

Emergency Backup Generation Notification/Application Form



Hydro One Distributed Generation Group | DxGenerationConnections@HydroOne.com | 1-877-447-4412

▶ ABOUT THIS FORM

This form is for customers who are notifying Hydro One Networks Inc. ("Hydro One") of the installation and/or operation of an Emergency Backup Generation Facility (applicable to both open and closed transition) with a size over 10 kilowatts (kW). To qualify as an Emergency Backup Generation Facility, the generation facility must:

- have a transfer switch (Manual Transfer Switch "MTS" or Automatic Transfer Switch "ATS") that isolates it from the Distribution System;
- **not** remain parallel with the grid for more than 100 ms (Closed Transition Only);
- be operated in isolation from the Distribution System; and
- be intended to supply the Applicant's load **only** when the Hydro One supply is unavailable.

▶ IMPORTANT NOTES

- All fields in this form are mandatory except where noted. Incomplete forms will be returned by Hydro One.
- If you intend to connect: a Load Displacement Generation Facility, Energy Storage Facility, an Emergency Backup Generation Facility remaining parallel with grid > 100 ms, a Generation Facility for any other purpose and your project is larger than 10 kW in size, please fill out Hydro One's "Form B Connection Impact Assessment (CIA) Application" which is available at: <https://www.hydroone.com/business-services/generators/fit>
- If you intend to connect a Generation Facility for purposes other than Emergency Backup and your project is between 1 and 10 kW in size (such as Micro-Embedded Net Metered Project), please fill out Hydro One's "Micro-Generation Connection Application (Form C)" which is available at: <https://www.hydroone.com/business-services/generators/microfit>

▶ TECHNICAL REQUIREMENTS FOR CLOSED TRANSITION

Please see section 2.1.23 of Hydro One's "Distributed Generation Technical Interconnection Requirements Interconnections at Voltages 50kV and Below" (the "TIR") available at:

https://www.hydroone.com/businessservices_/generators_/Pages/technicalrequirements.aspx for the technical requirements applicable to Emergency Backup Generation Facilities which include:

- The installation of under-voltage protection to ensure that the generation facility is not capable of energizing Hydro One's Distribution System if it is de-energized.
- The installation of a 6 cycle timer to ensure that the generation facility will not parallel with Hydro One's Distribution System for more than 6 cycles.
- Synchronization facilities, where required, must follow the requirements specified in Section 2.4.4 of the TIR.

▶ ADDITIONAL REQUIREMENTS

In addition to the TIR, Hydro One also requires that;

- an isolation device is present to protect (in case of ATS failure).
- the extended parallel time setting for the isolation device is no longer than 450-500 ms.
- the Manufacturer's Protection Philosophy (Required only for 'Closed Transition').





▶ SUBMISSION INSTRUCTIONS

Please return the completed form and other required documents by mail to:

Hydro One Networks Inc.
Attn: Dx Generation Connections
Emergency Backup Generation Notification/Application Form
185 Clegg Road
Markham, Ontario L6G 1B7

▶ SECTION A: APPLICATION INFORMATION

Engineering Stamp

Application Type *choose one*

Date *mm/dd/yyyy*

Project Name

▶ SECTION B: CUSTOMER/GENERATOR/OWNER INFORMATION

Registered Customer Name

Address Line 1

Address Line 2

City/Town

Province

Postal Code

Lot Number(s)

Concession Number(s)

Telephone Number

Email Address

Cell Number

Fax Number

Hydro One Account Number *12 digits, account number for property*





▶ SECTION C: GENERATOR INFORMATION

Fuel Type/Purpose *if not listed, type into box*

Fuel Type/Purpose (Additional Details)

Generator Size (kW)

Connection Type

Transition Time (ms)

Station Name *if not listed, type name into box*

Feeder *if not listed, type feeder into box*

Power Conversion Technology

Other *please specify*

Transfer Switch

Switch Manufacturer

Switch Model

▶ SECTION D: EXISTING GENERATION

Is/are there existing generation unit(s) on the property?

- Yes No

If you answered 'Yes' to the above question, please fill in the following fields:

Fuel Type/Purpose *if not listed, type into box*

Fuel Type (Additional Details) *Please Specify*

Total Generation Size (kW)

Is the existing generation used as an Emergency Backup?

- Yes No -

Connection Type

Transition Time (ms) -



▶ SECTION E: SUBMISSION CHECKLIST

Open Transition

- Completed Emergency Backup Generation Notification Form Stamped by a Professional Engineer of Ontario.
- Single Line Diagram ("SLD") of the Emergency Backup Generation Facility stamped by a Professional Engineer of Ontario. For "Open transition", your SLD must also indicate the following:
 - Transfer Switch (Automatic or Manual); if Automatic, provide ATS manufacturer/model;
 - An Emergency or Standby Generator;
 - Main Transformer;
 - Isolation Device
- Confirmation Letter of Open Transition (Required only for 'Open Transition').

Closed Transition

- Completed Emergency Backup Generation Notification Form Stamped by a Professional Engineer of Ontario.
- Single Line Diagram ("SLD") of the Emergency Backup Generation Facility stamped by a Professional Engineer of Ontario. For "Closed Transition", your SLD must also indicate the following:
 - Auto Transfer Switch ("ATS") including ATS manufacturer/model;
 - An Emergency or Standby Generator;
 - Main Transformer;
 - Isolation Device (in-case ATS failure occurs)
- The Manufacturer's Protection Philosophy (Required for 'Closed Transition').

▶ ACKNOWLEDGMENT

By submitting this form, I (the "Customer") hereby acknowledge that the proposed and any existing Emergency Backup Generation Facility will be operated only when Hydro One supply is unavailable; and will not be used anytime for the purpose of displacing the load or peak shaving.

Full Name of Customer or officer of Customer (if customer is a corporation) or office of general partner (if Customer is a limited partnership)

Officers of corporations and general partners of limited partnerships should be as listed on applicable Master Business License, Articles of Incorporation or Limited Partnerships Registration.

Position / Role

- Individual / Sole Proprietor Officer Other

Title if officer or other

Signature of Customer or officer of Customer (if Customer is a corporation) or officer of general partner (if Customer is a limited partnership)

Date mm/dd/yyyy

