

## Section A - 1:

2. Postal Address: .....

3. Street Address: .....

Fax No: 767 448 1971

6. Address/location where Generator is installed:

Address/location where Generator is installed.  
Princess Margaret Hospital, Goodwill.....

## Section A - 2

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

2. Please provide the following information about your generation equipment  
(attach additional pages if spaces provided below are not sufficient):

- a. Prime Mover Combustion Engine g. Output Voltage 400 V  
b. Date of Installation N/A h. Fuel Type Diesel  
c. Manufacturer F6 Willson i. Est. Cost/ kWh (EC\$) \_\_\_\_\_  
d. Capacity Rating (KVA) 650 j. kWh Generated/Mth \_\_\_\_\_  
e. Single or Three Phase 3Ø k. Av. Fuel Cons/Mth (gals) \_\_\_\_\_  
f. Frequency (50 or 60 Hz) 50 l. Av. Oper. Hrs./Mth 10

SERIAL # V5890A001

3. How/where is the generator housed? Basement of  
Utility Block P.M.H

4. How/where is fuel stored? Fuel Storage Tanks

5. Vol. of Fuel storage? 2000 gallons

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

Collected in 45 gallon Drums - taken to Fordcole's landfill

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

N/A

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

N/A

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

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

11. Will the generator be connected to the National Grid? ( ) Yes ( ☒ ) No

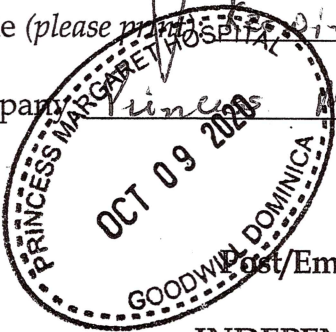
I hereby represent that the information contained on this application is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: 09/10/20

Name (please print): Kevin Farber

Company: Princess Margaret Hospital



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](mailto:admin@ircdominca.org)  
[www.ircdominca.org](http://www.ircdominca.org)