

Kitchener-Wilmot Hydro Inc. 301 Victoria Street South Kitchener, Ontario, Canada N2G 4L2

CONFIRMATION OF VERIFICATION EVIDENCE REPORT (COVER) [Distribution Connected Generation – (DCG)]

(Instructions provided on last Page)

Section 1	FACILITIES INFORMATION				
NAME OF CUST	OMER				
NAME OF FACILITY					
PROPOSED ENE	ERGIZATION DATE				
KITCHENER-WI	LMOT HYDRO OPERATING				
CLAIM NOTIFIC	ATION				
(Investment Plar	nning #)				
SUPPLY FEEDE	SUPPLY FEEDER DESIGNATIONS				
Section 2	Section 2 CON				
CUSTOMER C	CUSTOMER CONTACT		KITCHENER-WILMOT HYDRO COVER COORDINATOR CONTACT		
Print Name:		Print Name: Shaun Wang			
Title:			Title: System Planning & Projects Engineer		
Date:			Date:		
Tel. #:			Tel. #:519-745-4771 x 6312		
Email:			Email: swang@kwhydro.n.ca		

Section 3	VERIFICATION-PROTECTION & CONTROL						
Protection Group to verify: A, B, or A&B Legend: C = Confirm Results: P = Pass, F = Fail, N/A = Not Applicable		Protection Group To verify	Legend	Results	Initials	Date mm/dd/yyyy	Note #
Is commissioning in compli-	ance with the submitted Commissioning plans?						
Are reviewed relay setting	s applied?						
Confirm that the following protection systems, as applicable, have been verified to function as per the design: NOTE: Tests marked with an asterisk (*) require K-W Hydro Inc. staff coordination							
Line Protection							
HV Breaker Failure Protection and Reclose							
LV Breaker Failure Protection and Reclose							
Transformer Differential							
Transformer Backup Prote	ection						
Under and Over Frequence	Sy						
Under and Over Voltage							
Transfer Trip / Remote Tri	p *						
Pilot Wire Protection *							
Blocking Scheme Circuits	*						
Generation Rejection & Lo	bad Rejection Circuits *						
Reverse Power							
Gen. Prot. That trip HV Sy	/nc Breakers						
Instrument Transformer (e	e.g. CTS + CCVTs, etc.)						
Monitoring Equipment (e.g.	g. DFR, SER, etc.)						
Other (Specify)							

Section 4A	TELEMETRY TESTS BEFORE ENERGIZATION AT CUSTOMER OWNED TS						
Confirm the followin Test Needed: D = to be Legend: C = Confirm; F Parts: N/A = Not Applica	g SCADA telemetry quantities, where applicable: Done Results: P = Pass, F = Fail All ble	Test Needed	Legend	Results	Initials	Date mm/dd/y yyy	Note #
HV MW per transform	ner	N/A					
HV MVAR per transfer	ormer	N/A					
HV Phase to Phase V	/oltages (R, W, B)	N/A					
LV MW per LV Bus		N/A					
LV MVAR per LV Bus	\$	N/A					
LV Phase to Phase \	/oltages (R, W, B)	N/A					
HV Under-Load Tap	Changer Positions	N/A					
HV Disconnect Switc	hes/HV Circuit Switchers/Breakers Open/Close Status	N/A					
LV Transformer & Bu	is Tie Breakers Open/Close Status	N/A					
LV Capacitor Breake	rs Open/Close Status	N/A					
Common Protection	Trip Alarm each HV Circuit	N/A					
Other (specify)		N/A					
	TELEMETRY TESTS BEFORE ENERGIZATION AT CUSTOMER OWNED GS						
Section 4B	TELEMETRY TESTS BEFORE	ENERGI	ZATION	AT CUS		IED GS	
Section 4B Confirm the followin Test Needed: D = to be Legend: C = Confirm; F Parts: N/A = Not Applica	TELEMETRY TESTS BEFORE g SCADA telemetry quantities, where applicable Done Results: P = Pass, F = Fail All ble	ENERGI Veede	ZATION	AT CUS	TOMER OWN	Date Date yyyy	Note #
Section 4B Confirm the followin Test Needed: D = to be Legend: C = Confirm; F Parts: N/A = Not Applica • MW Flows and Direc	TELEMETRY TESTS BEFORE g SCADA telemetry quantities, where applicable Done Results: P = Pass, F = Fail All ble tions	ENERGI Lest Peede	ZATION	AT CUS	TOMER OWN	Date Date yyyy yyyy	Note #
Section 4B Confirm the followin Test Needed: D = to be Legend: C = Confirm; F Parts: N/A = Not Applica • MW Flows and Direc • MVAR Flow and Direc	TELEMETRY TESTS BEFORE g SCADA telemetry quantities, where applicable <u>D</u> one Results: P = Pass, F = Fail All ble tions	ENERGI Veede	ZATION Pueden	AT CUS	TOMER OWN	Date Date yyyy	Note #
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Section 4B Confirm the followin Test Needed: D = to be Legend: C = Confirm; F Parts: N/A = Not Applica MW Flows and Direc MVAR Flow and Direc Phase to Phase Volta HV switchers/HV bre	TELEMETRY TESTS BEFORE g SCADA telemetry quantities, where applicable Done Results: P = Pass, F = Fail All ble tions actions ages akers/Bus Tie Breakers Open/Close Status	ENERGI Lest Neede	ZATION Pueden	AT CUS	TOMER OWN	IED GS Date yyyy	Note #
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Section 4B Confirm the followin Test Needed: D = to be Legend: C = Confirm; F Parts: N/A = Not Applica MW Flows and Direc MVAR Flow and Direc Phase to Phase Volta HV switchers/HV bre HV Line Disconnect S Synchronizing Break	TELEMETRY TESTS BEFORE g SCADA telemetry quantities, where applicable Done Results: P = Pass, F = Fail All ble tions actions ages akers/Bus Tie Breakers Open/Close Status Switches Open/Close Status ers Open/Close Status	ENERGI Lest Peede	ZATION Pueden			IED GS Date Nyyy	Note #
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S	ection 5	CONFIRMATION OF VERIFICATION-POWER EQUIPMENMT					
Le Re All <i>No</i> <i>Hy</i>	gend: C = C sult: P = Pa Parts: N/A te, some of t dro Inc. withe	Confirm, W = Witness ass, F = Fail = Not Applicable <i>he following verification may require Kitchener-Wilmot</i> essing.	Legend	Result	Initial	Date mm/dd/yyyy	Note #
• NC pro uno Kito	Verify the I as an isola DTE: Any futu ovide suppor der the Utility chener-Wilm	HV disconnect switches/circuit switchers are suitable ation point per Utility Work Protection Code? ure modifications to the isolation device(s) used to ting guarantees to Kitchener-Wilmot Hydro Inc. staff Work Protection Code must be re-witnessed by ot Hydro Inc. personnel.					
•	Confirm cor switches/cir	rect operation of the HV disconnect cuit switchers/breakers					
٠	Is closing ti	me within manufacturer's specification?					
٠	Is opening t	time within manufacturer's specification?					
•	Are the spe	cified HV surge arrestors installed?					
•	Confirm the	power transformer Doble test results are within					
٠	Confirm por	wer transformers connected correctly as per the design.					
•	Confirm the panel, dc m	DC system installed (i.e. battery, charger, dc nonitoring)? Verified					
•	Does the H breakers, C ratings as p	V equipment (i.e., disconnect switches, circuit switchers, VTs, CTs) have the appropriate voltage class and current per the submitted Single Line Diagram?					
•	Other (spec	sify)					
•	Name of K	itchener-Wilmot Hydro Inc. Witness:					

Section 6

ELECTRICAL SAFETY

Legend: SD = Supporting Document, N/A = Not Applicable

- Prior to energizing any new or modified customer or generator facilities, Electrical Safety Authority (ESA) must provide a Temporary Connection Authorization (Ontario Electrical Safety Code Article 2-014). Attach document.
- Prior to final in-service of new or modified customer or generator facilities, ESA must provide Connection Authorization (Code Article 2-012). Attach document.
- All customers must provide a letter signed and stamped by a Professional Engineer registered in the province of Ontario stating that their equipment and installation meets CSA and/or other applicable electrical safety standards, prior to ready for Service Date. Attach document.

NOTES: (For Sections 3, 4A or 4B, 5 & 6)

#:	Comments:	COVER Coordinator Concurrence To Connect:	Date Action Resolved: (dd/mm/yyyy)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

By signing* this form, the customer acknowledges that all required verifications specified under this COVER document have been completed and that the customer facility design and operation meets the minimum standards for customer facilities connected to a distribution system, as per the Distribution System Code.	Signature of Customer Representative (Note : Must be P. Eng) Print Name:
Part I Completed COVER Coordinator Initials	

*After signing the COVER, the customer shall submit 2 signed copies to the COVER coordinator.

The COVER Coordinator has reviewed the customer's Certified COVER document and the customer's facility may be connected to the grid, subject to Controlling Authority's final review.	Signature of COVER Coordinator Print Name:

 The COVER coordinator shall forward (scan/fax) the completed document to the Controlling Authority to initiate the connection (for OGCC controlled distributed generators, the OGCC is the controlling authority. For other feeders the controlling authority will be Provincial Lines). The COVER coordinator shall contact (phone) the Controlling Authority, to notify him/her of the completed COVER.

		KSAI	RATED	SYSTEM \	/OLTAGE
firm, W = Witness F = Fail lot Applicable	Legend	Result	Initial	Date mm/dd/yyyy	Note #
att meter) readings completed and analyzed for Protection listed in Section 3 ?					
att meter) readings completed and analyzed for SCADA quantities listed in Section 4 ?					
Values confirmed consistent with I in Section 4A or 4B?					
	firm, W = Witness F = Fail ot Applicable att meter) readings completed and analyzed for Protection listed in Section 3 ? att meter) readings completed and analyzed for SCADA quantities listed in Section 4 ? Values confirmed consistent with in Section 4A or 4B?	firm, W = Witness Image: F = Fail of Applicable att meter) readings completed and analyzed for Protection listed in Section 3? att meter) readings completed and analyzed for SCADA quantities listed in Section 4? Values confirmed consistent with in Section 4A or 4B?	firm, W = Witness Image: Section 4 and analyzed ot Applicable Image: Section 3 analyzed att meter) readings completed and analyzed Image: Section 3 analyzed for Protection listed in Section 3 analyzed Image: Section 4 analyzed for SCADA quantities listed in Section 4 analyzed Image: Section 4 analyzed Values confirmed consistent with Image: Section 4 analyzed	firm, W = Witness Image: Section 4 and the end of the end	firm, W = Witness F = Fail ot Applicable Image: Section 3? Image: Section 3? Image: Section 3? Image: Section 3? Image: Section 4? Image: Section 4A or 4B? Image: Section 4A or 4B o

NOTES: (For Section 7)

#:	Comments:	COVER Coordinator Concurrence:	Date Action Resolved: (dd/mm/yyyy)
1.			
2.			
3.			
4.			

I/we acknowledge the completion of the COVER as noted and the deficiencies identified in the "NOTES" section have been resolved.

Signature of Customer Representative (Note: Must be P. Eng,) Print Name:
Title:
Date:

Π

TEST SUMMARY REPORTS

In accordance with the Distribution System Code, Appendix F, for a Generation facility of Small size (pg.13), Mid-size (pg.21), and Large size (pg.28), the Customer shall, at Kitchener-Wilmot Hydro's request, provide Kitchener-Wilmot Hydro with a summary of testing results, including any certificates of inspection or other applicable authorizations or approvals certifying that any of the Customer's new, modified or replacement facilities have passed the relevant tests and comply with all applicable instruments and standards referred to in the code. This information will be kept on file for a period of (7) years by the Customer.

DISTRIBUTION LIST (WHEN ALL SECTIONS ARE COMPLETED):

Kitchener-Wilmot Hydro Inc. COVER Coordinator

Customer Instructions for Completing the COVER form (DCG)

PART 1: PLAN

Step 1: Customer Information

 Complete Facility and Customer Contact Information of the COVER Form by completing the highlighted portions of Sections 1 & 2.

Step 2: Identify the Tests that the Customer Intends to Conduct

- Complete Highlighted portions (Protection Group and Legend columns) of Sections 3, where applicable
- Complete Highlighted portions of Section 4A or 4B (Test Needed and Legend columns)
- Complete Highlighted portions of Sections 5 (Legend column) and 6 (Date Received column)

Note: The design review must be finalized prior to completing this step.

Step 3: Kitchener-Wilmot Hydro's COVER Coordinator Review

- Return COVER Form by email to the Kitchener-Wilmot Hydro COVER Coordinator listed in Section 2
- The COVER coordinator will review the proposed commission plan and respond to the acceptability of the proposed COVER tests within 5 business days.

Note: The commissioning plan review must be finalized prior to commencing testing for the next step.

PART 2: PRE-ENERGIZATION

Step 4: Completion of Testing and Resolution of all Comments

- Complete all applicable testing in Sections 3, 4A or 4B, 5 & 6.
- Sign off the COVER, in section 6, by a Customer P. Eng Representative, and submit it to the COVER Coordinator.
- The COVER coordinator will review the certified COVER and recommend to Kitchener-Wilmot Hydro Inc. Operations Department for connection to the grid by signing section 6.
- Section 7 testing can only proceed when all salient comments have been resolved and tests completed for Sections 3 to 6.

PART 3: POST-ENERGIZATION

Step 5: Final Potential and On-load Checks

- Kitchener-Wilmot Hydro Inc. will provide authorization to connect to the grid.
- Complete and sign Section 7 when all parts of the COVER form are complete. (Note: cross readings to be performed within 5 business days of placing load on station)
- Summary of testing results and certificates must be kept on file for a minimum period of 7 years by the Customer (as indicated by IESO Market Rules, Chp.4, 5.1.3). Kitchener-Wilmot Hydro Inc. may require this information, on an exception basis.