	Exeter	NH	03833
Installer Contact	Sam Lavallee	7 Commercial Drive	Exeter	NH	03833
Phone 1	207-485-3133	Phone 2		Email	Sam@revisionenergy.com
Electrician					
Phone 1		License #		Email	
Equipment Vendor	<i>(if not provided through the installer)</i>				
Phone 1		Phone 2		Email	
Independent Monitor (IM) Name	Thomas Kelly			<i>To obtain a GIS Facility Code contact James Webb, Registry Administrator 408.517.2174, jwebb@apx.com</i>	
IM Company Name	Natural Capital, LLC				
Equipment Information					
	Manufacturer	Quantity	Model # (if available)	Rated Output/unit	Total Rated Capacity
Panels	LG-270 Mono X	64	LG270S1C-B3	270	17.28kW (DC)
Inverter(s)	SolarEdge	2	SE7600A-US	7600	15.2kW (AC)
Meter	SolarLog		SolarLog 350	Initial date of operation	<i>(mm/dd/year)</i> 6/24/2015
To be completed by the owner. Aggregators may include the owner sign-off via email or letter.					
I agree <input checked="" type="checkbox"/>	The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate.				
The project described in this application will meet the metering requirements of Puc 2506 including:					
I agree <input checked="" type="checkbox"/>	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 IM, or a designated representative.				
I agree <input checked="" type="checkbox"/>	A revenue quality meter is used to measure the electricity generated.				
I agree <input checked="" type="checkbox"/>	The facility owner has certified to the IM that the meter operates according to manufacturing standards.				
I agree <input checked="" type="checkbox"/>	The meter shall be maintained according to the manufacturer's recommendations.				

I agree <input checked="" type="checkbox"/>	The project is installed and operating in conformance with applicable building codes.
Included <input checked="" type="checkbox"/>	A copy of the facility's interconnection agreement is attached.
The Undersigned declares under penalty of perjury that the information provided on this application is accurate.	
	_____/_____ Typed signature required
Contact Barbara Bernstein at Barbara.bernstein@puc.nh.gov or 603-271-6011 with questions and comments.	



NEW HAMPSHIRE ELECTRIC CO-OP
INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY.

Section 1. Applicant Information

Name: Proctor Academy
Mail Address: PO Box 500
City: Andover State: NH Zip Code: 03216-0500
Facility Location (if different from above): Day Care / Service Location - North Street Ext.
Daytime Phone #: _____
Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #: [REDACTED]
Electricity Supplier (ES) _____ Account #: _____

Section 2. Generating Facility Information

Generator Type (check one): Solar Wind _____ Hydro _____
Generator Manufacturer, Model Name & Number: (64) LG 270 watt panels / LG270S1C-B3
Number of Phases of Unit: Single, Three or Other: Single
Generation output rating in AC & DC Kilowatts: 15.2kw AC / 17.28kw DC
Inverter Manufacturer, Model Name & Number: (2) Solar Edge inverters / SE7600A-US
Battery backup? Yes No
Will a generator Disconnect Switch accessible to the utility be installed? Yes No
Proposed location of Disconnect Switch, if applicable: _____

Section 3. Installation Information & Certification

1. Installer Check if owner-installed
Installation Date: _____
Installing Electrician: ReVision Energy, LLC
State of NH License #: 13139M
Mail Address: 7 Commercial Drive
City: Brentwood
State: NH Zip Code: 03833
Daytime Phone #: 603-679-1777

Section 3. Installation Information & Certification continued

2. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741 and IEEE 929-2000:

Signed (Vendor/Supplier): Sara Bogue
Name (printed): Sara Bogue Date: _____
Company: ReVision Energy, LLC
Company Address: 7 Commercial Drive Brentwood, NH 03833

3. The system has been installed in compliance with the local Building/Electrical Code of

(City/County) ANDOVER / MERRIMACK
Signed (Electrician or Town Inspector): William Leavy 13139
Print Name: William Leavy Date: 6-15-15

In lieu of signature by inspector, a copy of final inspection certificate may be attached.

4. The initial start-up test required by PUC 905.04 has been successfully completed by the electrician.

Completed on 5/15/15 Witnessed By [Signature]

5. Utility signature to signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.

Signed (NHEC): [Signature]
Print Name: Scott Momen Date: 6-24-15

Signed (Electricity Supplier Representative): _____

Date: _____

6. Interconnection Date: 6-24-15

Applicant agrees to install and operate the system in accordance with PUC 900.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.

Signature of Applicant: [Signature] Date: 6-16-15

THE ELIGIBLE CUSTOMER-GENERATOR SHALL PROVIDE NEW HAMPSHIRE ELECTRIC CO-OP WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR.