



230 N Orange Ave Brea, CA 92821-4026
 Contractors License # 655104 C-10, A, B
 Phone: 714/990-9280
 Fax: 714/990-9285



PACIFIC INDUSTRIAL ELECTRIC INVENTORY

DATE: May 21, 2004

LOCATION: 3Y1-00o **ITEM INV. #** 60 **PIE ITEM #** _____

DESCRIPTION: TRANSFORMER, DRY

MFG. NAME: ABB **CATALOG NO.:** _____

MODEL# PLA-00670 **SERIAL #:** 24-36559

SPECIFICATIONS / INFORMATION

<p>VOLTS: <u>2400 480Y-277</u></p> <p>AMPS: _____</p> <p>PHASE: <u>3</u></p> <p>Hz: <u>60</u></p> <p>POLES: <u>3</u></p> <p>KVA: <u>1000</u></p> <p>PRIMARY: <u>2400</u></p> <p>SECONDARY: <u>480/277</u></p> <p>k AIC: _____</p>	<p>NEMA TYPE: <u>3R</u></p> <p>FUSEABLE: <u>NO</u></p> <p>FUSE TYPE: <u>N/A</u></p> <p>HEIGHT: <u>109"</u></p> <p>LENGTH: <u>124"</u></p> <p>WIDTH: <u>73"</u></p> <p>WEIGHT: <u>12000</u></p> <p>KIRK KEY: <u>NO</u></p> <p>NEW: <u>NO</u></p> <p>PHOTO FILE: <u>NO</u></p>
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NOTES:

IMP 6.4 MFG FOR CUTLER-HAMMER; BIL 30HV/10LV; 1203 AMPS (L.V.)



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TRANSFORMER NAME PLATE DATA

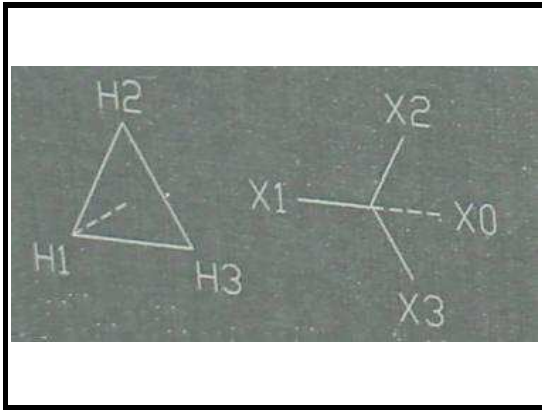
MANUFACTURE'S ADDRESS:

NAME: ABB
 STREET 1: _____
 STREET 2: _____
 CITY: _____
 STATE: _____
 ZIP: _____

PHONE #: _____
 FAX #: _____

D.O.M. <u>3/31/1998</u>	COOLING CLASS: <u>AA</u>
OIL FILLED: <u>NO</u>	CATALOG #: <u>0</u>
GAL. CAP. : _____	INSULATION SYS.: <u>CAST RESIN/AIR</u>
SHIELDING: _____	RISE: <u>80° C</u>
DELTA / WYE: <u>YES</u>	LIVE FRONT: <u>YES</u>

NOTES: 5.4% IMPEDENCE



CONN.TAPS	VOLTAGE
4 - 5	2520
4 - 6	2460
3 - 6	2400
3 - 7	2340
2 - 7	2280

INVENTORY REMOVAL DATE: _____

PURPOSE: _____

