

**DISTRIBUTED GENERATION CONNECTION APPLICATION - FINAL**  
(Generation Capacity greater than 10 kW)



Return Completed form to: Network Connections Manager  
PO Box 505  
Te Awamutu 3840

Phone: 07 872 0745  
Fax: 07 870 2401  
Email: [generation@waipanetworks.co.nz](mailto:generation@waipanetworks.co.nz)

Applicants Contact Details	Project Description
Name: _____ Address: _____ _____ Phone (Day): _____ Fax or Email: _____	<input type="checkbox"/> New Generation <input type="checkbox"/> Upgrade to _____ kW <input type="checkbox"/> Domestic <input type="checkbox"/> Commercial <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> 230V <input type="checkbox"/> 400V <input type="checkbox"/> 11kV  <div style="text-align: center;">DATE _____ Proposed Connection Date</div>
	Manufacturer Specifications
	<input type="checkbox"/> Solar (PV) <input type="checkbox"/> Wind <input type="checkbox"/> Hydro(Micro) <input type="checkbox"/> Other (Specify) _____ Manufacturer: _____ Rated Generation: _____ kVA      Rated Generation: _____ kW Maximum active power exported: _____ kW Reactive power requirements (if any) _____ kVAr Power factor at maximum load _____ Type of generating plant (ie synchronous/asynchronous) _____ Type of Prime Mover _____
Installation System Supplier	
Name: _____ Address: _____ _____ Phone (Day): _____ Fax or Email: _____	

Installation Location	Inverter Specifications
Address: _____ _____ <i>If different from above</i> ICP:      □□□□□□□□□□WA-□□□□ Your ICP is shown on the power account for this address (Example 0000123456WA7E8)	Manufacturer: _____ Model / Type _____ Inverter Rated Output _____ kW Is the inverter make & model identified on Waipa list of approved inverters? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, has a copy of the AS4777.2 and AS4777.3 declaration of conformity been included with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the inverter make and model comply with the protection settings specified by Waipa Networks (if any)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Battery Storage	
Battery installed <input type="checkbox"/> Yes <input type="checkbox"/> No Total Battery Storage _____ Ah (Attach details)	

Name of Energy Retailer who will provide the import/export metering for you \_\_\_\_\_

**I confirm that the details provided in the application are correct:**

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
(print)

**Connection Configuration**

A FINAL single line diagram of the site electrical reticulation that includes the proposed generators, distribution transformer, and neutral earthing arrangements of the network and generator is required. Enclosed?

**Miscellaneous Details**

A general description of the proposed installation is required that includes the following miscellaneous details: Enclosed?

a. Fault level contribution of plant

b. Transformer Details of the generating unit

c. Type of interfacing device – (*circuit breaker and proposed settings*)

d. Means of synchronisation onto WNL Network

e. Protection Details

f. Safety :

- Isolation on loss of supply (*should include proposed temporary earthing details*)
- Isolation from Network for Maintenance
- Results of earth tests, earth bonding, star point connection
- High voltage enclosure safety details
- Protection to stop machine self exciting
- Assets required to be constructed/owned and maintained by WNL to allow connection
- A certificate of compliance to be made available for installation
- Acknowledgement that the Generator has researched the Electricity Governance Rules and has ensured plan is compliant

g. Any additional information or documents that are reasonably required

**By submitting this application, I acknowledge that I will be responsible for the maintenance of the installation to the appropriate standards and that I will notify any future occupiers of the property concerned of the responsibilities and obligations of having a distributed generator connected to Waipa Networks' Network**

**Signed:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

*Fees enclosed with initial application:*  Yes  No

*This application has been :*  Approved  Declined

Signed \_\_\_\_\_ Name (*print*) \_\_\_\_\_ Date \_\_\_\_\_

Conditions of Approval:

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