



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: Consignment **ITEM INV. #** 72 **PIE ITEM #** _____

DESCRIPTION: TRANSFORMER, DRY

MFG. NAME: GOLDEN GATE **CATALOG NO.:** _____

MODEL# D20-1 **SERIAL #:** 1180-2-1

SPECIFICATIONS / INFORMATION

<p>VOLTS: <u>2400</u> <u>208-120</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>112.5</u></p> <p>PRIMARY: <u>2400</u></p> <p>SECONDARY: <u>208-120</u></p> <p>k AIC: _____</p>	<p>NEMA TYPE: <u>3R</u></p> <p>FUSEABLE: <u>NO</u></p> <p>FUSE TYPE: <u>NO</u></p> <p>HEIGHT: <u>60"</u></p> <p>LENGTH: <u>48"</u></p> <p>WIDTH: <u>40"</u></p> <p>WEIGHT: <u>1260</u></p> <p>KIRK KEY: <u>NO</u></p> <p>NEW: <u>NO</u></p> <p>PHOTO FILE: <u>YES</u></p>
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NOTES:



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TRANSFORMER NAME PLATE DATA

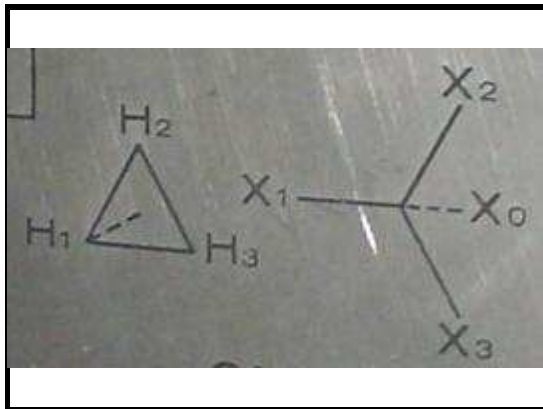
MANUFACTURE'S ADDRESS:

NAME: GOLDEN GATE
 STREET 1: _____
 STREET 2: _____
 CITY: _____
 STATE: _____
 ZIP: _____

PHONE #: _____
 FAX #: _____

D.O.M. _____	COOLING CLASS: <u>AA</u>
OIL FILLED: <u>NO</u>	CATALOG #: <u>0</u>
GAL. CAP. : _____	INSULATION SYS.: _____
SHIELDING: _____	RISE: <u>115° C</u>
DELTA / WYE: <u>YES</u>	LIVE FRONT: <u>YES</u>

NOTES: 3.97% IMPEDENCE



CONN.TAPS	VOLTAGE
1 - 2	2520
2 - 3	2460
3 - 4	2400
4 - 5	2340
5 - 6	2280

INVENTORY REMOVAL DATE: _____

PURPOSE: _____

