Ohio | Public Utilities Commission

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

Case No.: 13-1312-EL-EEC

Mercantile Customer: **Mercy Health Fairfield Hospital**

Electric Utility: **Duke Energy**

Program Title or Description: **Chiller Tune-ups**

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 ee-pdr@puc.state.oh.us.

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.**

B) Energy 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 original 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: _____kWh

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 calculations showing how this payment amount was determined.)

OR

□ Ongoing exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for an initial period of 24 months because this program is part of the customer's ongoing efficiency program. (Attach documentation that establishes the ongoing nature of the program.) In order to continue the exemption beyond the initial 24 month period, the customer will need to provide a future application establishing additional energy savings and the continuance of the organization's energy efficiency program.)

Section 6: Cost Effectiveness

The program is cost effective because it has a benefit/cost ratio greater than 1 using the (choose which applies):

□ Total Resource Cost (TRC) Test. The calculated TRC value is: _____ (Continue to Subsection 1, then skip Subsection 2)

✓ Utility Cost Test (UCT). The calculated UCT value is **4.41 (See Attachment 1 - Appendix 4)**

Subsection 1: TRC Test Used (please fill in all blanks).

The TRC value of the program is calculated by dividing the value of our avoided supply costs (generation capacity, energy, and any transmission or distribution) by the sum of our program overhead and installation costs and any incremental measure costs paid by either the customer or the electric utility.

The electric utility's avoided supply costs were _____.

Our program costs were _____.

The incremental 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

Please indicate your response to this rebate offer within 30 days of receipt.

☑ 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 Luhring	Joseph R Luhring	20 April 13
Customer Signature	Printed Name	Date

Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate 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)

Case No.: ____-____-EL-EEC

State of OHIO :

Joseph R Luhring, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

   MERCY HEALTH - FAIRFIELD HOSPITAL
   [insert customer or EDU company name and any applicable name(s) doing business as]

2. I have personally examined all the information contained in the foregoing application, including any exhibits and attachments. Based upon my examination and inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.

3. I am aware of fines and penalties which may be imposed under Ohio Revised Code Sections 2921.11, 2921.31, 4903.02, 4903.03, and 4903.99 for submitting false information.

Joseph R Luhring
Signature of Affiant & Title

Sworn and subscribed before me this 20TH day of MAY, 2013 Month/Year

Judith M. Florio
Signature of official administering oath

JUDITH M. FLORIO
Print Name and Title NOTARY PUBLIC

My commission expires on _____

NOTARY PUBLIC STATE OF OHIO

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

Existing Energy kWh (Per Unit)	New Energy kWh (Per Unit)	kWh Savings (Per Unit)	Total kWh Savings	Existing Demand-kW (Per Unit)	New Demand (Per Unit)	kW Savings (Per Unit)	Total kW 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 Avoided 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 Costs	Total Costs
Air Cooled Chiller Tune Ups 2009 - 2010	3400	$1.22	$4,144

2009

Duke Energy

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	☐ Office	☐ Retail (Small Box)
☐ Education/K-12	☒ Healthcare	☐ Public Assembly	☐ Retail (Big Box)
☐ Education Other	☐ Industrial	☐ Public Order/Safety	☐ Retail (Banking)
☐ Elder Care/Nursing Home	☐ Lodging	☐ Religious Worship/Church	☐ Warehouse
☐ Food Sales/Grocery	☐ Fast Food Restaurant	☐ Service	☐ Water / Wastewater Facility
☐ Other:			

How did you hear about the program? (check one)		
☒ 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 number, quantity and equipment manufacturer	☒ Tax ID number for payee 31 - 0538523	☒ Customer/vendor agree to Terms and Conditions

Customer Information					
Customer/Business	MERCY HEALTH FAIRFIELD HOSPITAL	Contact		JOSEPH R LUHRING	
Phone	513 - 870 - 7388	Account Number		6200 3527 01-3	
Street Address (Where incentive should be mailed)		3000 MACK RD			
City	FAIRFIELD	State	OH	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.*

Vendor Information					
Vendor	DEBRA-KUEMPEL	Contact		Tim Young	
Phone	513-271-6500	Fax			
Street Address	3976 Southern Avenue				
City	Cincinnati	State	ohio	Zip Code	45226
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?	☒ Customer	☐ Vendor (Customer must sign below)
I hereby authorize payment of incentive directly to the vendor:	Customer Signature (written signature)	Joseph R Luhring
	Date	9 MAY 2012
Provide Tax ID Number for Payee	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	Joseph R Luhring	Vendor Signature	
Date	9 MAY 2012	Date	5-1-2012
Title	MGR PLANT OPERATIONS.	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 Policy Law changes, equipment efficiency requirements are subject to change.

Duke Energy

Air Cooled and Water Cooled Chiller Tune-ups							
Manufacturer and Model #	Air Cooled or Water Cooled?	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous 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						
	☐Air ☐Water						

*Provide manufacturer's spec sheet documenting the size of the unit

To Calculate your bonus tune-up incentive*	
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

*Incentives cannot exceed 50% of total service invoice (**external** labor and equipment).

Service Requirements:

1. **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
4. 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
☐ 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
☐ Contactors 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 3rd party vendor. The 3rd party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3rd 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.

DeBra-Kuempel
MECHANICAL - ELECTRICAL
An EMCOR Service Company

3976 Southern Avenue *Cincinnati, Ohio 45227*
513.271.6500 *Fax 513.271.4676*

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

INVOICE	DATE
548617	1/3/2009

10117

86043

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

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	0.00
AMOUNT PAID	0.00
AMOUNT DUE	12000.00

DUE ON RECEIPT

Remit To: DeBra-Kuempel **P.O. Box 701620** **Cincinnati, Ohio 45270-1620**

KY MASTER # M04348
OH CONTRACTOR # 25061

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231680 Date: 01/22/09 Tech: 4174 Unit:

Equip/Mfg: Model:

Serial #:

# of Deliveries to Job: DK ☐ Delivery Svc ☐ Status: ☒ Complete ☐ Incomplete ☐ Follow-up

Customer Name: FAIRFIELD MERCY

Site Address: MACK RD. Acct Mgr: TY

City: FAIRFIELD State: OH Zip:

Bill To:

Equipment Location: Type No:

Purpose of Call: MAINTENANCE

Description of Work: PUNCHED CHILLER TUBES IN MECHANICAL ROOM ON TWO TRANE CHILLERS. CLEANED UP.

Recommendations:

Check the categories below that have quantities used:	Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
	Cash	Truck	Shop	Pur. Order			
☐ Cash							
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Jeremy Slusher	1-22-9	8	X1

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch

☐ Rec. Unit ☐ Crane ☐ Lift

☐ Other

Authorized Signature: Customer P.O.#: Total:

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

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

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231680 Date: 01/23/09 Tech: 3856 Unit: — 3

Equip/Mfg: Carrier Model: 19XL

Serial #: 4693J47535

# of Deliveries to Job: DK ☐ Delivery Svc ☐ Status: ☐ Complete ☑ Incomplete ☐ Follow-up

Customer Name: Mercy Hospital Fairfield Acct Mgr:

Site Address:

City: State: Zip:

Bill To:

Equipment Location: Power Plant Type No:

Purpose of Call: Annual maintenance

Description of Work: Work on chiller's annual maintenance. Need to have Eddy current test on each chiller's condenser tubes to complete annual maintenance

Recommendations:

Check the categories below that have quantities used	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material/Rental/Tool Description
☐ Cash							
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Gary Meece	1-19-09	7 1/2	
"	1-20-09	8	
"	1-21-09	8	
"	1-22-09	8	

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch

☐ Rec. Unit ☐ Crane ☐ Lift

☐ Other

Authorized Signature: [signature] Customer P.O.#: Total:

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

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

OFFICE

KY MASTER # M04348
OH CONTRACTOR # 25061

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231680

SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: ~~240680~~ Date: 01/16/09 Tech: 3856 Unit: 1 2 A 3

Equip/Mfg: TRANE + CARRIER Model:

Serial #:

# of Deliveries to Job: DK ☐ Delivery Svc ☐ Status: ☐ Complete ☑ Incomplete ☐ Follow-up

Customer Name: Mercy Hospital Fairfield Acct Mgr:

Site Address:

City: State: Zip:

Bill To:

Equipment Location: Power Plant Type No:

Purpose of Call: Annual Chiller Maintenance

Description of Work: Start annual maintenance on chiller's. Take oil samples. leak check #2 Trane. Change Trane oil filter's and purge drier's. Check electrical connections in control panel.

Recommendations:

Check the categories below that have quantities used	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
☐ Cash				3	Thompson lab	582522	Oil samples for lab analysis.
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Gary Meece	1-15-09	8	
"	1-16-09	8	

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch
☐ Rec. Unit ☐ Crane ☐ Lift
☐ Other

Authorized Signature: Customer P.O.#: Total:

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

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

ORIGINAL

KY MASTER # M04348
OH CONTRACTOR # 25061

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231680 Date: 01/23/09 Tech: 0158 Unit:

Equip/Mfg: Model:

Serial #:

# of Deliveries to Job: DK Delivery Svc Status: ☐ Complete ☐ Incomplete ☐ Follow-up

Customer Name: Mercy FS Acct Mgr:

Site Address:

City: State: Zip:

Bill To:

Equipment Location: Type No:

Purpose of Call:

Description of Work: Had spoken with Gary M about the P/m and eddy current testing of the condenser tubes. Got the testing set up for next week

Recommendations:

Check the categories below that have quantities used:	Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
	Cash	Truck	Shop	Pur. Order			
☐ Cash							
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
[illegible]	1/23	1	

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch

☐ Rec. Unit ☐ Crane ☐ Lift

☐ Other

Authorized Signature: Customer P.O.#: Total:

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

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KY MASTER # M04348
OH CONTRACTOR # 25061

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231680 Date: 01/21/09 Tech: 4306 Unit: 2

Equip/Mfg: TRANE Model:

Serial #:

# of Deliveries to Job: DK ☐ Delivery Svc ☐ Status: ☑ Complete ☐ Incomplete ☐ Follow-up

Customer Name: MERCY FAIRFIELD Acct Mgr: TY

Site Address:

City: FAIRFIELD State: OH Zip:

Bill To:

Equipment Location: MECH ROOM Type No:

Purpose of Call: PM

Description of Work: WORKED WITH GARY MEECE PUNCHING TUBES ON CHILLER NUMBER 2.

Recommendations:

Check the categories below that have quantities used:	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
☐ Cash							
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
JEREMY NOLK	1/21	8	1.0

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch
☐ Rec. Unit ☐ Crane ☐ Lift
☐ Other

Authorized Signature: Customer P.O.#: Total:

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

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KY-MASTER # M04348
OH CONTRACTOR # 25061

Page 1 of 1

SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231680 Date: 01/29/09 Tech: 3856 Unit:

Equip/Mfg: Trane + Carrier Model:

Serial #:

# of Deliveries to Job: DK ☐ Delivery Svc ☐ Status: ☑ Complete ☐ Incomplete ☐ Follow-up

Customer Name: Mercy Fairfield Acct Mgr:

Site Address:

City: Fairfield State: Zip:

Bill To:

Equipment Location: Power plant Type No:

Purpose of Call: Annual maintenance / Eddy current

Description of Work: Meet eddy current company on site go over work to be completed.
Finish Eddy current testing on thur. Reassemble units. Both Trane Chillers and Carrier chiller. Refill + reopen isolation valves. All units ready for operation. #1 Trane chiller picked up small refrigerant leak on purge float and at orfice plate next to cooler. Purge has increased a small amount.

~~Recommendations:~~

Check the categories below that have quantities used:	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
☐ Cash							
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Gary Meece	1-26-09	2	
"	1-29-09	8	

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch
☐ Rec. Unit ☐ Crane ☐ Lift
☐ Other

Authorized Signature: X Left Copy for Wayne Customer P.O.#: Total:

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

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

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 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	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 may be eligible for a Self Direct Custom rebate. Self Direct Custom applications, like Smart $aver 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.

Please check each box to indicate completion of the following program requirements:

☒ All sections of appropriate application(s) are completed	☐ Proof of payment.*	☐ Manufacturer's Spec sheets	☒ Energy model/calculations and detailed inputs for Custom applications

* 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 1 ☐ Custom Lighting Worksheet ☐	MSD Prescriptive Lighting ☐ MSD Custom Part 1 ☐ Custom Lighting Worksheet ☐	MSD Prescriptive Lighting ☐ MSD Custom Part 1 ☐ 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 ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
Window Films, Programmable Thermostats, & Guest Room Energy Management 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 Worksheet(s) ☐
Chillers & Thermal Storage	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	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 & Drives ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
VFDs	Not Applicable	MSD Prescriptive Motors, Pumps & Drives ☐ MSD Custom Part 1 ☐ MSD Custom VFD Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom VFD Worksheet ☐
Food Service	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Prescriptive Food Service ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
Air Compressors	MSD Custom Part 1 ☐ MSD Custom Compressed Air Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom Compressed Air Worksheet ☐	MSD Prescriptive Process ☐ MSD Custom Part 1 ☐ MSD Custom Compressed Air Worksheet ☐
Process	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Prescriptive Process ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
Energy Management Systems	MSD Custom Part 1 ☐ MSD Custom EMS Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom EMS Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom EMS Worksheet ☐
Behavioral** & No/Low Cost**	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐		

** 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.**

*** 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 application.

Ohio Mercantile Self Direct Program

Application Guide & Cover Sheet

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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 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	Annual Usage	Account Number	Annual Usage
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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 may be eligible for a Self Direct Custom rebate. Self Direct Custom applications, like Smart $aver 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.

Please check each box to indicate completion of the following program requirements:

☒ All sections of appropriate application(s) are completed	☐ Proof of payment.*	☐ Manufacturer's Spec sheets	☒ Energy model/calculations and detailed inputs for Custom applications

* 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 1 ☐ Custom Lighting Worksheet ☐	MSD Prescriptive Lighting ☐ MSD Custom Part 1 ☐ Custom Lighting Worksheet ☐	MSD Prescriptive Lighting ☐ MSD Custom Part 1 ☐ 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 ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
Window Films, Programmable Thermostats, & Guest Room Energy Management 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 Worksheet(s) ☐
Chillers & Thermal Storage	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	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 & Drives ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
VFDs	Not Applicable	MSD Prescriptive Motors, Pumps & Drives ☐ MSD Custom Part 1 ☐ MSD Custom VFD Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom VFD Worksheet ☐
Food Service	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Prescriptive Food Service ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
Air Compressors	MSD Custom Part 1 ☐ MSD Custom Compressed Air Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom Compressed Air Worksheet ☐	MSD Prescriptive Process ☐ MSD Custom Part 1 ☐ MSD Custom Compressed Air Worksheet ☐
Process	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Prescriptive Process ☐ MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐
Energy Management Systems	MSD Custom Part 1 ☐ MSD Custom EMS Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom EMS Worksheet ☐	MSD Custom Part 1 ☐ MSD Custom EMS Worksheet ☐
Behavioral** & No/Low Cost**	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐		

** 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.

*** 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 application.

2010

Duke Energy.

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	☐ Office	☐ Retail (Small Box)
☐ Education/K-12	☒ Healthcare	☐ Public Assembly	☐ Retail (Big Box)
☐ Education Other	☐ Industrial	☐ Public Order/Safety	☐ Retail (Banking)
☐ Elder Care/Nursing Home	☐ Lodging	☐ Religious Worship/Church	☐ Warehouse
☐ Food Sales/Grocery	☐ Fast Food Restaurant	☐ Service	☐ Water / Wastewater Facility
☐ Other:			

How did you hear about the program? (check one)

☒ 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 number, quantity and equipment manufacturer	☒ Tax ID number for payee 31 - 0538523	☒ Customer/vendor agree to Terms and Conditions

Customer Information

Customer/Business	MERCY HEALTH FAIRFIELD HOSPITAL	Contact		Joseph R Luhring	
Phone	513-870-7388	Account Number		6200 3527 01-3	
Street Address (Where incentive should be mailed)		3000 MACK RD			
City	Fairfield	State	OH	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.*

Vendor Information

Vendor	DEBRA-KUEMPEL	Contact		Tim Young	
Phone	513-271-6500	Fax			
Street Address	3976 Southern Avenue				
City	Cincinnati	State	ohio	Zip Code	45226
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?	☒ Customer	☐ Vendor (Customer must sign below)
I hereby authorize payment of incentive directly to the vendor:	Customer Signature (written signature)	Joseph R Luhring
	Date	9 MAY 2012
Provide Tax ID Number for Payee	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	Joseph R Luhring	Vendor Signature	
Date	9 MAY 2012	Date	5-1-2012
Title	MGR PLANT OPERATIONS	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 Policy Law changes, equipment efficiency requirements are subject to change.

Air Cooled and Water Cooled Chiller Tune-up							
Manufacturer and Model #	Air Cooled or Water Cooled?	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous Service Date	Total Incentive
Trane CVHF 640	☒Air ☒Water	2	600	$8,000.00		1-5-2010	$4,800.00
Carrier 19XL535	☐Air ☒Water	1	500	$4,000.00		1-5-2010	$2,000.00
	☐Air ☐Water						
	☐Air ☐Water						
*Provide manufacturer's spec sheet documenting the size of the unit							

Calculate your total incentive	
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
*Incentives cannot exceed 50% of total service invoice (external labor and equipment).	

Service Requirements:

1. **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
4. 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
☐ 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
☐ Contactors 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 3rd party vendor. The 3rd party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3rd 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.

DeBra-Kuempel
MECHANICAL - ELECTRICAL
An EMCOR Service Company

3976 Southern Avenue *Cincinnati, Ohio 45227*
513.271.6500 *Fax 513.271.4676*

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

INVOICE	DATE
603475	1/8/2010

10117

86043

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

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

Customer P.O. No.:

Ticket Number: 1200-10271
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	0.00
AMOUNT PAID	0.00
AMOUNT DUE	12000.00

DUE ON RECEIPT

Remit To: DeBra-Kuempel **P.O. Box 701620** **Cincinnati, Ohio 45270-1620**

KY MASTER # M04348
OH CONTRACTOR # 25061

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231681 Date: 07/09/10 Tech: 3856 Unit:

Equip/Mfg: Model:

Serial #:

# of Deliveries to Job: DK Delivery Svc Status: ☐ Complete ☑ Incomplete ☐ Follow-up

Customer Name: Mercy Hospital Fairfield Acct Mgr:

Site Address: 3000 Mack Rd.

City: Fairfield State: OH Zip: 45014

Bill To:

Equipment Location: Power Plant Type No:

Purpose of Call: Maintenance/Annual

Description of Work: Continue Annual maintenance. Brush condenser tubes in carrier and one trane chiller. Take oil samples. change oil filters and purge filter. Leak check. check starters.

Recommendations:

Check the categories below that have quantities used:	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
☐ Cash				3	thompson lab	630448	Oil samples Lab analysis
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Gary Meece	7/6/10	7 1/2	
"	7/7/10	8	
"	7/8/10	8	
"	7/9/10	8	

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch
☐ Rec. Unit ☐ Crane ☐ Lift
☐ Other

Authorized Signature: Customer P.O.#: Total:

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

Remit to: DeBra-Kuempel • 3976 Southern Avenue • Cincinnati, Ohio 45227
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KY MASTER # M04348
OH CONTRACTOR # 25061

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231681 Date: 07/02/10 Tech: 3856 Unit: 1 2 3

Equip/Mfg: Trane & Carrier Model:

Serial #:

# of Deliveries to Job: DK Delivery Svc Status: ☐ Complete ☒ Incomplete ☐ Follow-up

Customer Name: Mercy Hospital Fairfield Acct Mgr:

Site Address: 3000 Mack Rd

City: Fairfield State: OH Zip: 45014

Bill To:

Equipment Location: Power Plant Type No:

Purpose of Call: Maintenance Annual

Description of Work: Start on annual maintenance

Recommendations:

Check the categories below that have quantities needed	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
☐ Cash				1	FLR01592	624172	Filter
☐ Truck				2	RNG01066	624172	O Rings
☐ Shop				2	DHY00337	624172	Driers
☐ Pur. Order				1	FLR01592	624227	Filter
				1	EK 303	624428	Filter Drier
				1	EK 415	624428	Filter Drier

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Gary Meece	7/2/10	8	

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch
☐ Rec. Unit ☐ Crane ☐ Lift
☐ Other

Authorized Signature: [signature] Customer P.O.#: Total:

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

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231681 Date: 07/14/10 Tech: 3856 Unit: 1, 2 & 3

Equip/Mfg: Trane & Carrier Model:

Serial #:

# of Deliveries to Job: DK ☐ Delivery Svc ☐ Status: ☒ Complete ☐ Incomplete ☐ Follow-up

Customer Name: Mercy Hospital Fairfield Acct Mgr:

Site Address: 3000 Mack Rd

City: Fairfield State: OH Zip: 45014

Bill To:

Equipment Location: Power Plant Type No:

Purpose of Call: Annual Maintenance

Description of Work: Finish annual maintenance on Two Trane & one carrier chiller left units in operation or ready to run. I found a couple leaks on chiller #1 at cooler gasket and at purge float assembly.

Recommendations:

Check the categories below that have quantities used	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
☐ Cash			25	@	GTC21-5/8	shop	Tube brushes
☐ Truck							
☐ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Gary Meade	7/12/10	2	
"	7/13/10	8	
"	7/14/10	4½	

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch
☐ Rec. Unit ☐ Crane ☐ Lift
☐ Other

Authorized Signature: [signature] Customer P.O.#: Total:

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

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

OFFICE

KY MASTER # M04348
OH CONTRACTOR # 25051

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SERVICE REPORT

DeBra-Kuempel
Mechanical-Electrical
An EMCOR Company

Job #: 231681 Date: 07/13/10 Tech: 4757 Unit: Chiller #1

Equip/Mfg: TRANE Model: CVHF640

Serial #: L03H06678

# of Deliveries to Job: DK ☐ Delivery Svc ☐ Status: ☑ Complete ☐ Incomplete ☐ Follow-up

Customer Name: mercy Fairfield Hospital Acct Mgr: JC

Site Address: 3000 mack Rd

City: Fairfield State: OH Zip: 45014

Bill To:

Equipment Location: mechanical Rm Type No:

Purpose of Call: Clean Tubes / Leak Check.

Description of Work: Removed end bell from chiller. Set up goodway machine and used it to clean chiller tubes. Helped Gary leak check chiller. Put end bell back on chiller and pressurized barrel to ensure it was not leaking. Cleaned standing water off of mechanical room floor. Took down rigging materials that were used for end bell.

Recommendations:

Check the categories below that have quantities used:	Quantities: Cash	Truck	Shop	Pur. Order	Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
☐ Cash			5				5/8 Nylon Goodway Brushes
☐ Truck							
☑ Shop							
☐ Pur. Order							

Technical Reports Completed:

☐ AC Check Out ☐ Refrig. Check Out ☐ Refrig. Job Site Rpt. ☐ Heating Check Out ☐ Add. Material Rpt. ☐ Start Up Rpt. ☐ Comp. Failure

Tech	Date	Hours	Rate
Brad Teeters	7-13-10	8	X1

Tool Usage:

☐ Vac. Pump ☐ Comb. Analyzer ☐ Torch
☐ Rec. Unit ☐ Crane ☐ Lift
☐ Other

Authorized Signature: Mercy to Sign Customer P.O.#: Total:

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

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