

1. **Applicant** (the generation contract holder/property owner) **Date:** _____

Name: _____

Address: _____

Business HST#: _____

Phone#: _____ Cell#: _____

Email: _____ Fax#: _____

2. **Installation Contractor** Single Point of Contact: Applicant Installer

Company Name: _____

Representative: _____

Address: _____

Business HST#: _____

Phone#: _____ Cell#: _____

Email: _____ Fax#: _____

3. **Project Name:** _____

Generator Service Address: _____

Generation Capacity: _____ kW DC, Output Capacity: _____ kW AC

Rooftop Solar Ground Mount Solar Other: _____

Target In-Service Date: _____

4. **Single Line Drawing & Protection Philosophy**

Provide a Single Line Drawing (SLD) of the generating facility including the Interface Point / Point of Common Coupling (PCC) to Centre Wellington Hydro's distribution system.

SLD Drawing #: _____ Rev. _____

5. **Design Requirements**

(a) Has the proposed distribution generation equipment been certified?

CSA UL Other: _____

Please attach associated documentation and specifications from the manufacturer.

(b) On three phase systems Centre Wellington Hydro accepts only three phase power generation (i.e. three phase inverters) to be connected to prevent phase imbalance in the distribution system.

- (c) It is the responsibility of the generator to produce reliable power generation, prevent system disturbances and not affect other customers on our distribution system. If there is evidence of system disturbances detected the generator shall rectify the problem before allowing reconnection to Centre Wellington Hydro distribution system. Refer to IEEE 1547.2 for proper protective features of a generating system and connection to the distribution grid.

6. Generator Characteristics

Please attach the Manufacturer's technical brochure and specifications sheets of the generator units.

Manufacturer: _____ Model #: _____

Unit Nameplate Capacity (AC): _____ kW # of Units: _____

Battery Banks - capacity _____ Ah

Type: Inverter (go to A) Synchronous (go to B) Induction (go to B)

A. Inverter Information

Line Commutated Self-Commutated Anti-Islanding < 5% Harmonics

DC Ground Fault Protection Power Factor: _____

Fault Interrupter Rating or Breaker Capacity: _____ kA

B. Motor Information

Nominal Voltage: _____ kV Rated Frequency: _____ Hz Power Factor Range: _____

Direct Axis Transient Reactance X'd: _____ Sub-transient Reactance X''d: _____

7. Service Transformer Information

Rating: _____ kVA Primary Voltage: _____ kV Secondary Voltage: _____ V

Transformer Type: Single Phase Three (3) Phase

Impedance: _____ % kVA Base kV Base : R: _____ pu, X: _____ pu

High Voltage Winding: Delta Star (Y)

Ground for Star (Y): Solid Ungrounded Impedance; R: _____ pu, X: _____ pu

Low Voltage Winding: Delta Star (Y)

Ground for Star (Y): Solid Ungrounded Impedance; R: _____ pu, X: _____ pu

8. Existing Facility Main Service Voltage

120/240V 120/208V 208V 347/600V 600V

9. Generator Output Voltage

120V 120/240V 120/208V 208V 347/600V 347V 600V

10. Meter Disconnecting Device, Current & Short Circuit Interrupting Rating

_____ A & _____ kA (Symmetrical)

11. Does the Proposed Generating Facility start with the Aid of Power from the Grid?

Yes No In-Rush Current: _____ A

Maximum Load of the Facility: _____ kVA _____ kW

12. Certification of Construction Design

Micro-generators are acceptable to connect after submitting an ESA certificate of approval. Centre Wellington Hydro may request certification of the generating system by a professional engineer or certified engineering technologist to verify the safe operating features of the generator, depending on the complexity of the system and relevant information received.

13. Applicant and Installation Contractor Signature

We agree to the terms and conditions set by Centre Wellington Hydro Ltd. as referred to in the connection process. We submit the required deposit amount in full with this application to start the connection process. We understand that the deposit includes the metering, connection labor and connection impact assessment study cost. To the best of my knowledge, all the information provided in this Application Form is complete and correct.

Installation Contractor Signature

Print Name

Date

Applicant Signature

Print Name

Date

Please fill in all required information to reduce correspondence time and to expedite the process. Please return this form to:

Centre Wellington Hydro Ltd.
730 Gartshore St., P.O. Box 217
Fergus, ON N1M 2W8
T. 519-843-2900
F. 519-843-7601
enquiries@cwhydro.ca