

Schedule 5 Application for Generation Licence - Self Generators 20 kW and over

Section A - 1:

1. Name of Applicant: Princess Margaret Hospital
() Individual ☒ Company () Partnership

2. Postal Address:

Princess Margaret Hospital

3. Street Address:

4. Telephone No: 266 2101 (m) 266 2121

Fax No: 448 1971

5. E Mail: Pmkhsc@gmail.com

6. Address/location where Generator is installed:

P.M.H

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

() 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 <u>Combustion Engine</u> | g. Output Voltage <u>400V</u> |
| b. Date of Installation <u>2019</u> | h. Fuel Type <u>Diesel</u> |
| c. Manufacturer <u>GERMAN</u> | i. Est. Cost/ kWh (EC\$) _____ |
| d. Capacity Rating (KVA) <u>750KVA</u> | j. kWh Generated/Mth _____ |
| e. Single or Three Phase <u>3</u> | k. Av. Fuel Cons/Mth (gals) _____ |
| f. Frequency (50 or 60 Hz) <u>50</u> | l. Av. Oper. Hrs./Mth <u>10</u> |
| | SERIAL # <u>S106101</u> |

3. How/where is the generator housed? Basement of utility Block.

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?

45 gallon drums taken to Fordvale 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

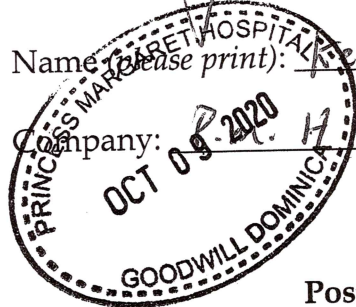
I hereby represent that the information contained on this application is true and accurate to the best of my knowledge and belief.

Signature: _____

Date: 09/10/20

Name (please print): Herwin Fender

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