



REC 15-409

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

NHPUC 21SEP15 4:50

September 17, 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 Dragon 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

Mike Dragon
58 Waldron Hill Rd
Warner, NH 03278
Ldragon@capitalwell.com
603-731-9781

The new Nepool GIS ID # for this facility is: NON 52771. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, Certificate of Completion and NH Owner Statements. An electronic version has been sent to executive.director@puc.nh.gov.

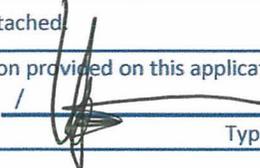
Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)

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	NON52771
				2. This facility is part of an aggregation.	
				yes	no
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. If yes to #2., the facility is part of the Knollwood Energy of MA, LLC 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
Facility Owner	Michael Dragon		58 Waldron Hill Rd		Warner
Phone 1	603-731-9781	Phone 2		Email	ldragon@capitalwell.com
Facility Location	<i>(if facility is named)</i>		<i>(if different than owner address)</i>		
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	Knollwood Energy of MA		PO Box 30	Chester	NJ 07930
Contact	Linda Modica				
Phone 1	(908) 879-7826	Phone 2		Email	linda@knollwoodenergy.com
Facility Operator	<i>(complete only if a separate operator manages the facility)</i>				
Phone 1		Phone 2		Email	
Installer Company	SunRay Solar LLC		124A Hall St.	Concord	NH 03301
Installer Contact	Michael Fay				
Phone 1	603-225-6001	Phone 2		Email	Michael@spreadthesunshine.com
Electrician	Brian Pare		124A Hall St.	Concord	NH 03301
Phone 1	603-225-6001	License #	12245M	Email	brian@spreadthesunshine.com
Equipment Vendor	<i>(if not provided through the installer)</i>				
Phone 1		Phone 2		Email	
Independent Monitor (IM) Name	Paul Button			<i>To obtain a GIS Facility Code contact James Webb, Registry Administrator 408.517.2174, jwebb@apx.com</i>	
IM Company Name	Energy Audits Unlimited				
Equipment Information					
	Manufacturer	Quantity	Model # (if available)	Rated Output/unit	Total Rated Capacity
Panels	SunEdison	80	F270	.270	21.6 (DC)
Inverter(s)	Enphase	80	M215	.215	17.2 (AC)
Meter	AEE Solar	CL200 204V 3W	Utility Project ID # N3424	Initial date of operation	<i>(mm/dd/year)</i> 06/02/15
To be completed by the owner. Aggregators may include the owner sign-off via email or letter. (PLEASE SEE ATTACHED.....)					
I agree	The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate.				
<input type="checkbox"/>					
The project described in this application will meet the metering requirements of Puc 2506 including:					
I agree	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.				
<input type="checkbox"/>					
I agree	A revenue quality meter is used to measure the electricity generated.				
<input type="checkbox"/>					
I agree	The facility owner has certified to the IM that the meter operates according to manufacturing standards.				
<input type="checkbox"/>					
I agree	The meter shall be maintained according to the manufacturer's recommendations.				
<input type="checkbox"/>					

I agree <input 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.	
 9/16/15/	
Typed signature required	
Contact Barbara Bernstein at Barbara.bernstein@puc.nh.gov or 603-271-6011 with questions and comments.	

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.

Michael L. Dragon

Printed Name of signature owner

Michael L. Dragon
Michael L. Dragon (Sep 15, 2016)

Signature of system owner

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

RECEIVED
APR 27 2015
SESD

Eversource Application Project ID#: N3424

Contact Information:

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

Customer or Company Name (print): Mike Dragon

Contact Person, if Company: _____

Mailing Address: 58 Waldren Hill Rd

City: Warner State: NH Zip Code: 03278

Telephone (Daytime): 603-731-9781 (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

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

Name: SunRay Solar, LLC

Mailing Address: 124A Hall St

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 603-225-6001 (Evening): _____

Facsimile Number: _____ E-Mail Address: Rick@SpreadTheSunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: SunRay Solar, LLC

Mailing Address: 124A Hall St

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 603-225-6001 (Evening): _____

Facsimile Number: _____ E-Mail Address: Brian@SpreadTheSunshine.com

Facility Site Information:

Facility (Site) Address: 58 Waldren Hill Rd ✓

City: Warner State: NH Zip Code: 03278

Electric

Service Company: Eversource Account Number: 56597941061 ✓ Meter Number: D58692653 ✓

Account and Meter Number: Please consult an actual Eversource electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the Eversource Work Request number.

Eversource Work Request # 2522641

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: _____ Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

EVERSOURCE
 INTERCONNECTION STANDARDS FOR INVERTERS
 SIZED UP TO 100 KVA
 Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: Enphase ✓ Model Name & Number: M215 ✓ Quantity: 80 ✓
 Nameplate Rating: 215 ✓ (kW) _____ (kVA) _____ (AC Volts) Phase: Single Three
Nameplate Rating: The AC Nameplate rating of the individual inverter.
 ✓ System Design Capacity: 17.2 (kW) _____ (kVA) Battery Backup: Yes No
System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.
 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 _____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
 ✓ Yes No
 The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'
 ✓ Yes No
 Location of External Manual Disconnect Switch: REFERENCE ONE-LINE

Project Estimated Install Date: May Project Estimated In-Service Date: May

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 for Simplified Process Interconnections** attached hereto:

Customer Signature: [Signature] Title: _____ Date: 4/22/15

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the Eversource meter socket. Applications without such a diagram may be returned.

For Eversource Use Only

Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes No To be Determined

Company Signature: [Signature] Title: SR ENGINEER Date: 5.5.15

RECEIVED

JUN 02 2015

Eversource
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

SESD

Installation Information: Check if owner-installed
Customer or Company Name (print): Mike Dragon
Contact Person, if Company: _____
Mailing Address: 58 Waldron Hill Rd
City: Warner State: NH Zip Code: 03278
Telephone (Daytime): 603-731-9781 (Evening): _____
Facsimile Number: _____ E-Mail Address: LDragon@capitalwell.com

Facility Information: → Eversource Meter # _____
Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:
Electrical Contractor's Name (if appropriate): SunRay Splar, LLC
Mailing Address: 124A Hall St
City: Concord State: NH Zip Code: 03301
Telephone (Daytime): 603-225-6001 (Evening): _____
Facsimile Number: _____ E-Mail Address: Brian@SPreadTheSunshine.com
License number: 12245M

Date of approval to install Facility granted by the Company: _____
Eversource Application ID number: #N 3434

Inspection:
The system has been installed and inspected in compliance with the local Building/Electrical Code of:
City: WARNER County: MERRIMACK
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):
Signature: Thomas G Bayle
Name (printed): THOMAS G BAYLE Date: 6/2/15

Customer Certification:
I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.
Please remember to provide digital photos of the installation, including the AC disconnect switch (if required), the existing Eversource meter, the inverters, and the point of electrical interconnection.
Customer Signature: Mike Dragon
As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924