

1. Is the generation equipment you own and/or operated/used as your main source of electricity or for stand-by purposes only?
- () Main Source (X) Standby Purposes Only

a. Prime Mover:

Engine Model	4BT3.9-G1	Engine Power	40	kW
Aspiration	Turbocharged	Displacement	3.9	L
Type	In-line	BorexStroke	102x120	mm
No. of Cylinders	4	Compression Ratio	18.0:1	
Governor Type	RSV Mechanical	Rated Speed	1500	RPM

b. Date of Installation _____N/A_____

c. Manufacturer YANAN DIESEL GENERATOR

d. Capacity Rating (KVA)_____30kVA_____

e. Single or Three Phase _____3_____

f. Frequency (50 or 60 Hz) 50Hz

g. Output Voltage: _____400/230V_____

h. Fuel Type _____Diesel Fuel_____

i. Est. Cost/ kWh (EC\$)_____N/A_____

j. kWh Generated/Mth _____N/A_____

k. Av. Fuel Cons/Mth (gals) _____N/A_____

l. Av. Oper. Hrs./Mth _____N/A_____

3. How/where is the generator housed? At the infirmary's generator room, which is an outside area that's covered

4. How/where is fuel stored? _____At the Infirmary's generator room_____

5. Vol. of Fuel storage? _____N/A_____

6. How is the lubricating oil used in the generator disposed of?

_____N/A_____

website

7. What kind of emission control device does the installation have?

■ **Exhaust System**

Exhaust Gas Flow	6.06/6.48	m3/min	Max. Back Pressure	10	kPa
Exhaust Gas Temp	≤487	°C	Exhaust Pipe Size	φ76	mm

8. What kind of noise control device does the installation have?
N/A

9. (For businesses) Do you have an environmental management plan?
_____N/A_____ (If yes), please attach a copy.

10. Is the installation certified by the Government Electrical Inspector?
____N/A_____
(Attach copy of certificate)

11. Will the generator be connected to the National Grid? _____NO_____

I hereby represent that the information contained on this application is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: 03/12/2020

Name (please print): Barbara Riley

Company: _____

Post/Email or hand-deliver this application to:
Executive Director
INDEPENDENT REGULATORY COMMISSION
42- Cork Street
Roseau, Commonwealth of Dominica
Tel: 767 440 6634 Fax: 767 440 6635
Email: admin@ircdominca.org
www.ircdominca.org



PUBLIC NOTICE

INDEPENDENT REGULATORY COMMISSION (IRC)

For the Electricity Sector in the Commonwealth of Dominica

ELECTRICITY SUPPLY ACT No.10 of 2006 (ESA)

Application for Generation Licence

The public is advised that pursuant to **Section 30 of the ESA, Ministry of Environment, Rural Modernization and Kalinago Upliftment** has submitted an application to the Commission for the grant of a **Generation Licence**. The generator is to be located at **Dominica Infirmary, 767 Bath Road Roseau.**

Interested parties may access the details of the Application on the IRC website www.ircdominica.org or obtain a copy from the IRC's office at

42 Cork Street

Roseau

Tel. 440 6634 /4407247/6156635

Comments on the Application are to be submitted to the IRC by: **February 20th 2021**

JUSTINN KASE

EXECUTIVE DIRECTOR

Independent Regulatory Commission