

Application to Commit Energy
Efficiency/Peak Demand
Reduction Programs
(Mercantile Customers Only)

Case No.: <u>13-1312-E</u>L-EEC

Mercantile Customer: Mercy Health Fairfield Hospital

Electric Utility: **Duke Energy** 

Program Title or

Chiller Tune-ups

Description:

Rule 4901:1-39-05(F), Ohio Administrative Code (O.A.C.), permits a mercantile customer to file, either individually or jointly with an electric utility, an application to commit the customer's existing demand reduction, demand response, and energy efficiency programs for integration with the electric utility's programs. The following application form is to be used by mercantile customers, either individually or jointly with their electric utility, to apply for commitment of such programs in accordance with the Commission's pilot program established in Case No. 10-834-EL-POR

Completed applications requesting the cash rebate reasonable arrangement option (Option 1) in lieu of an exemption from the electric utility's energy efficiency and demand reduction (EEDR) rider will be automatically approved on the sixty-first calendar day after filing, unless the Commission, or an attorney examiner, suspends or denies the application prior to that time. Completed applications requesting the exemption from the EEDR rider (Option 2) will also qualify for the 60-day automatic approval so long as the exemption period does not exceed 24 months. Rider exemptions for periods of more than 24 months will be reviewed by the Commission Staff and are only approved up the issuance of a Commission order.

Complete a separate application for each customer program. Projects undertaken by a customer as a single program at a single location or at various locations within the same service territory should be submitted together as a single program filing, when possible. Check all boxes that are applicable to your program. For each box checked, be sure to complete all subparts of the question, and provide all requested additional information. Submittal of incomplete applications may result in a suspension of the automatic approval process or denial of the application.

Any confidential or trade secret information may be submitted to Staff on disc or via email at <u>ee-pdr@puc.state.oh.us</u>.

### **Section 1: Mercantile Customer Information**

Name: Mercy Health Fairfield Hospital

Principal address: 9300 Mack Road Fairfield, Ohio 45014

Address of facility for which this energy efficiency program applies:

### 9300 Mack Road Fairfield, Ohio 45014

Name and telephone number for responses to questions:

### Grady Reid Jr, 513-287-1038

Electricity use by the customer (check the box(es) that apply):

✓ The customer uses more than seven hundred thousand kilowatt hours per year at the above facility. (Refer to Appendix A.)

# **Section 2: Application Information**

- A) The customer is filing this application (choose which applies):
  - □ Individually, without electric utility participation.
  - ✓ Jointly with the electric utility.
- B) The electric utility is: **Duke Energy**
- C) The customer is offering to commit (check any that apply):
  - □ Energy savings from the customer's energy efficiency program. (Complete Sections 3, 5, 6, and 7.)
  - □ Capacity savings from the customer's demand response/demand reduction program. (Complete Sections 4, 5, 6, and 7.)
  - **✓** Both the energy savings and the capacity savings from the customer's energy efficiency program. (Complete all sections of the Application.)

# **Section 3: Energy Efficiency Programs**

| A) | The | customer's energy efficiency program involves (check those that apply):   |
|----|-----|---|
|    |     | Early replacement of fully functioning equipment with new equipment (Provide the date on which the customer replaced fully functioning equipment, and the date on which the customer would have replaced such equipment if it had not been replaced early. Please include a brief explanation for how the customer determined this future replacement date (or, if not known, please explain why this is not known)). |
|    |     | Installation of new equipment to replace equipment that needed to be replaced. The customer installed new equipment on the following date(s):   |
|    |     | Installation of new equipment for new construction or facility expansion. The customer installed new equipment on the following date(s):  |
|    | ✓   | Behavioral or operational improvement.  |
| В) | Ene | rgy savings achieved/to be achieved by the energy efficiency program:   |
|    | 1)  | If you checked the box indicating that the project involves the early replacement of fully functioning equipment replaced with new equipment, then calculate the annual savings [(kWh used by the origina equipment) – (kWh used by new equipment) = (kWh per year saved)] Please attach your calculations and record the results below:  |
|    |     | Annual savings:kWh  |
|    | 2)  | If you checked the box indicating that the customer installed new equipment to replace equipment that needed to be replaced, then calculate the annual savings [(kWh used by less efficient new equipment) – (kWh used by the higher efficiency new equipment) = (kWh per year saved)] Please attach your calculations and record the results below:  |
|    |     | Annual savings:kWh  |
|    |     | Please describe any less efficient new equipment that was rejected in favor of the more efficient new equipment.  |

| 3) | If you checked the box indicating that the project involves equipment for |
|----|---|
|    | new construction or facility expansion, then calculate the annual savings |
|    | [(kWh used by less efficient new equipment) - (kWh used by higher         |
|    | efficiency new equipment) = (kWh per year saved)]. Please attach your     |
|    | calculations and record the results below:                                |

| Annual | savings:                                | kWł  | 1 |
|--------|---|------|---|
|        | - · · · · · · · · · · · · · · · · · · · | <br> |   |

Please describe the less efficient new equipment that was rejected in favor of the more efficient new equipment.

4) If you checked the box indicating that the project involves behavioral or operational improvements, provide a description of how the annual savings were determined. Chiller tune-ups - preventative maintenance performed resulting in energy savings.

# Section 4: Demand Reduction/Demand Response Programs

- A) The customer's program involves (check the one that applies):
  - ✓ Coincident peak-demand savings from the customer's energy efficiency program.
  - Actual peak-demand reduction. (Attach a description and documentation of the peak-demand reduction.)
  - □ Potential peak-demand reduction (check the one that applies):
    - ☐ The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a tariff of a regional transmission organization (RTO) approved by the Federal Energy Regulatory Commission.
    - ☐ The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a program that is equivalent to an RTO program, which has been approved by the Public Utilities Commission of Ohio.
- B) On what date did the customer initiate its demand reduction program?

January 2009 and January 2010

C) What is the peak demand reduction achieved or capable of being achieved (show calculations through which this was determined):

170 KW (See Attachment 1 - Appendix 2)

# Section 5: Request for Cash Rebate Reasonable Arrangement (Option 1) or Exemption from Rider (Option 2)

Under this section, check the box that applies and fill in all blanks relating to that choice.

Note: If Option 2 is selected, the application will not qualify for the 60-day automatic approval. All applications, however, will be considered on a timely basis by the Commission.

- A) The customer is applying for:
  - ✓ Option 1: A cash rebate reasonable arrangement.

OR

Option 2: An exemption from the energy efficiency cost recovery mechanism implemented by the electric utility.

OR

- □ Commitment payment
- B) The value of the option that the customer is seeking is:
  - Option 1: A cash rebate reasonable arrangement, which is the lesser of (show both amounts):
    - A cash rebate of \$6800.00 (See Attachment 1 Appendix 3). (Rebate shall not exceed 50% project cost. Attach documentation showing the methodology used to determine the cash rebate value and calculations showing how this payment amount was determined.)
  - Option 2: An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider.
    - An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for \_\_\_\_ months (not to exceed 24 months). (Attach calculations showing how this time period was determined.)

OR

☐ A commitment payment valued at no more than

|                                | \$  | (Attach documentation and   |
|--------------------------------|---|---|
|                                | calculatio<br>determir  | ons showing how this payment amount was ned.)   |
|                                | OR  |   |
|                                | utility's rider for program program ongoing the exem customes | g exemption from payment of the electric energy efficiency/peak demand reduction an initial period of 24 months because this is part of the customer's ongoing efficiency at (Attach documentation that establishes the nature of the program.) In order to continue aption beyond the initial 24 month period, the rewill need to provide a future application and additional energy savings and the ence of the organization's energy efficiency at.) |
|                                | Secti   | ion 6: Cost Effectiveness   |
| The program is (choose which a |   | cause it has a benefit/cost ratio greater than 1 using the  |
|                                |   | ost (TRC) Test. The calculated TRC value is:ection 1, then skip Subsection 2)   |
|                                | lity Cost Test (U<br><b>Appendix 4)</b>                       | ICT). The calculated UCT value is <b>4.41 (See Attachment</b>   |
| Subsection 1                   | : TRC Test Used   | l (please fill in all blanks).  |
| avoid<br>distri                | ed supply costs<br>bution) by the su<br>ncremental mea        | e program is calculated by dividing the value of our (generation capacity, energy, and any transmission or am of our program overhead and installation costs and sure costs paid by either the customer or the electric   |
|                                | The electric  | utility's avoided supply costs were   |
|                                | Our program   | m costs were  |
|                                | The increme   | ental measure costs were  |

### Subsection 2: UCT Used (please fill in all blanks).

We calculated the UCT value of our program by dividing the value of our avoided supply costs (capacity and energy) by the costs to our electric utility (including administrative costs and incentives paid or rider exemption costs) to obtain our commitment.

Our avoided supply costs were \$51,000 (See Attachment 1 - Appendix 5).

The utility's program costs were \$4,144(See Attachment 1 - Appendix 6).

The utility's incentive costs/rebate costs were \$6800 (See Attachment 1 - Appendix 3).

#### **Section 7: Additional Information**

Please attach the following supporting documentation to this application:

Narrative description of the program including, but not limited to, make, model, and year of any installed and replaced equipment.

A copy of the formal declaration or agreement that commits the program or measure to the electric utility, including:

- 1) any confidentiality requirements associated with the agreement;
- 2) a description of any consequences of noncompliance with the terms of the commitment;
- 3) a description of coordination requirements between the customer and the electric utility with regard to peak demand reduction;
- 4) permission by the customer to the electric utility and Commission staff and consultants to measure and verify energy savings and/or peak-demand reductions resulting from your program; and,
- 5) a commitment by the customer to provide an annual report on your energy savings and electric utility peak-demand reductions achieved.

# Refer to Offer Letter following this application

A description of all methodologies, protocols, and practices used or proposed to be used in measuring and verifying program results. Additionally, identify and explain all deviations from any program measurement and verification guidelines that may be published by the Commission.



DUKE ENERGY CORPORATION

Mercantile Self Direct Program 139 East Fourth Street Cincinnati, OH 45202

513 629 5572 fax

June 18, 2012

Mr. Joseph R. Luhring Mercy Health Fairfield Hospital 3000 Mack Road Fairfield, Ohio 45014

Subject: Your Application for a Duke Energy Mercantile Self-Direct Rebate

Dear Mr. Luhring:

Thank you for your Duke Energy Mercantile Self Direct rebate application. As noted in the Energy Conservation Measure (ECM) chart on page two, a total rebate of \$6800.00 has been proposed for your chiller tune-up projects completed in the 2009 and 2010 calendar years. All Self Direct Rebates are contingent upon approval by the Public Utilities Commission of Ohio (PUCO).

At your earliest convenience, please indicate if you accept this rebate by

- providing your signature on page two
- completing the PUCO-required affidavit on page three.

Please return the documents to my attention via fax at 513-629-5572 or e-mail to SelfDirect@Duke-Energy.com. Upon receipt, Duke Energy will submit the necessary documentation to PUCO. Following PUCO's approval, Duke Energy will remit payment.

At Duke Energy, we value your business and look forward to working with you on this and future energy efficiency projects. We hope you will consider our Smart \$aver® incentives, when applicable. Please contact me if you have any questions.

Sincerely,

Grady Reid, Jr Product Manager

Mercantile Self Direct Rebates

cc: Mike Health, Duke Energy Rob Jung, WECC

Tim Young, Debra-Kuempel

| Rebate is accepted. Rebate is declined.  By accepting this rebate, Mercy Health Fairfield Hospital affirms its intention to commit and integrate the energy efficiency projects listed on the following pages into Duke Energy's peak demand reduction, demand response and/or energy efficiency programs.  Additionally, Mercy Health Fairfield Hospital also agrees to serve as joint applicant in any future filings necessary to secure approval of this arrangement as required by PUCO and to comply with any information and reporting requirements imposed by rule or as part of that approval.  Finally, Mercy Health Fairfield Hospital affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.  If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?  YES NO  If rebate is declined, please indicate reason (optional):  Joseph R Luby: Y 20044913  Customer Signature Printed Name Date | Please indicate your response to   | o this rebate offer within 30 d                                   | ays of receipt.  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| integrate the energy efficiency projects listed on the following pages into Duke Energy's peak demand reduction, demand response and/or energy efficiency programs.  Additionally, Mercy Health Fairfield Hospital also agrees to serve as joint applicant in any future filings necessary to secure approval of this arrangement as required by PUCO and to comply with any information and reporting requirements imposed by rule or as part of that approval.  Finally, Mercy Health Fairfield Hospital affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.  If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?  YES NO  If rebate is declined, please indicate reason (optional):   | Rebate is accepted.  | Rebate is declir  | ned.   |  |  |  |  |
| filings necessary to secure approval of this arrangement as required by PUCO and to comply with any information and reporting requirements imposed by rule or as part of that approval.  Finally, Mercy Health Fairfield Hospital affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.  If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?  YES NO  If rebate is declined, please indicate reason (optional):  | integrate the energy efficiency p  | projects listed on the following                                  | pages into Duke Energy's peak  |  |  |  |  |
| Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.  If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?  YES NO  If rebate is declined, please indicate reason (optional):   | filings necessary to secure appr   | oval of this arrangement as re                                    | equired by PUCO and to comply with                                     |  |  |  |  |
| reduction projects?  YES NO  If rebate is declined, please indicate reason (optional):  Touch R Luly Touch R Luly 20 anky 13  | Energy pursuant to this rebate of<br>but not be limited to, project sco<br>project costs, project completion | offer is true and accurate. Info<br>ope, equipment specifications | ormation in question would include, , , equipment operational details, |  |  |  |  |
| If rebate is declined, please indicate reason (optional):  Joseph R Luly Joseph R Luly J 20 arky 13   |  | se the monies to fund future e                                    | energy efficiency and/or demand  |  |  |  |  |
| Joseph R Luly Joseph R Luly of 20 arty 13   | YES NO   |   |  |  |  |  |  |
| ,   | f rebate is declined, please indicate reason (optional):   |   |  |  |  |  |  |
| Customer Signature Printed Name Date  | Joseph R Luly  | Joseph R Lubr. y  | 20 arky 13   |  |  |  |  |
|   | Customer Signature   | Printed Name  | Date   |  |  |  |  |

# Proposed Rebate Amounts

| Measure<br>ID | Energy Conservation Measure (ECM)          | Proposed Rebate<br>Amount |
|---------------|--|---------------------------|
| ECM-1         | 2009 - Air Cooled Chiller Tune Ups (Qty 3) | \$3400.00                 |
| ECM-2         | 2010 - Air Cooled Chiller Tune Ups (Qty 3) | \$3400.00                 |
| Total         |  | \$6800.00                 |

# Ohio | Public Utilities Commission

Application to Commit Energy Efficiency/Peak Demand Reduction Programs (Mercantile Customers Only)

|             |   | Only)  |
|-------------|---|--|
| Case        | e No.:EL-EEC  |  |
| State       | of OHIO :   |  |
| 力。<br>that: | Rhuhring, Affiant, being duly swi   | orn according to law, deposes and says                                   |
| 1.          | I am the duly authorized representative of:   |  |
|             | MEREY HEALTH - FAIR CICLA I-  | tespital   |
|             | [insert customer or EDU company name and any a  | applicable name(s) doing business as]                                    |
| 2.          | I have personally examined all the intapplication, including any exhibits and attand inquiry of those persons immedinformation contained in the application, accurate and complete. | achments. Based upon my examination iately responsible for obtaining the |
| 3.          | I am aware of fines and penalties which ma<br>Code Sections 2921.11, 2921.31, 4903.02,<br>false information.  |  |
| Jos         | al R Luli   |  |
| Sign        | ature of Affiant & Tile   |  |
| Swo         | rn and subscribed before me this 20 <sup>th</sup> day 3 Month/Year  | of may   |
| Ju          | Ath M. Florio<br>ature of official administering oath   | JUDITH M. FLORIO   |
| Sign        | ature of official administering oath  | Print Name and Title NOTARY PUBL   |
| Му          | commission expires onRY PUR   |  |

JUDITH M. FLORIO Notary Public, State of Ohio

My Commission Expires February 20, 2017

# Attachment 1 – Mercy Health Fairfield Hospital

# Appendix 1 – Electric History

| 62003527 01              |      |            |
|--------------------------|------|------------|
| MERCY HOSPITAL FAIRFIELD |      |            |
| 3000 MACK RD             |      |            |
| FAIRFIELD, OH 45014      |      |            |
| Date                     | Days | Actual KWH |
| 5/22/2012                | 29   | 1,566,474  |
| 4/23/2012                | 32   | 1,606,250  |
| 3/22/2012                | 29   | 1,416,052  |
| 2/22/2012                | 29   | 1,206,236  |
| 1/24/2012                | 34   | 1,424,987  |
| 12/21/2011               | 30   | 1,300,297  |
| 11/21/2011               | 31   | 1,391,906  |
| 10/21/2011               | 29   | 1,440,610  |
| 9/22/2011                | 30   | 1,705,973  |
| 8/23/2011                | 29   | 1,820,207  |
| 7/25/2011                | 32   | 2,012,746  |
| 6/23/2011                | 30   | 1,773,319  |
| Total                    |      | 18,665,057 |

# Appendix 2 – Annual kWh losses and annual KW losses

| Measure                            | Annual<br>kWh<br>Gross<br>with<br>losses<br>(per<br>unit) | Measure<br>Amount | Unit of<br>Measure | TOTAL<br>Annual<br>kWh<br>Gross<br>with<br>losses | Saved Summer coincid ent kW with losses (per unit) | Total<br>KW<br>Gross<br>with<br>losses |
|------------------------------------|---|-------------------|--------------------|---|--|--|
| Air Cooled Chiller Tune Ups 2009 - |   |                   |                    |   |  |  |
| 2010                               | 128.92  | 3400              | Tons               | 438,328   | 0.05   | 170                                    |

| Existing<br>Energy<br>kWh<br>(Per<br>Unit) | New<br>Energy<br>kWh<br>(Per<br>Unit) | kWh<br>Savings<br>(Per<br>Unit) | Total kWh<br>Savings | Existing<br>Demand-<br>kW (Per<br>Unit) | New<br>Demand<br>(Per<br>Unit) | kW<br>Savings<br>(Per<br>Unit) | Total<br>kW<br>Savings |
|--|---------------------------------------|---------------------------------|----------------------|---|--------------------------------|--------------------------------|------------------------|
| 1200                                       | 1080                                  | 120                             | 408,000              | 1.20                                    | 1                              | 0.1                            | 326                    |

Note: After consideration of line losses, total energy savings are **438,328 kWh and 170 summer coincident kW**. These values may also reflect minor DSMore software rounding error

## Appendix 3 – Cash Rebate

| Measure                                 | Amount  |
|---|---------|
| Air Cooled Chiller Tune Ups 2009 - 2010 | \$6,800 |

## Appendix 4 – Utility Cost Test

| Measure                                 | UCT  |
|---|------|
| Air Cooled Chiller Tune Ups 2009 - 2010 | 4.41 |

### Appendix 5 – Avoided Supply Costs

| Measure                                 | T&D    | Production | Capacity | Quantity | Total<br>Avoided<br>Costs |
|---|--------|------------|----------|----------|---------------------------|
| Air Cooled Chiller Tune Ups 2009 - 2010 | \$2.00 | \$8.00     | \$5.00   | 3400     | \$51,000                  |

# Appendix 6 – Utility Program Costs

| Measure                                 | Qty  | Admin<br>Costs | Total<br>Costs |
|---|------|----------------|----------------|
| Air Cooled Chiller Tune Ups 2009 - 2010 | 3400 | \$1.22         | \$4,144        |

# 2009



# MERCANTILE SELF DIRECT Ohio Chiller Tune-up Service Application

Questions? Call 1-866-380-9580 or visit www.duke-energy.com. Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572. Is this application: NEW (original) or REVISED (changes made to original application) Building Type - Required (check one) □ Data Centers ☐ Full Service Restaurant ☐ Retail (Small Box) ☐ Education/K-12 Public Assembly Retail (Big Box) ☐ Education Other Industrial ☐ Public Order/Safety Retail (Banking) ☐ Elder Care/Nursing Home Lodging Lodging Religious Worship/Church ☐ Warehouse ☐ Food Sales/Grocery Fast Food Restaurent ☐ Service Water / Wastewater Facility ☐ Other: How did you hear about the program? (check one) Duke Energy Représentative ☐ Web Site ☐ Radio ☐ Contractor / Vendor ☐ Other Please check each box to indicate completion of the following program requirements: All sections of application  $\boxtimes$ invoice with make, model ∑ Tax ID number for payee Customer/vendor agree to number, quantity and Terms and Conditions 31-0538523 equipment manufacturer Customer Information Customer/Business MERCY HEALTH FAIRFIELD HOSPOPPHEICH JOSEPH R Phone **Account Number** 6200 3527 01-513-870-7388 Street Address (Where incentive should be mailed) 3000 MACK RD Fairefield Zip Cade 45014 OH Installation Street Address SAME City State Zip Code E-mail Address \*Failure to provide the account number associated with the location where the installation took place will result in rejection of the application. Vendor Information Vendor DEBRA-KUEMPEL Contact Tim Young Phone 513-271-6500 Fax Street Address 3976 Southern Avenue City Cincinnati State ohio 45226 Zip Code E-mail Address tyoung@debra-kuempel.com If Duke Energy has questions about this application, who should we contact? Customer ☐ Vendor Payment Information Who should receive incentive payment? ☐ Vendor (Customer must sign below) I hereby authorize payment of incentive Customer Signature (written signature) Joseph R Luli directly to the vendor. 9 mm 2012 Provide Tax ID Number for Pavee Customer Tax ID # 31-0538523 Vendor Tax ID# Terms and Conditions I have read and hereby agree to the Terms & Conditions and Program Requirements. Customer Signature Vendor Signature Date Date 5-1-2012 9 mmy 2012 PLANT DPERATIONS. Title Title MGL Account Manager

Incentives are subject to change and may be discontinued at the sole discretion of Duke Energy. Equipment must be installed and operable to be eligible for incentives. As Federal Energy Policy Law changes, equipment efficiency requirements are subject to change.



| Manufacturer and Model # | Air Cooled or<br>Water Cooled? | # of Units | Tons Per<br>unit* | Total<br>Project Cost | Current Service<br>Date | Previous<br>Service Date | Total Incentive |
|--------------------------|--------------------------------|------------|-------------------|-----------------------|-------------------------|--------------------------|-----------------|
| Trane CVHF 640           | ⊠Air ⊠Water                    | 2          | 600               | \$8,000.00            |                         | 1-5-2009                 | \$4,800.00      |
| Carrier 19XL535          | □Air ⊠Water                    | 1          | 500               | \$4,000.00            | -                       | 1-5-2009                 | \$2,000.00      |
|                          | □Air □Water                    |            | <u> </u>          |                       |                         |                          |                 |
|                          | □Air □Water                    |            | 1                 |                       | `                       |                          |                 |

| To Calculate your bonus tune-up Incentive*:  A. Add up equipment capacity of all units serviced (in tons) and multiply by \$4/ton = |            |
|---|------------|
| B. Cost of service = x 50% of total service cost =  | \$6,000.00 |
| Total Incentive (lesser amount of row A or row B)=  | \$6,000.00 |
| *Incentives cannot exceed 50% of total service invoice (external labor and equipment).  |            |

#### Service Requirements:

- This incentive is available only once per unit in a 12 month period.
- 2. An individual chiller is considered one unit,
- 3. Copy of paid invoice must be included with this application
- Self serviced (internal) labor should not be included as part of the total service cost. Only external labor will be considered as part
  of the total service invoice.
- 5. Cooling service must include the following normal maintenance items (please check if completed):

| Air cooled condenser coil cleaning | Compressor amp draw              | Low Pressure controls                         |
|------------------------------------|----------------------------------|---|
| System Pressure check and adjust   | Supply motor amp draw            | ☐ High Pressure controls                      |
| L Filter inspect or replace        | Condenser fan(s) amp draw        | Crankcase heater operation                    |
| Belt inspect or replace            | Liquid line temperature          | Water cooled chiller condenser tube cleaning  |
| Confactors condition               | ☐ Suction pressure & temperature | Water cooled chiller evaporator tube cleaning |
| ☐ Evaporator condition             | Oil level & pressure             |   |

#### Incentive Eligibility

- Incentives are only available to customers on Duke Energy Ohio non-residential rate.
- Duke Energy Customers who purchase electric generation from an alternative supplier are eligible to participate.
- Incentive will not be paid until eligible equipment has been installed, is available to operate, and verification has been completed by Duke Energy staff as noted in the Term & Conditions stated below.
- Duke Energy reserves the right to revise incentive levels and/or qualifying efficiency levels at anytime.
- Customer may assign the incentive to the vendor who installed/supplied the equipment. The customer's signature is required in the
  appropriate places on this form to assign the incentive to the vendor. Customer agrees that such an action constitutes an irrevocable
  assignment of the incentive. This assigned incentive must reduce the purchase price paid for the equipment by an equivalent amount.
- Any equipment which, either separately or as part of a project, has or will receive an incentive from any other Duke Energy program
- In no case will Duke Energy pay an incentive above the actual cost of the service.
- · Incentive recipient assumes all responsibilities for any tax consequences resulting from Duke Energy incentive payment.
- To qualify for Duke Energy incentives, applicants who provide their social security number as their federal tax identification number for tax purposes must sign and return the "Customer consent to release personal information" form ("Consent Form") along with the application. Incentive applications are processed by a 3<sup>rd</sup> party vendor. The 3<sup>rd</sup> party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3<sup>rd</sup> party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the incentive program.



3976 Southern Avenue

Cincinnati, Ohio 45227

513.271.6500

Fax 513.271.4676

BILLED BY: Erin M. #513-527-8027

INVOICE 548617

DATE 1/3/2009

10117

MERCY HOSPITAL FAIRIFIELD 3000 MACK RD CINCINNATI, OH 45014

ATTN: MAINT DEPT

86043

MERCY HOSPITAL FAIRFIELD

3000 MACK RD

CINCINNATI, OH 45014

JOE LUHRING

Customer P.O. No.:

Ticket Number: 1200-10047 Bill Contract:

60107181

REFERENCE DESCRIPTION

**AMOUNT** 

MERCY FAIRFIELD- CHILLER REPAIRS

INVOICE AMOUNT

12000.00

Now Accepting Visa/MC/AMX for Payment of Invoices. A Service Charge of 1.5% per Month will be charged on All Past Due Accts. SUB-TOTAL

12000.00

TAX

**AMOUNT PAID** 

0.00

AMOUNT DUE

0.00 12000.00

**DUE ON RECEIPT** 

Remit To: DeBra-Kuempel

P.O. Box 701620

Cincinnati, Ohio 45270-1620

| ΚY | MAS | TER# | M043 | 48    |
|----|-----|------|------|-------|
| OH | CON | TRAC | TOR  | 25061 |

|     | A111111 | TALL W COUD! |  |
|-----|---------|--------------|--|
|     | Page    |              |  |
| 100 | rage    | of           |  |

# SERVICE REPORT

|  | DeBra-Kuempel<br>Mechanical-Electric |
|--|--------------------------------------|
|--|--------------------------------------|

|                               |              |                                       |                    | AN EMCOR COR               |  | ricai *                                |
|-------------------------------|--------------|---------------------------------------|--------------------|----------------------------|--|--|
| Job#: 231680                  | Date: O f    | 122/09                                | Tech:              | / / 7 // u                 | nit:                                   |  |
| Equip/Mfg:                    |              | Model:                                |                    |                            |  |  |
| Serial #:                     |              |                                       |                    |                            |  |  |
| # of Deliveries to Job: DK    | Delivery Svc | Status: 🗚 Co                          | omplete 🗆          | Incomplete                 | □ Foli                                 | ow-u                                   |
| Customer Name: FAIR           |              |                                       |                    | A(                         |  |  |
| Site Address: MAC             | K 20.        |                                       |                    |                            | 7                                      |  |
| City; Fatel                   | -1ENA        |                                       | Sta                | to 0H 7                    |  |  |
| Dill (U;                      |              |                                       |                    | 41                         | V2                                     |  |
| dnibment rocation:            |              |                                       |                    | lo:                        | <del></del>                            |  |
| Purpose of Call: MAIN         | I ENANCE     |                                       |                    |                            |  | <del></del>                            |
| Description of Work: Pv       | ICHED CHILLE | R TUBES IN N                          | 75 CHANI           | 541. P. 60 P               | ~                                      |  |
| _ ON TWO TRA                  | ME CHILLERS  | CLEANED UP.                           |                    |                            | <u> </u>                               |  |
|                               |              |                                       |                    |                            |  | ·····                                  |
|                               |              |                                       |                    |                            | ·                                      | ······································ |
|                               |              |                                       |                    |                            | ······································ |  |
| X                             |              |                                       |                    |                            |  |  |
| Recommendations:              |              |                                       |                    |                            |  |  |
|                               |              |                                       |                    |                            | ·····                                  |  |
| Check the calegories Qu       | iantities    |                                       |                    |                            |  |  |
| below that have Gash Truck    | Shon Pur.    | Part Number DeBra-Kuempe              | Jon 4              |                            |  |  |
| ☐ Cash                        | Order        | DELIGIO AUGITUE                       | 11.0.#             | Material / Rental / Tool D | escription                             |  |
| ☐ Truck                       |              |                                       |                    |                            |  |  |
|                               |              |                                       |                    |                            | ······································ |  |
| Shop                          |              |                                       |                    |                            |  |  |
| ☐ Pur. Order                  |              | · · · · · · · · · · · · · · · · · · · |                    |                            |  |  |
|                               | Technica     | l Reports Completed:                  |                    |                            |  |  |
| AC Check Out Refrig. Check Ou |              | Heating Check Out                     | Add. Material Rpt. | Start Up Rpt,              | Come                                   | Failure                                |
| Tech                          | Date Hou     | rs Rate                               | ,                  | Tool Usage:                |  | 120000                                 |
| Jeremy Susher                 | 1-22-9 8     |                                       | Vac. Pump          |                            |  | orth (SEE                              |
|                               |              |                                       |                    | Comb. Analyzer             |  | Torch                                  |
|                               |              |                                       | Rec. Unit          | Crane                      |  | Lift                                   |
|                               |              |                                       | Other              |                            |  |  |
|                               |              |                                       | Other              |                            |  |  |

Remit to: DeBra-Kuempel • 3976 Southern Avenue • Cincinnati, Ohio 45227 24 Hour Service • (513) 271-6500 • FAX (513) 271-4676 • TOLL FREE 1-800-395-5741

| KY MASTER # M04348    |
|-----------------------|
| OH CONTRACTOR # 25061 |

| OHU | CHAILWAC | TOH | # 25061 |   |
|-----|----------|-----|---------|---|
|     | Page     | 1   | of      | 1 |



|  | •                                      |                                  |                            |   |  |  |   | An EMCOR         | Company  |                                       |
|--|--|----------------------------------|----------------------------|---|--|--|---|------------------|--|---------------------------------------|
| Job#: 23 /   | 1680                                   | Date: 0                          | 1/2                        | 3 /                                     | 09   | Tech:                                  | 38  | 56               | Unit:  | 3                                     |
| Equip/Mfg: C   | 2////                                  |                                  | Мо                         | del: [                                  | 9 X L  |  |   |                  |  |                                       |
| Serial #: 4 6  | 9314                                   | 1753                             | <u>s    </u>               |   |  |  |   |                  |  |                                       |
| # of Deliveries to   | <u> </u>                               | Delivery Svo                     | i i                        | Status:                                 | □ Cor  | nplete                                 | II inc  | complete         |  | ollow-up                              |
| Customer Nam   | e: <u>Mer</u>                          | cy Hos                           | Dital                      | Fair                                    | field  |  |   |                  | *  |                                       |
| Site Addres  | <b>5:</b>                              | 1 /                              |                            |   | The state of the s | ·····                                  | ***********                                     |                  | ACCI M   | gr:                                   |
| Cit  | y:                                     |                                  |                            |   |  |  | **-*-   |                  |  |                                       |
| Bill To  |  |                                  |                            |   |  |  |   |                  |  |                                       |
| quipment Location  | n: Power                               | · Plant                          |                            |   | ***************************************  |  |   |                  |  |                                       |
| PUIDOSE OF CAL   | ت معاہد معمد و توسع                    | Jef Bares                        | ومن ماوسان مد              |   |  |  |   |                  |  |                                       |
| Description of Wor   | ric Grant                              | 1 41 01                          | 7/-                        |   |  | <i>F</i>                               | *   | <i>J.</i>        | market contract of the contrac |                                       |
| weed to  | bere                                   | CII                              | tlle                       | 5 0                                     | n non  | C m                                    | ain   | tencio           | ce.  | 7 =                                   |
| reed to conden   | co Lil                                 | e adj                            | CULLA                      | out 7                                   | 100  | مرين محص                               | cac   | <u> </u>         | 421  | ers_                                  |
|  | 2Ce 12 0 2                             | s de c                           | compet e                   | ete c                                   | ومري مساورات   | il m                                   | CIN   | tencia           | 100  |                                       |
| PARTIES (ASSESSED ASSESSED ASS |  |                                  |                            |   |  | ***********                            | · · · · · · · · · · · · · · · · · · ·           |                  | ***************************************  | · · · · · · · · · · · · · · · · · · · |
| jo Nacodina prominente mentre esta esta esta esta esta esta esta est   | ************************************** |                                  | ····                       | *************************************** |  |  | ***************************************         |                  |  |                                       |
|  |  |                                  |                            |   |  | ······································ | W-Marmana, marine and a second                  |                  |  |                                       |
| Recommendations  | <b>5.</b> *                            |                                  |                            |   |  | ~                                      |   |                  |  |                                       |
| The state of the s |  |                                  |                            |   |  |  |   |                  |  |                                       |
| Objekting dalegories   | Lagran Citati                          | i i i                            |                            |   |  |  |   |                  |  |                                       |
| below that have<br>quantities used:  | Gispi Trues                            | Strip Por                        | Part Nu                    | mbei De                                 | Sra-Kuempeli   | Pin A                                  | We to   | dal / Henial / T |  |                                       |
| ☐ Cash   |  |                                  |                            |   |  |  |   |                  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                       |
| Truck  |  |                                  |                            |   |  |  | Wherether has been highly some care.            |                  |  |                                       |
|  |  |                                  |                            |   | Photograph Control of the Control of |  |   |                  |  |                                       |
| Shop   |  |                                  |                            |   | ***************************************  |  |   |                  |  |                                       |
| ☐ Pur. Order   |  | ************************         |                            |   |  |  |   |                  | ***************************************  |                                       |
|  |  | L                                | Section 16 at              | roris Com                               |  |  | TELESCO AND |                  |  |                                       |
| AC Check Out   |  |                                  | **                         | mares anni                              | nie eine zu  |  |   |                  |  |                                       |
|  | Beirig, Check Out                      | Refrig. Job S                    | ite Rpt.                   | Heating Chec                            | k Out  | Add. Material                          | Rpt.  | Start Up Rp      | t D  | omp. Failure                          |
| Tech   |  | Date                             | Hours                      | Rate                                    |  |  | То  | ol Usage;        | -78.74   |                                       |
| Gery   | Meece                                  | 1-19-09                          | <u>フ%</u><br>&             |   |  | Vac. Pump                              | $\Box$  | Comb. Analyz     | er : [   | Torch                                 |
| 7.   |  | 1-21-09                          | <u> </u>                   |   |  | •                                      |   |                  | i.   | -                                     |
| - 1  |  | 1-22-09                          | 8                          |   |  | Rec. Unit                              | Ш   | Crane            | L  | Lift                                  |
|  | 1 0 1 1                                |                                  | a                          | <u> </u>                                |  | Other                                  | - T- ;  |                  |  |                                       |
| uthorized Signature  | 1 May                                  | 12 Jes 2                         | Te X                       | Custo                                   | omer P.O.#:  |  |   | TA               | tal:   |                                       |
| have authority to effer  | this work; which                       | has been satisfa<br>DeBro-Kurman | ctorily perfo              | rmed, I agree                           | e to the ter   | ms and cou                             | ditions o                                       | described on     | the reve   | rse side,                             |
|  | 24 Hoursery                            | DeBra-Kuempel                    | - abio 3000<br>30 - Envide | OLDE AVERUE                             | · Uncinna  | ii, Unio 452                           | 27  |                  |  |                                       |

KY MASTER # M04348 OH CONTRACTOR # 25061 SERVICE REPORT Page DeBra-Kuempel Mechanical-Electrical An EMCOR Company Job #: Date: Tech: Unit: Equip/Mfg: Model: Serial #: # of Deliveries to Job: DK Delivery Svc Status: Complete Incomplete I Follow-up Customer Name: Mercy Hospital Fair field Acat Mgr: Site Address: State: \_\_\_\_\_ Zip: \_\_\_\_ City:\_\_ Bill To: Equipment Location: \_\_\_ Type No: Purpose of Call: ANNUAL annual maintenance on chiller's oil samples leak check # 2 Trave. purce driers. Check electrical convections in Recommendations: DeBra-Kuempel P.O. # Cash Thompson 106 582522 Truck Shop Pur. Order Technical Reports Completed Refrig. Check Out Refrig. Job Site Rpt. Heating Check Out Add. Material Rpt. Start Up Rpt. | Comp. Fallure 1-15-09 Vac. Pump Comb. Analyzer 1-16-09 Torch Rec. Unit Crane Other Authorized Signatures Customer P.O.#:\_

Semit to: DeBra-Kuempel • 3976 Southern Avenue • Cincinnati, Ohio 45227 24 Hour Service • (513) 271-5500 • FAX (513) 271-4676 • TOLL FREE 1-800-395-5741

I have authority to order this work, which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

Total:

|      | F 20001 |
|------|---------|
| l    |         |
| Page | of      |





|                                      |                 |  |   |  |   |  |        |   | Company                                |  |
|--------------------------------------|-----------------|--|---|--|---|--|--------|---|--|--|
| Job #: 23 / 6                        | 80              | Date:  | 1/2                                     | 3/0  | G                                       | Tech:                                    | 0/1    | 5 8                                     | Unit:                                  |  |
| Equip/Mfg:                           |                 |  | Mod                                     | del:   |   |  |        |   |  |  |
| Serial #:                            |                 |  |   |  | H                                       |  |        |   |  | TT                                     |
| # of Deliveries to Job               | DK              | Delivery Sv  | 'c                                      | Status:  | J Cor                                   | npiete                                   |        | complete                                |  | ollow-up                               |
| Customer Name:                       | Merin .         | <b>1</b> 1   | handara ark                             |  |   |  |        | . •                                     |  | •                                      |
| Site Address:                        | * 12            | · · · · · · · · · · · · · · · · · · ·  |   |  |   |  |        |   | . Acci Mo                              | )r:                                    |
| City:                                | ***             |  |   |  |   |  | State: |   | Zio.                                   |  |
| Bill To:                             |                 |  |   |  |   | Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A |        |   |  | ·                                      |
| uipment Location:                    |                 | · · · · · · · · · · · · · · · · · · ·  |   |  |   | TVp                                      | ≅ No:  | ·                                       |  |  |
| Purpose of Call:                     |                 |  |   |  |   |  |        |   |  |  |
| escription of Work:                  | plad sy         | cobu w   | at s                                    | any m  | alex                                    | ud cle                                   | Pla    | 1 1211                                  | 1 alde                                 | <i>,</i>                               |
| curred testing                       | <del>-4</del> - | the con  | leuses                                  |  |   | <u> </u>                                 | testa  | هجرور                                   | un C                                   | Xn                                     |
| rupt was                             | ) ()            | <del></del>  |   |  |   |  |        | 8                                       |  | 7                                      |
|                                      |                 |  |   | - Andreas - Andr | - * Novem & A Notice of parents         |  |        |   |  |  |
|                                      |                 | <del></del>  | ····                                    |  |   | *  |        |   |  |  |
|                                      |                 |  | <del></del>                             |  |   |  |        |   |  |  |
| ecommendations: _                    |                 |  |   |  | ·····                                   |  |        | *************************************** |  |  |
|                                      |                 |  | *************************************** |  |   |  |        |   |  |  |
| Check the categories below that have | Quan            |  |   |  | : 2570 ZS1: 153                         |  |        | s series e                              |  |  |
| quantities used: Ca                  | ish Truck       | Shop Pur.<br>Order   | Part Nur                                | nber DeBra   | -Kuempel                                | P.O. #                                   | Mate   | erial / Rental /                        | Tool Descripti                         | on.                                    |
| Cash                                 |                 |  |   |  |   |  |        |   |  |  |
| Truck                                |                 |  |   |  | :                                       | 1  |        |   |  |  |
| HUCK                                 | 1 T             |  |   |  | *************************************** | ·  | ·      | ····                                    |  | ······································ |
|                                      |                 |  |   |  |   |  | ·      |   | —————————————————————————————————————— |  |
| Shop                                 |                 |  |   |  |   |  |        |   |  |  |
|                                      |                 | The same of the sa |   |  |   |  |        |   |  |  |
| ☐ Shop ☐ Pur. Order                  |                 |  | chnical Rep                             | parts Comple   | Net.                                    |  |        |   |  |  |
| Shop Pur. Order                      | Irig. Check Out | Refrig. Job  |   | ports Comple<br>Heating Check ()   | //                                      | Add. Material                            | Rpt.   | Start Up 1                              | Rpt. Co                                | лр. Fallure                            |
| Shop Pur. Order                      | Irig, Check Out | Refrig. Job  | Site Rpt                                |  | //                                      | Add. Material                            | -      | Start Up I                              |  | mp. Fallure                            |
| Shop Pur. Order  AC Check Out Rel    | Irig, Check Out | Refrig. Job  | Site Apt.                               | Heating Check O  | //                                      | Add. Material                            | -      |   |  | mp. Fallure                            |
| Shop Pur. Order  AC Check Out Rel    | Irig. Check Out | Refrig. Job  | Site Rpt                                | Heating Check O  | //                                      | Vac. Pump                                | -      | col Usage<br>Comb, Anal                 |  | Torch                                  |
| Shop Pur. Order  AC Check Out Rel    | Irlg. Check Out | Refrig. Job  | Site Rpt                                | Heating Check O  | //                                      | Vac. Pump<br>Rec. Unit                   | -      | ool Usage:                              |  |  |
| Shop Pur. Order AC Check Out Rel     | Irig, Check Out | Refrig. Job  | Site Rpt                                | Heating Check O  | //                                      | Vac. Pump                                | -      | col Usage<br>Comb, Anal                 |  | Torch                                  |

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|-------------|------|-------|--|
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|             | Page | of    |  |





|  |   |  | -                                       |  |               | AN EMCOR (   | ompany                   |
|--|---|--|---|--|---------------|--|--------------------------|
| Job #: 23\   | 168D  | Date:  | 2 1 /                                   | 2//04  | Tech:         | 4306   | Unit: Z                  |
| Equip/Mfg: 7 R   | AWE   |  | M                                       | odel:  |               |  |                          |
| Serial #:  |   |  |   |  |               |  |                          |
| # of Deliveries to   | Job: DK   | Delivery S   | ive                                     | Status:  | Complete      | Incomplete   | □ Follow-μρ              |
| Customer Nam   | e: MERCY  | FAIRFIE  | 2-7                                     |  |               |  | Acct Mgr: Ze             |
| Site Addres  |   |  | 1                                       |  |               |  |                          |
| ,  | y: FAIRFIE  |  | · · · · · · · · · · · · · · · · · · ·   |  | S             | tate: <u>OH</u>  | Zip:                     |
| Bill T   | 0:  | ······································   |   |  |               |  | *                        |
| quipment Location  | n: <u>Mech Ro</u>   | 20M  | *************************************** |  | Туре          | No:  |                          |
| Purpose of Cal   | 11: <u> </u>  |  |   |  |               |  |                          |
| Description of Wor   | rk: <u>worker</u>   | M22M   | GARY                                    | MEECE PL   | INCHINGS Y    | rubes on   | CUILGE                   |
| NUMBER Z   | w.4   | ·····  |   |  |               | · · · · · · · · · · · · · · · · · · ·  |                          |
|  | ***************************************                                       | ***************************************  | *************************************** |  |               |  |                          |
|  | <u> </u>  |  | ·                                       |  |               |  |                          |
| The office of the control of the open provided by the control of t | Transmiss Andrew Mary and Assessment Mary Company and Assessment Mary Company |  | **************************************  |  |               |  |                          |
|  |   | Water the state of |   |  |               | ***************************************  |                          |
| lecommendations  | <b>3</b> :  |  |   | Annoque problem production and because the second problem and the second production of the sec |               |  |                          |
|  |   | There is a second of the secon |   |  |               | and the state of t |                          |
| -Bose, the estagones   |   | a fi a sac   |   |  |               |  | an ata da deservación de |
| below that have<br>quantities users  | Grefi Truck   | THE PERSON NAMED OF THE PARTY AND ADDRESS OF THE PERSON NAMED IN COLUMN  | (Sijet)                                 | utober DeBrackusp  | npet P.C.#    | Material / Region / R  | od Description           |
| □ Cash   |   |  |   |  |               |  |                          |
| ☐ Truck  |   |  |   |  |               |  |                          |
|  |   |  |   |  |               | -  |                          |
| ☐ Shop   | #1.4 harde A 1 10 10 10 10 10 10 10 10 10 10 10 10 1                          |  |   |  |               |  |                          |
| ☐ Pur. Order   |   |  |   |  |               |  |                          |
|  |   |  | rechnical R                             | eports Completed   |               |  |                          |
| AC Check Out   | Refrig. Check Out   | Refrig. Jr   | ob Site Rpt.                            | Heating Check Out  | Add, Material | Rpt. Start Up A  | it. [ ] Comp. Fallure    |
| ili Tech   |   | Date -   | Hours                                   | Rate   |               | Tool Usage:  | -                        |
| derery Nous  | /<br>\  | 1/21   | 8                                       | 1.0  |               |  |                          |
|  |   | **************************************   | <u> </u>                                | -  | Vac. Pump     | Comb. Analy:   | er Terch                 |
|  |   |  | 1                                       |  | Rec. Unit     | Crane  | Lift                     |
|  |   |  |   |  | Other         |  |                          |
|  |   |  |   |  |               |  |                          |
| uthorized Signature:   |   |  |   | Customer P.  | ∩#• ·-        |  | otal:                    |

| Page | _1 | of | 1 |  |
|------|----|----|---|--|
|      |    |    |   |  |



| <u></u>   |                            |                        |  | Sit THIRD            | с оотграну           |
|---|----------------------------|------------------------|--|----------------------|----------------------|
| Job #: 23/680   | Date: 0 1                  | 129/0                  | q Tech:  | 3856                 | Unit:                |
| Equip/Mg: Tranc +   | Carrida                    | Model:                 |  |                      |                      |
| Serial #:   |                            |                        |  |                      |                      |
| # of Deliveries to Job: DK  | Delivery Svc               | Status:                | Complete   | ☐ Incomplete         | Follow-up            |
| Customer Name: Me   | rey Fair fie               | - tel                  |  | -                    |                      |
| Site Address:   |                            | -145-                  |  |                      | Acct Mgr:            |
| City: Far   | field                      |                        |  |                      |                      |
| Bill To:  |                            |                        |  | State:               | _ Zip:               |
| quipment Location: Powe   | colonat                    |                        |  |                      |                      |
| Purpose of Call: ANN  | und marinta                |                        | Tyl  | oe No:               |                      |
| Description of Work: Mee  | 1 211                      | NUNCE /                | Eday C   | unent.               |                      |
| over work to  | be comple                  | LIT CO                 | MPANNY   | on site              | 90                   |
|   |                            |                        |  |                      | *                    |
|   | rent test                  | on the                 | ur. Kea  | s. som bla           | units.               |
| Isolo tion realise  | leis and c                 | L- C                   | biller.  | Refille              | reopen               |
| Chillen miles   | ALL UNIT                   | ready                  | for ope  | rection              | # 1 Trave            |
| - July proved   | up small 1                 | etris con              | t leade  | on purg              | e float              |
| RECOMMENDATIONS and   | at orfice                  | plate Ne               | x+ 10  | cooler.              | Purse                |
| has Increased   | d a small                  | amount.                |  |                      |                      |
| Check the categories Qua  | intitles                   |                        |  |                      |                      |
| quantities used: Cash Truck   | Shap Pür. P<br>Order       | art Number DeBra-F     | (uempel P.O.#  | Material / Rental /  | Tool Description     |
| Cash  |                            |                        |  |                      |                      |
| Truck   |                            |                        |  |                      |                      |
| Shop  |                            |                        |  |                      |                      |
| ☐ Pur. Order  |                            |                        |  |                      |                      |
|   | Technica                   | l Reports Complete     | Tarana da Aria |                      |                      |
| AC Check Out Refrig. Check Out  | _                          |                        |  |                      |                      |
|   |                            | Heating Check Out      | Add. Materia   | al Rpt. 🔲 Start Up F | tpt. 🔲 Comp. Failure |
| Gary Meece  | 1-26-09 2                  | s Rate                 |  | Tool Usage:          |                      |
| 4,200   | 1-29-09 8                  |                        | Vac. Pump  | Comb. Analy          | yzer Torch           |
|   |                            |                        | Rec. Unit  |                      |                      |
|   |                            |                        | E BARK NEET  | Crane                | ∐ Lift               |
| N/1.7.  |                            |                        | Other  |                      |                      |
| uthorized Signature: X A Q++ have authority to order this work: which | the been estimate with     | Customer               | P.O.#:   | Т                    | otal:                |
| have authority to order this work; which<br>Remit to                  | v. Depra-Kuemper • 3976    | Southern Avenue a Ch   | animpoti Obio AE   | ባባን                  | n the reverse side.  |
| 24 Hour Ser   | vice • (513) 271-6500 • FA | X (513) 271-4676 • TOL | L FREE 1-800-39  | <br>95-5741          |                      |

# **Ohio Mercantile Self Direct Program**

Application Guide & Cover Sheet

Questions? Call 1-866-380-9580 or visit www.duke-energy.com.

Email this form along with completed Mercantile Self Direct Prescriptive or Custom applications, proof of payment, energy savings calculations and spec sheets to <u>SelfDirect@Duke-Energy.com</u>. You may also fax to 1-513-629-5572.

Mercantile customers, defined as using at least 700,000 kWh annually are eligible for the Mercantile Self Direct program. Please indicate mercantile qualification:

a single Duke Energy Ohio account
multiple accounts in Ohio (energy usage with other utilities may be counted toward the total)

Please list Duke Energy account numbers below (attach listing of multiple accounts and/or billing history for other utilities as required):

| Account Number | A 21717 -            |                |                                       |
|----------------|----------------------|----------------|---------------------------------------|
|                | Annual Usage         | Account Number | Annual Usage                          |
| 6200 3527 01 3 | 7,200,000 + annual   |                | , , , , , , , , , , , , , , , , , , , |
| 1590 0677 01 1 | 1,080,000 kwh annual |                |                                       |
|                |                      |                |                                       |
|                |                      |                |                                       |
| · ·            |                      |                |                                       |

Self Direct rebates are available for completed Custom projects that have not previously received a Duke Energy Smart \$aver® Custom Incentive. Self Direct incentives are applicable to Prescriptive measures that were installed more than 90 days prior to submission to Duke Energy and have not previously received a Duke Energy Prescriptive rebate.

Self Direct Program requirements dictate that certain projects that may be Prescriptive in nature under the Smart \$aver program must be evaluated using the Custom process. Use the table on page two as a guide to determine which Self Direct program fits your project(s). Apply for Self Direct projects using the appropriate application forms in conjunction with this cover sheet. Where Mercantile Self Direct Prescriptive applications are listed, please refer to the measure list on that application. If your measure is not listed, you detailed analysis of pre-project and post-project energy usage and project costs. Please indicate which type of rebate applications are included in the table provided on page two.

| Please check each box to indicate completion of the following program requirements: |  |   |  |  |  |
|---|--|---|--|--|--|
| All sections of appropriate application(s) are completed     Proof of payment.*     |  | Energy model/calculations<br>and detailed inputs for<br>Custom applications |  |  |  |

<sup>\*</sup> If a single payment record is intended to demonstrate the costs of both Prescriptive & Custom projects, please include an additional document with an estimated breakout of costs for each Prescriptive and Custom energy conservation measure.

| Application Type  | Replaced equipment at end of lifetime or because equipment failed** | Replaced fully operational equipment to improve efficiency*** | New Construction   |
|---|---|---|--|
| Lighting  | MSD Custom Part   | MSD Prescriptive Lighting                                     | MSD Prescriptive Lighting  |
|   | Custom Lighting Worksheet   | MSD Custom Part 1 ☐<br>Custom Lighting Worksheet ☐            | MSD Custom Part 1 ☐<br>Custom Lighting Worksheet ☐   |
| Heating & Cooling   | MSD Custom Part 1  MSD Custom General Worksheet                     | MSD Custom Part 1  MSD Custom General Worksheet               | MSD Prescriptive Heating & Cooling   |
|   |   | Meso Custom Ochician Worksheet                                | MSD Custom Part 1 MSD Custom General Worksheet MSD Custom General Worksheet MSD Custom General Worksheet MSD Custom Part 1 MSD Custom Part |
| Window Films,<br>Programmable<br>Thermostats, &<br>Guest Room Energy<br>Management<br>Systems | MSD Custom Part 1  MSD Custom General and/or EMS Worksheet(s)       | MSD Prescriptive Heating & Cooling                            | MSD Custom Part 1 ☐<br>MSD Custom General and/or EMS<br>Worksheet(s) ☐   |
| Chillers & Thermal<br>Storage   | MSD Custom Part 1 ☐<br>MSD Custom General Worksheet ☐               | MSD Custom Part 1  MSD Custom General Worksbeet               | MSD Prescriptive Chillers & Thermal Storage  |
|   |   |   | MSD Custom Part 1  MSD Custom General Worksheet  |
| Chiller Tune-ups  | MSD Prescriptive Chiller Tune-ups                                   | MSD Prescriptive Chiller Tune-ups                             | MSD Prescriptive Chiller Tune-ups  |
| Motors & Pumps  | MSD Custom Part 1   MSD Custom General Worksheet                    | MSD Custom Part 1  MSD Custom General Worksheet               | MSD Prescriptive Motors, Pumps &<br>Drives.□   |
|   |   |   | MSD Custom Part 1  MSD Custom General Worksheet  |
| VFDs  | Not Applicable  | MSD Prescriptive Motors, Pumps &<br>Drives □                  | MSD Custom Part 1  |
|   | · · · · · · · · · · · · · · · · · · ·                               | MSD Custom Part 1  MSD Custom VFD Worksheet                   | MSD Custom VFD Worksheet   |
| Food Service  | MSD Custom Part 1   | MSD Custom Part 1   | MSD Prescriptive Food Service  |
|   | MSD Custom General Worksheet  | MSD Custom General Worksheet                                  | MSD Custom Part 1 ☐<br>MSD Custom General Worksheet ☐  |
| Air Compressors   | MSD Custom Part   | MSD Custom Part 1   | MSD Prescriptive Process   |
|   | MSD Custom Compressed Air<br>Worksheet □                            | MSD Custom Compressed Air<br>Worksheet □                      | MSD Custom Part 1 ☐<br>MSD Custom Compressed Air<br>Worksheet ☐  |
| Process   | MSD Custom Part 1   | MSD Prescriptive Process                                      | MSD Custom Part 1  |
|   | MSD Custom General Worksheet  | MSD Custom Part 1 ☐<br>MSD Custom General Worksheet ☐         | MSD Custom General Worksheet   |
| Energy<br>Management<br>Systems   | MSD Custom Part 1 ☐<br>MSD Custom EMS Worksheet ☐                   | MSD Custom Part I  MSD Custom EMS Worksheet                   | MSD Custom Part 1 MSD Custom EMS Worksheet   |
| Behavioral*** &<br>No/Low Cost  |   | MSD Custom Part 1  MSD Custom General Worksheet               |  |

Custom program.

\*\*\* Please ensure that you include the age of the replaced equipment for measures classified as "Early Replacement" in your application as well as the estimated date that you would have otherwise replaced the existing equipment if you had not chosen a more energy efficient option.

energy efficient option.

\*\*\*\* Behavioral energy efficiency and demand reduction projects must be both measurable and verifiable. Provide justification with your application.

<sup>\*\*</sup> Under the Self Direct program, failed equipment and equipment at the end of its useful life are evaluated differently than early replacement of fully functioning equipment. All equipment replacements due to failure or old age will be evaluated via the Custom program.

# Ohio Mercantile Self Direct Program

Application Guide & Cover Sheet

Questions? Call 1-866-380-9580 or visit www.duke-energy.com.

Email this form along with completed Mercantile Self Direct Prescriptive or Custom applications, proof of payment, energy savings calculations and spec sheets to SelfDirect@Duke-Energy.com. You may also fax to 1-513-629-5572.

Mercantile customers, defined as using at least 700,000 kWh annually are eligible for the Mercantile Self Direct program. Please indicate mercantile qualification:

☐ a single Duke Energy Ohlo account ☑ multiple accounts in Ohlo (energy usage with other utilities may be counted toward the total).

Please list Duke Energy account numbers below (attach listing of multiple accounts and/or billing history for other utilities as required):

| Account Number |                      |                                       |                |
|----------------|----------------------|---------------------------------------|----------------|
|                | Annual Usage         | Account Number                        | Annual Usage   |
| 6200 3527 01 3 | 7,200,000 + annual   | , , , , , , , , , , , , , , , , , , , | - writer stage |
| 1590 0677 01 1 | 1,080,000 kwh annual |                                       |                |
|                |                      |                                       |                |
|                |                      |                                       |                |
|                |                      |                                       |                |

Self Direct rebates are available for completed Custom projects that have not previously received a Duke Energy Smart Saver® Custom incentive. Self Direct incentives are applicable to Prescriptive measures that were installed more than 90 days prior to submission to Duke Energy and have not previously received a Duke Energy Prescriptive rebate.

Self-Direct Program requirements dictate that certain projects that may be Prescriptive in nature under the Smart \$aver program must be evaluated using the Custom process. Use the table on page two as a guide to determine which Self Direct program fits your project(s). Apply for Self Direct projects using the appropriate application forms in conjunction with this cover sheet. Where Mercantile Self Direct Prescriptive applications are listed, please refer to the measure list on that application. If your measure is not listed, you may be eligible for a Self Direct Custom rebate. Self Direct Custom applications, like Smart Saver Custom applications, should include detailed analysis of pre-project and post-project energy usage and project costs. Please indicate which type of rebate applications are included in the table provided on page two.

| Name of the Completion of the | of the following program requirements: | •  |
|---|--|--|
| ☑ All sections of appropriate ☐ Proof of  |  |  |
| application/of on an annual control   | payment.*                              | ets Energy model/calculations  |
| application(s) are completed  |  | the state of the s |
| <b>!</b>  |  | and detailed inputs for  |
|   |  | Custom applications  |

<sup>\*</sup> If a single payment record is intended to demonstrate the costs of both Prescriptive & Custom projects, please include an additional document with an estimated breakout of costs for each Prescriptive and Custom energy conservation measure.

|   | Replaced equipment at end of                                  |   |  |
|---|---|---|--|
| Application Type  | lifetime or because equipment failed**                        | Replaced fully operational equipment to improve efficiency*** | New Construction   |
| Lighting  | MSD Custom Parl I   | MSD Prescriptive Lighting                                     | MSD Prescriptive Lighting  |
|   | Custom Lighting Worksheet                                     | MSD Custom Part 1  Custom Lighting Worksheet                  | MSD Custom Part I  Custom Lighting Worksheet   |
| Heating & Cooling   | MSD Custom Part 1  MSD Custom General Worksheet               | MSD Custom Part 1 ☐<br>MSD Custom General Worksheet ☐         | MSD Prescriptive Heating & Cooling   |
|   |   | MOD Chalon General Worksneet                                  | MSD Custom Part 1  MSD Custom General Worksheet  |
| Window Films,<br>Programmable<br>Thermostats, &<br>Guest Room Energy<br>Management<br>Systems | MSD Custom Part 1  MSD Custom General and/or EMS Worksheet(s) | MSD Prescriptive Heating & Cooling                            | MSD Custom Part 1 [ ] MSD Custom General and/or EMS Workshept(s) [ ]   |
| <u> </u>  |   |   |  |
| Chillers & Thermal<br>Storage   | MSD Custom Part 1  MSD Custom General Worksheet               | MSD Custom Part 1   | MSD Prescriptive Chillers & Thermal Storage  |
|   |   | MSD Custom General Worksheet                                  | MSD Custom Part 1 MSD Custom General Worksheet MSD Custom General Worksheet MSD Custom General Worksheet MSD Custom Part 1 MSD Custom Part |
| Chiller Tunc-ups  | MSD Prescriptive Chiller Tune-ups                             | MSD-Prescriptive Chiller Tune-ups                             | MSD Prescriptive Chiller Tune-ups  |
| Motors & Pumps  | & Pumps MSD Gustom Part !                                     | MSD Custom Part 1 ☐<br>MSD Custom General Worksheet ☐         | MSD Prescriptive Motors, Pumps &<br>Drives □   |
|   |   |   | MSD Custom Part 1  MSD Custom General Worksheet  |
| VFDs  | Not Applicable  | MSD Prescriptive Motors, Pumps &<br>Drives 🗌                  | MSD Ćustom Part 1 □  |
|   |   | MSD Custom Part 1 ☐<br>MSD Custom VFD Worksheet ☐             | MSD Custom VFD Worksheet □   |
| Food Service  | MSD Custom Part 1   | MSD Custom Part 1   | MSD Prescriptive Food Service  |
| -   | MSD Custom General Worksheet                                  | MSD Custom General Worksheet                                  | MSD Custom Part 1 MSD Custom General Worksheet   |
| Air Compressors   | MSD Custom Part 1   | MSD Custom Part I   | MSD Prescriptive Process   |
|   | MSD Custom Compressed Air<br>Worksheef □                      | MSD Custom Compressed Air<br>Worksheei                        | MSD Custom Part 1 ☐<br>MSD Custom Compressed Air<br>Worksheet ☐  |
| Process   | MSD Custom Part 1   | MSD Prescriptive Process                                      |  |
| Energy  | MSD Custom General Worksheet                                  | MSD Custom Part 1 MSD Custom General Workslicet               | MSD Custom Part 1  MSD Custom General Worksbeet  |
| Management<br>Systems   | MSD Custom Part 1 [ MSD Custom EMS Worksheet [                | MSD Custom Part 1 MSD Custom EMS Worksheet                    | MSD Custom Part I  MSD Custom EMS Worksheet  |
| Behavioral*** &<br>No/Low Cost  |   | MSD Custom Part 1  MSD Custom General Worksheet               | - Total Control Control  |
|   |   |   |  |

replacement of fully renotioning equipment. All equipment replacements due to lattice of old age will be evaluated that the Custom program.

\*\*\*Please ensure that you include the age of the replaced equipment for measures classified as "Early Replacement" in your application as well as the estimated date that you would have otherwise replaced the existing equipment if you had not chosen a more energy efficient option.

\*\*\*\*Behavioral energy efficiency and demand reduction projects must be both measurable and verifiable. Provide justification with your

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### 2010



# MERCANTILE SELF DIRECT Onio Chiller Tune-up Service Application

Questions? Call 1-866-380-9580 or Visit www.duke-energy.com.

Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572. is this application: NEW (original) or REVISED (changes made to original application) Data Centers ☐ Full Service Restaurant ☐ Office Retail (Small Box) ☐ Education/K-12 M Healthcare Public Assembly Retail (Big Box) Education Other Industrial Public Order/Safety Retail (Banking). ☐ Elder Care/Nursing Home ☐ Lodging Religious Worship/Church ☐ Warehouse Fast Food Restaurant ☐ Food Sales/Grocery ☐ Service ☐ Water / Wastewater Facility Other: Howadia voulteer abont creatic cremit (checket) (s) Duke Energy Representative ☐ Web Site Radio Contractor / Vendor Other Please check each box to indicate completion of the following program requirements: All sections of application Invoice with make, model X Tax ID number for payee Customer/vendor agree to number, quantity and Terms and Conditions 31-0538523 equipment manufacturer Cualemaruntarmenan k Customer/Business MERCY HEALTH FAIRFIELD HOSPOPHEROL Joseph R Luberne Phone 613-870-7388 Account Number 6200 3527 Street Address (Where incentive should be mailed) 3000 MACK RD Fairefice State Zip Code 45014 Installation Street Address SAME City State Zip Code E-mail Address Failure to provide the account number associated with the location where the installation took place will result in rejection of the application. Venidoralitio medicina. Vendor DEBRA-KUEMPEL Contact Tim Young Phone 513-271-6500 Fax Street Address 3976 Southern Avenue City Cincinnati State ohia Zip Code 45226 E-mail Address tyoung@debra-kuempel.com If Duke Energy has questions about this application, who should we contact? **⊠** Customer Vendor e ayrilen eini e ematteil. Who should receive incentive payment? **X** Customer U Vendör (Cüstomer must sign below) hereby authorize payment of incentive Customer Signature (written signature) Joseph R Lul directly to the vendor. Date 9 mm 2013 Provide Tax ID Number for Payee Customer Tax ID # Vendor Tax ID # ikinisandescoplubiesiska karaturia karaturia karaturia karaturia karaturia karaturia karaturia karaturia karat I have read and hereby agree to the Terms & Conditions and Program Requirements. Customer Signature Vendor Signature Date mmy 2012 Date 5-1-2012 Title MCL PLANT DPERATIONS. Title Account Manager Incentives are subject to change and may be discontinued at the sole discretion of Duke Energy. Equipment must be installed and operable to

be eligible for incentives. As Federal Energy Felicy Law changes, equipment efficiency requirements are subject to change.



| Manufacturer and Model # | Air Cooled or<br>Water Cooled? | # of Units | Tons Per<br>unit* | Total<br>Project Cost | Current Service<br>Date | Previous<br>Service Date | Total Incentive |
|--------------------------|--------------------------------|------------|-------------------|-----------------------|-------------------------|--------------------------|-----------------|
| Frane CVHF 640           | ⊠Air ⊠Water                    | 2          | 600               | \$8,000.00            |                         | 1-5-2010                 | \$4,800.00      |
| Carrier 19XL535          | ☐Air ⊠Water                    | 1          | 500               | \$4,000.00            |                         | <del> </del>             | \$2,000,00      |
|                          | ☐Air ☐Water                    |            |                   |                       |                         |                          |                 |
|                          | ☐Air ☐Water                    |            | ~~~~ <u>~</u>     |                       | <u> </u>                | <u> </u>                 |                 |

| A. Add up equipment capacity of all units serviced (in tons) and multiply by \$4/ton = | \$6,800.00 |
|--|------------|
| B. Cost of service = x 50% of total service cost =                                     | \$6,000.00 |
| Total Incentive (lesser amount of row A or row B)=                                     | \$6,000.00 |

#### Service Requirements:

- This incentive is available only once per unit in a 12 month period.
- An individual chiller is considered one unit.
- Copy of paid invoice must be included with this application
- Self serviced (internal) labor should not be included as part of the total service cost. Only external labor will be considered as part of the total service invoice.
- Cooling service must include the following normal maintenance items (please check if completed):

| Air cooled condenser coil cleaning                    | Compressor amp draw                                       | Low Pressure controls                         |
|---|---|---|
| System Pressure check and adjust                      | Supply motor amp draw                                     | ☐ High Pressure controls                      |
| ☐ Filter inspect or replace ☐ Belt inspect or replace | Condenser fan(s) amp draw                                 | ☐ Crankcase heater operation                  |
| Contactors condition                                  | Liquid line temperature Li Suction pressure & temperature | Water cooled chiller condenser tube cleaning  |
| Evaporator condition                                  | Oil level & pressure                                      | Water cooled chiller evaporator tube cleaning |

#### incentive Eligibility

- Incentives are only available to customers on Duke Energy Ohio non-residential rate.
- Duke Energy Customers who purchase electric generation from an alternative supplier are eligible to participate.
- Incentive will not be paid until eligible equipment has been installed, is available to operate, and verification has been completed by Duke Energy staff as noted in the Term & Conditions stated below.
- Duke Energy reserves the right to revise incentive levels and/or qualifying efficiency levels at anytime.
- Customer may assign the incentive to the vendor who installed/supplied the equipment. The customer's signature is required in the appropriate places on this form to assign the incentive to the vendor. Customer agrees that such an action constitutes an irrevocable assignment of the incentive. This assigned incentive must reduce the purchase price paid for the equipment by an equivalent amount.
- Any equipment which, either separately or as part of a project, has or will receive an incentive from any other Duke Energy program.
- in no case will Duke Energy pay an incentive above the actual cost of the service.
- Incentive recipient assumes all responsibilities for any tax consequences resulting from Duke Energy incentive payment.
- To qualify for Duke Energy incentives, applicants who provide their social security number as their federal tax identification number for tax purposes must sign and return the "Customer consent to release personal information" form ("Consent Form") along with the application. Incentive applications are processed by a 3<sup>rd</sup> party vendor. The 3<sup>rd</sup> party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3<sup>rd</sup> party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the incentive program.



3976 Southern Avenue

Cincinnati, Ohio 45227

513.271.6500

Fax 513.271.4676

BILLED BY: Erin M. #513-527-8027

10117

INVOICE 603475

DATE 1/8/2010

MERCY HOSPITAL FAIRIFIELD 3000 MACK RD CINCINNATI, OH 45014 ATTN: MAINT DEPT

86043

MERCY HOSPITAL FAIRFIELD 3000 MACK RD CINCINNATI, OH 45014 JOE LUHRING

Customer P.O. No.:

Ticket Number: 1200-10271

Bill Contract:

60107181

REFERENCE DESCRIPTION

MERCY FAIRFIELD-CHILLER REPAIRS

AMOUNT

INVOICE AMOUNT

12000:00

Now Accepting Visa/MC/AMX for Payment of Invoices. A Service Charge of 1.5% per Month will be charged on All Past Due Accts.

SUB-TOTAL TAX

12000.00 0.00

AMOUNT PAID AMOUNT DUE

0.00 12000.00

DUE ON RECEIPT

Remit To: DeBra-Kuempal

P.O. Box 701620

Cincinnati, Ohio 45270-1620

| Recommendations:  Check the calcoling and purge filter Leak check, Check for their,  Check the calcoling and purge filter Leak check, Check for their,  Check the calcoling and purge filter to all check, Check for their,  Check the calcoling to the check of the control of the check of the ch | •                           |   |  |   |
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| Customer Name: Mercy Hospital Fair field Act Mgr.  Site Address: 3000 Mark Rd.  City: Fair field State Rd.  Site: All Zip: 45014  Bill To:  Equipment Location: Power Plant Type No:  Purpose of Call: Mainterance Annual mantenance. Brush con denser these in carrier and one frame chille, cofar Take and camples. Change all filter's and purse Life. Leak check, Charly Lawter's  Cast State: All Zip: 45014  Description of Work: Low time. Annual mantenance. Brush con denser these in carrier and one frame chille, cofar Take and camples. Change all filter's and purse Life. Leak check, Charly Lawter's  Cast State: All Zip: 45014  Cast State: All Zip: 45014  Description of Work: Low Low Law Lawter and Complete Lawter these controls and purse Life. Complete Lawter and Cast State Lawter and Cast Lawter and Cast Lawter Lawter and Cast Lawter Lawt | Serial #:                   |   |  |   |
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| Gary Meses 7/6/16 7/2 Tool Usage:  | Gary Meser                  | 7/6/18 7/2  | Tool Us                                | age:                                    |
| 7/2/10 8 Vac. Pump Gomb. Analyzer Teren  | - 14                        | 7/7/10 8  | Vac. Pump Gomb                         | Analyzer Torch                          |
|  | *                           | 7/8/10 8  | Rac, Unit Cranc                        | □ lam                                   |
| 1. Or 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.   |                             | 7/4/10 8  | - Rac, Unit Crano                      | ☐ un                                    |

Authorized Signature Customer P.O.#: Total:

I have authority to order this work; which has been satisfactority performed. I agree to the terms and conditions described on the reverse side.

Hemit to: DeBra-Kuempel • 3976 Southern Avanue • Cincinnati, Ohio 45227

24 Hour Service • (519) 271-6500 • FAX (513) 271-4675 • TOLL FREE 1-800-398-5741

| KY MASTER # M04348<br>OH CONTRACTOR # 25061                   |  |   |  |  |   |
|---|--|---|--|--|---|
| Page / of /   | S  | ERVICE REPO   | ORT <b>€</b> /                         | <b>DeBra-Kuem</b><br>Mechanic<br>An Emison c | al-Electrical                           |
| Job #: 2 3 1 6 8 1  | Date: 0  | 7/02/1  | O Tech:                                | 38561  | Unit: ( 24)                             |
| Equip/Mig: Transt   | triet I  | Model:  |  |  |   |
| Serial #:   |  |   |  |  |   |
| # of Deliveries to Job: DK Customer Name:                     | Delivery Svo   |   |  | incomplete                                   | ☐ Follow-up                             |
| Site Address: 200   | o mach   | Rd  |  |  |   |
| City: <u>Fais</u><br>Bili To:                                 |  |   |  | State: OH z                                  | up:45014                                |
| quipment Location: <u>Pot</u><br>Purpose of Call: <u>Mai</u>  | stenance   | Annual  |  | e No:  |   |
| Description of Work:  | art on   | annual n  | ainter                                 | vance  |   |
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| Recommendations:  | And the second s |   |  |  |   |
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| below that base Gash Trus<br>quantities peed: Cash Trus       | uantilies<br>k Saop Pur<br>Order   | Part Komber DeBta-                                      | Kuempel 80, #                          | Majorial / Bental / Teol                     | Description                             |
| Cash Truck  | 2  | RNG01066 624  |  | Her  |   |
| Shop  | 1 1  | DHY00337 624<br>SLR01592 624                            | 172 1                                  | oriers<br>Elter                              |   |
| Pur. Order  |  | EK 303 624<br>EK 415 624                                | 1428 E                                 | Handrien<br>Han Pries                        |   |
| AC Check Out Retrig. Check (                                  | 1001   | mical Reports Complet<br>Hpt.   Healing Check Ou        |  |  | Canap. Fedlore                          |
| Gary Merc   | 7/2/10   | Hours Rate  |  | Tool Usage:                                  | _                                       |
|   |  |   | Voic Pump  Rec. Valt                   | Comb. Analyzar                               | ======================================= |
| · N 1/1   | <b>***</b>   |   | Dither                                 | Crane  | L Lift                                  |
| uthorized Signatures<br>have authority to order this work; wh | ich has been satisfact   | Custome<br>orily performed. I scree to                  | 46-4                                   | Tota   | <u> </u>                                |
| Remi<br>24 Hour S   | (10: DeBre-Kuempel -<br>Jervice - (513) 271-650  | 3976 Southern Avenue • C<br>0 • FAX (513) 271-4676 • TO | incinnati, Olvo 45<br>LL FREE 1-800-30 | neusus described on ti<br>227<br> 5-5741     | ne reverse alde.                        |

KY MASTER # M04348 OH CONTRACTOR # 25061

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# SERVICE REPORT



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|--|--|---|--|---------------------------------------|---|-----------|--------------|
| Job #: 23 168 (  | Oate: C  | 7/14/   | 10   | Tech: 3                               | 856                                     | Unit      | 1,24         |
| Equip/Mig: Trans A   | Carrier  | Model:  |  |                                       |   |           |              |
| Serial#:   |  |   |  |                                       |   |           |              |
| # of Deliveries to Job; DK   | Dalivery S   | vc Statu  | s: 🗷 Con   | nplete 🗆                              | Incomple                                | te 🗆      | Follow       |
| Customer Name: 100   | en Hospida   | Fair field  |  |                                       |   |           |              |
| Site Address: 300  |  |   |  | · · · · · · · · · · · · · · · · · · · |   | ACCT      | Mgr:         |
| City: Fair   | And the second s |   |  | Sto                                   | 10. OH                                  |           | 45014        |
| BIH To:  |  |   | ,  | Ota                                   | °=+                                     | c)p., .   | <u> </u>     |
|  | se-Plant   |   |  | Time N                                | o:                                      | <i></i>   |              |
| Purpose of Call: A   | well Main  | tenquee   |  | - <b>-</b>                            |   | • '       |              |
| Description of Work:   | ist ann  | vel maint   | made of the                                      | 22 7                                  | w. ot.                                  |           | 4 8          |
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| Recommendations:   |  |   |  |                                       |   |           |              |
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| Recommendations:   | Quantities Pur   |   | DeBra-Kilompol                                   | Alleri, og skippingster               | Material / Hen                          | 4         | dation       |
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| KY MASTER # M04348<br>OH CONTRACTOR # 25051  |   |  |  |  |                     |
|--|---|--|--|--|---------------------|
| Page of  | SERVICE RE  | PORT                                   | DeBra-K  |  |                     |
|  |   |  |  | echanical-Electr<br>EMCOR Company      | rica:               |
| Job# 231681  | Date: 07/13/  | Tex                                    | n: 475   | Unit: #                                | ill]                |
| Equip/Mfg: TAANE   | Model: C  | MHEC                                   | 40   |  |                     |
| Serial #   | 678   |  |  |  |                     |
|  | Delivery Svc Status   | : Complet                              | e 🗆 Incom  | plete 🗆 Fol                            | ilow-up             |
| Customer Name: CCC   | aireicld Harping  | 1                                      |  | Acct Mgr                               | ً عد                |
| Site Address: 3000 N   |   |  |  |  |                     |
| city: <u>Pair Fic</u>  | .13   |  | State: 04  | 2m.45                                  | 014                 |
| Bill To:   |   |  |  |  |                     |
| Equipment Location: rechen   | SAI RM  |  | Type No:   |  |                     |
| Purpose of Call: Clean Tu  | ibes /Leak Check.   |  |  |  |                     |
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| AND DESCRIPTION OF PERSONS ASSESSED.   | Suck   Didek   Last Analizat  | DaBra-Kueinpel P.O. #                  | The second secon | Renfel / Tool Description              | E-KILMATHA (PANALA) |
| Cash   | 5   |  | 5/4 Nylon  | GOODWAY BY                             | 25/45               |
| ☐ Truck  |   |  |  | ······                                 |                     |
| Shop Shop  |   |  |  | ·                                      |                     |
| Pür. Order   |   |  | ····   | ······································ |                     |
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| Brad Teeters   | 7-13-10 8 X   |  |  |  |                     |
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|  |   | Other                                  |  |  |                     |
| Authorized Signature: 10 18 18 10 10   | Sign control  | unbimar D A &                          |  |  |                     |
| I have authority to order this work; which I   | has been satisfactorily performed. I s                                      | uslomer P.O.#:<br>Ignee to the terms a | nd conditions des  | Total:                                 | se side.            |
| TOTAL TOTAL  | DeBra-Kuempel • 8976 Southern Avi<br>ice • (513) 271-6500 • FAX (513) 271-4 | toue • Cinclenati. Ob                  | がっぱちつつて  |  |                     |