

Application/Registration Form for Solar Generation

1. CONTACT AND LOCATION INFORMATION

SECTION A.

Main Applicant (*License is issued in this name, individual or organization*): **Grand Bay Health Center**

Name of Organization (*if applicable*): **Ministry of Health, Wellness and New Health Investment**

First Name: Sylvester **Last Name:** Henderson

Address: Fourth Floor, Government Headquarters, Kennedy Avenue, Roseau

Telephone: 1 767 266 2007 **Mobile:** 1 767 275 8352 **Fax:** 1 676 448 6086

Email address: hendersons@dominica.gov.dm

SECTION B.

Information for Location of Installation:

Name of Property Owner: Government of Dominica

Address: Grandbay Health Center, Grandbay Dominica

Telephone: **Mobile:** **Fax:**

Email address:

Type of Location: Residential Commercial Industrial Government

2. SYSTEM DESCRIPTION

(a). **Voltage Delivered:** 1 Phase: 230 V 120/240 V 3 Phase: 400 V 11 kV

(b). **Total Load to be Connected to System (kW):**

(c). **Total PV (DC) Capacity (kWp)** 17,82 (d). **Total Inverter (AC) Capacity (kW):** 21

(e). **PV Mounting Location:** On Roof On Ground Other

(f). **Type of Structure:** House Apt. Building Office Building Educational
Health Care Industrial Other

(g). **Describe Type of Roof (for roof mounted systems; sloped or flat, materials, etc.):**

Flat concrete roof

(h). **Will the solar PV system be connected to the National Grid?** Yes No

(i). **Electricity Generated by the Solar System will be used as:**

Main Source Standby Supplement to utility usage Other

3. INVERTER INFORMATION

- (a). **Number of Inverters:** Three [3]
- (b). **Manufacturer:** Outback
- (c). **Model #s:** Outback Radian GS7048E
- (d). **AC Rating of Inverters:** 3 x 7 kVA = 21 kVA
- (e). **Proposed Inverter Locations:** Inverter room on premises
- (f). **Certifications:** IEC 62477-1, AS4777.2, AS477.3, EN61000-6-1, EN61000-6-3, EN61000-3-2, EN61000-3-3, AS3100, CE, RoHS compliant per directive 2011/65/EU

4. PV MODULE INFORMATION

- (a). **Number of Modules:** 66
- (b). **Manufacturer:** Oursun
- (c). **Model #s:** Oursun ESP270
- (d). **Dimensions of each module:** Oursun 992mm x 1640mm x 50mm
- (e). **Module Power Rating (kWp):** 0,27
- (f). **Certifications:** EN61215, EN61730, E61000, IEC61701, DLG Focus Ammonia Resistance, PPP 59020A

5. STORAGE INFORMATION

- (a). **Does the system include storage?** Yes No
- (b). **If Yes state the total capacity (Ah):** 106,176 kWh (C20)
- (c). **Battery Model #:** BAE 8PVV 1200
- (d). **Manufacturer:** BAE
- (e). **Battery Type (FLA, Li-ion, etc.):** GEL
- (e). **Total Voltage of Storage:** 48
- (f). **Expected Daily kWh usage from storage:** 53
- (g). **Certifications:** IEC 60896-21, IEC61427, ENN 50272-2

6. MOUNTING SYSTEM INFORMATION

- (a). **Describe Mounting System:** Configuration single landscape at 10 degrees
- (b). **Manufacturer:** Grace Solar
- (c). **Model #:** GS-NT01-10

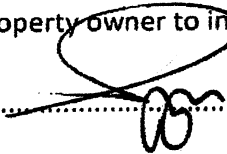
7. ITEMS TO SUBMIT

Please submit the following as part of your application where applicable:

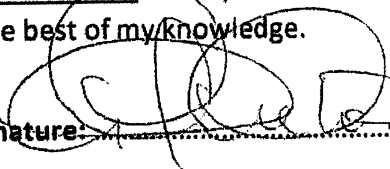
ITEM (Please indicate with check mark that you have submitted)	Attached?
One-line diagram of the proposed solar system:	<input checked="" type="checkbox"/>
Inverters Spec. Sheet:	<input checked="" type="checkbox"/>
Solar Modules spec. sheet:	<input checked="" type="checkbox"/>
Storage System spec. sheet (if applicable):	<input checked="" type="checkbox"/>
Mounting System spec. sheet (if applicable):	<input type="checkbox"/>

8. DECLARATIONS

I (we) hereby declare that I (we) own the property on which the solar system is to be installed or have the permission of the property owner to install the system on said property.

Applicant Signature:  Date: 7/22/2021

I Genevieve M. Astaphan hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature:  Date: 07/22/2021

Applicant Name (block letters) Genevieve M Astaphan

Organization (if applicable): GPJ Green Energy Inc

Position in Organization (if applicable): Director

If application is prepared by someone other than the main applicant please provide details below:

Name (block letters):

Address:

Tel. #:

Signature Date: