

Appendix A

Kingston Electricity Distribution Limited (KEDL) Initial Consultation Request Form for Distributed Generators

Instructions

Completion and submission of this form is the first step for distributed generators interested in connecting to KEDL's electricity distribution system. Please ensure that this form is filled out completely and accurately. It is recommended that prospective distributed generators read KEDL's "Guide for Distributed Generators" and relevant documents listed in its Appendix B before requesting an Initial Consultation.

In order to assist prospective distributed generators in determining the feasibility of a generation facility at a given location and filling out the Initial Consultation Request Form, the following information is available upon request for a maximum of 3 potential locations per applicant:

- A description of the relevant portion of the distribution system
- Schematics showing major transmission, distribution and sub-distribution lines
- Transformer and distribution stations
- Distribution voltage levels
- Geographic references compatible with a road map
- Information on voltage level, fault level, and minimum/maximum feeder loadings

The purpose of an initial consultation is to assist the prospective distributed generator in determining the basic feasibility of the proposed facility for a given location, provide information on connection options and the connection process, and furnish the prospective generator with estimates of the timeline and cost for completing a connection.

If you have any questions regarding this form or the process for connecting distributed generation to the KEDL distribution system, please contact our Customer Service Centre at (613)546-0000 or Stephen Sottile at (613) 546-1181 x2477 and ssottile@utiltieskingston.com.

Date: _____
(dd / mm / yyyy)

1. Generation Facility Location:

Street Address: _____

Postal Code: _____

Description: _____

KEDL Account Number:
(If Applicable) _____

Residential

Commercial

Industrial

2. Generation Facility Owner:

Contact Name: _____

Company: _____

G.S.T. #
(if applicable) _____

Mailing Address: _____

Telephone: _____

Fax: _____

E-mail: _____

3. Generation Facility Developer (if not the same as Generation Facility Owner):

Contact Name: _____

Company: _____

Mailing Address: _____

Telephone: _____

Fax: _____

E-mail: _____

4. Generation Facility Description:

Fuel Source:

Conventional

- Gas engine
- Diesel engine
- Micro turbine
- Other _____

Renewable

- Photovoltaic
- Wind
- Hydro
- Biogas / Biomass
- Other _____

Total Rated Capacity (kW): _____

Estimated Capacity Factor (%) _____

Number of Generation Units: _____

Rated Capacity of Each Unit (kW): _____

Number of Phases (one or three): _____

Will this facility be directly connected to KEDL's distribution grid or will it be embedded within a KEDL customer's distribution system?

Direct

Embedded

Do you intend to use the generation Facility to supply battery backup or emergency backup generation?

Yes

No

5. Generator Voltage and Type:

a. Generation Voltage: _____ Volts AC

DC

b. Generation Type:

Synchronous

Induction

Inverter

6. Desired Financial Settlement Option

Load Displacement

Net Metered

Standard Offer Program

IESO Wholesale Market

Provincial RFP

If the entity receiving payment for generation is a G.S.T. Registrant
G.S.T.# : _____

7. Other Relevant Information (not required)

Please attach any other information on your prospective distributed generation facility that you feel may assist KEDL staff in evaluating the technical feasibility of connecting your facility to KEDL's grid.