

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
	- · · · · · · · · · · · · · · · · · · ·	 	

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 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 Appendix 4)	ICT). The calculated UCT value is 4.41 (See Attachment
Subsection 1	: TRC Test Used	l (please fill in all blanks).
avoid distri	ed supply costs bution) by the su 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 but not be limited to, project sco project costs, project completion	offer is true and accurate. Info 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 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)

		Only)
Case	e No.:EL-EEC	
State	of OHIO :	
力。 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 Code Sections 2921.11, 2921.31, 4903.02, false information.	
Jos	al R Luli	
Sign	ature of Affiant & Tile	
Swo	rn and subscribed before me this 20 th day 3 Month/Year	of may
Ju	Ath M. Florio 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 kWh Gross with losses (per unit)	Measure Amount	Unit of Measure	TOTAL Annual kWh Gross with losses	Saved Summer coincid ent 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



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 Restaurant ☐ 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? Customer
 Continue
 Continue ☐ 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 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		<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 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.



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 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:		
Purpose of Call: MAIN	I ENANCE					
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	5:	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	5. *					~				
The state of the s										
Objekting dalegories	Lagran Citati	i i i								
below that have 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> &			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 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 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 .	1 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	-4 -	the con	leuses			<u> </u>	testa	هجرور	un C	Xn
rupt was) ()							8		7
				- Andreas - Andr	- * Novem & A Notice of parents					
			····			*				
										
ecommendations: _					·····			***************************************		

Check the categories below that have	Quan				: 2570 ZS1: 153			s series e		
quantities used: Ca	ish Truck	Shop Pur. 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 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 Comb, Anal		Torch
Shop Pur. Order AC Check Out Rel	Irlg. Check Out	Refrig. Job	Site Rpt	Heating Check O	//	Vac. Pump 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 Comb, Anal		Torch

3) 271-6500 • FAX (513) 271-4676 • TOLL FREE 1-800-395-5741

100 100 100		 ,	
	7		
	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	3 :			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 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	/ \	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 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 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	 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 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	MSD Prescriptive Lighting	MSD Prescriptive Lighting
	Custom Lighting Worksheet	MSD Custom Part 1 ☐ Custom Lighting Worksheet ☐	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
		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, 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 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 & Drives.□
			MSD Custom Part 1 MSD Custom General Worksheet
VFDs	Not Applicable	MSD Prescriptive Motors, Pumps & 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 ☐ MSD Custom General Worksheet ☐
Air Compressors	MSD Custom Part	MSD Custom Part 1	MSD Prescriptive Process
	MSD Custom Compressed Air Worksheet □	MSD Custom Compressed Air Worksheet □	MSD Custom Part 1 ☐ MSD Custom Compressed Air Worksheet ☐
Process	MSD Custom Part 1	MSD Prescriptive Process	MSD Custom Part 1
	MSD Custom General Worksheet	MSD Custom Part 1 ☐ MSD Custom General Worksheet ☐	MSD Custom General Worksheet
Energy Management Systems	MSD Custom Part 1 ☐ MSD Custom EMS Worksheet ☐	MSD Custom Part I MSD Custom EMS Worksheet	MSD Custom Part 1 MSD Custom EMS Worksheet
Behavioral*** & 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.

^{**} 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
!		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.

	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 ☐ MSD Custom General Worksheet ☐	MSD Prescriptive Heating & Cooling
		MOD Chalon General Worksneet	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 Workshept(s) []
<u> </u>			
Chillers & Thermal 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 ☐ 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 Ćustom 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 MSD Custom General Worksheet
Air Compressors	MSD Custom Part 1	MSD Custom Part I	MSD Prescriptive Process
	MSD Custom Compressed Air Worksheef □	MSD Custom Compressed Air Worksheei	MSD Custom Part 1 ☐ MSD Custom Compressed Air 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 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*** & 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

[&]quot;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

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 Cualemaruntormenon la 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 medicinas 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 Water Cooled?	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous 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		 	\$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 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.



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	•			
Page of SERVICE REPORT DeBra-Kushipe Machinital-Selectrical				
Mechanical Selectrical An EBRON Company Job #: 2 3 1 6 8 1 Date: 0 7 0 9 10 Tech: 3 \$ 5 6 Unit:	ESCONE.	SERVICE REP	OPT & DADE W	
Job #: 2 3 1 6 8 1 Date: 0 7 0 9 1 0 Tech: 3 \$ 5 6 Unit: Equip/Mitg:	rage 1 or 1	OZIIVIOE HEF		IEITIDE! chanical-Electrical
Equip/Mfg: Model: Delivery Svc Status: Complete Incomplete Follow-up Customer Name: Mercy flespita Fair field Acet Mgr: Sthe Address: 3000 Mark Rd. Sthe Address: 3000 Mark Rd. State: Aft Zip: 45014 Bill To: State: Aft Zip: 45014 Bill To: Equipment Locallon: Power Plant Type No: Purpose of Call: Mainten and of flat was manten and of samples Mark Condense of the samples IN CARTIES And purse After a decided of the samples Mark State Acet Mark State It can be sampled State Acet Acet Acet Acet Acet Acet Acet It can be sampled State Acet Acet Acet Acet Acet It can be sampled Acet Acet Acet Acet Acet It can be sampled Acet Acet Acet Acet Acet It can be sampled Acet Acet Acet Acet Acet It can be sampled Acet Acet Acet Acet Acet It can be sampled Acet Acet Acet Acet Acet Acet It can be sampled Acet Acet Acet Acet Acet Acet Acet It can be sampled Acet Acet Acet Acet Acet Acet Acet Acet Acet It can be sampled Acet A				
Sprial #: # of Deliveries to Job: DK Delivery Svc Status: Complete Incomplete Acet Mgr: Customer Name: Mercy Huspital Fair field Acet Mgr: Sthe Address: 3000 Mark Rd. City: Fair field State: AH Tip: 45014 Bill To: Equipment Location: Power Plant Type No: Purpose of Call: Maintenance Assembly wastenesses. Brush condenses the same and one frame challes are for Take aid samples thanks in carrier and one frame challes are for Take aid samples thanks. Recommendations: Cash	Job#: 23 168	Date: 07/09/	10 Tech: 385	6 Unit:
# of Deliveries to Job: DK	Equip/Mfg:	Model:		
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 #:			
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	# of Deliveries to Job: DK	Delivery Syc Status	Complete & tasses	
Site Address: 3000 Mark Rd. City: Fair field State: Aft Zip: 45014 Bill To: Equipment Location: Power Plant Type No: Purpose of Call: Maintenance flow val Description of Work: Continue Annual masteriance. Brush condenses five sarries and one frame chillen cofer. Take oil samples. Change all filter's and purse filter. Leak theck, Chieff startis; Recommendations: Continues Committees Comm		Land Land	•	
Bill To: Equipment Location: Paiser Plant Purpose of Call: Majarter and flux val Description of Work: Lanting Analy manter and Roch con dense fube: Location and and frank chille, sofar. Take all camples. Change all fifters and purse fifter Leak check, Check farter; Class the caspaires Cash Cash Stars Stap Out. Cash Shop Truck Shop Pur, Order Technical Reports Completed: Ac Check Gat Refrig Check Out Refrig Check Out Restrict Completed: Technical Reports Completed: Leak Meating Rept Start Up Ref. Comp. Fallure			· · · · · · · · · · · · · · · · · · ·	Acet Mgr:
Equipment Location: fower flast Type No: Purpose of Call: Mainter and flast manter and Roch can dense five six candian and and france	City: Fa	virfield	Chair A !!	- Wentli
Purpose of Call: Maintenance flavoral maintenance Roush can denser tubes	Bill To:		Siale: A	Zip: <u>730/7</u>
Purpose of Call: Majustanance flan val Description of Work: Lantinus Avanin maintenance. Brush can denser tube: In carrier and one franc chillen sofar take and samples change and filter's and purse filter Leak check, Check tarty; Recommendations: Closh inclusions Guantites Mateurites Mateurite	Equipment Location: Pou	ser Plant	Ťøst Niss	
Description of Work: Lantinus Assessal manufacturas . Roush can dense tubes in carrier and one frant challe, safar, take all samples, change all filters and purse filter. Leak check, Check day tartis. Clerk the cheggins Guantities	Purpose of Call: Ma	interance Annual		***************************************
Recommendations: Clear in calculations: Continues:	Description of Work: Con	How American to the	ware Rock -	.1
Recommendations: Class and pursuing state Leak Check, Check day farthering states and check the day of the pursuing states and check of the pursuing states and chec	in carrier and	Lave france chille .	C. T. L.	sauger groes
Recommendations: Chark the categories	oil filters and	ourse Sites Leak is	heele Chala La	inplas. Change
Check the calegories Cool Cool Truck Cash			ever cheap star	TWS.
Check the calegories Cool Cool Truck Cash			**************************************	
Check the calegories				
Check the calegories Cool Cool Truck Cash	Recommendations:			
Delay in the leave Cook Rusk Shop Dut Fort Biander Delay Krempel 20 0 Material / Rental / Tool Description		· ·		
Delay in the leave Cook Rusk Shop Dut Fort Biander Delay Krempel 20 0 Material / Rental / Tool Description	Cherk Sho calcynying			
Cash Truck Shop Pur, Order Refrig. Check Out Refrig. Job Site Rpt. Heating Check Out Add. Material Rpt. Start Up Rpt. Gump. Fallure	below that have			
Truck Shop Pur, Order Technical Reports Completed: At Sheck Gut Refrig. Check Cut Refrig. Job Site Rpt. Hearting Check Qut Add. Material Rpt. Start Up Rot. Group. Fallura		nicharden bereitsbereits die 2111 Lauf mehrber bestehen der bestehe der bei		
Shop Pur, Order Technical Reports Completed: AC Sheck Gut. Refrig. Check Cut. Refrig. Job Stie Rpt. Hearting Check Gut. Add. Material Rpt. Start Up Rpt. Group. Fallura		- Inompeor lap 6	50448 Oil samples	Lab analysis
Pur, Order Pur, Order				
Technical Reports Completed: AG Check Gut. Refrig. Check Out Refrig. Job Stie Rpt. Heating Check Out Add. Material Rpt. Start Up Rpt. Gump. Fallura	Shop			
AC Check Gut. Refrig. Check Out Refrig. Job Stie Rpt. Hearting Check Out Add. Material Rpt. Stort Up Rpt. Comp. Fallura	☐ Pur. Order			
AC Check Gut. Refrig. Check Out Refrig. Job Stie Rpt. Hearting Check Out Add. Material Rpt. Stort Up Rpt. Comp. Fallura		Technical Penorts Com-		W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-
Acta Marierial Rot. Start Up Rot. Comp. Fallura	AC Check Gut. Refriet: Char			
				rtilp Rot. [Gump fallura
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 OH CONTRACTOR # 25061					
Page / of /	S	ERVICE REPO	ORT € /	DeBra-Kuem Mechanic 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> Bili To:				State: OH z	up:45014
quipment Location: <u>Pot</u> Purpose of Call: <u>Mai</u>	stenance	Annual		e No:	
Description of Work:	art on	annual n	ainter	vance	
Recommendations:	And the second s				
	1787				
below that base Gash Trus quantities peed: Cash Trus	uantilies k Saop Pur Order	Part Komber DeBta-	Kuempel 80, #	Majorial / Bental / Teol	Description
Cash Truck	2	RNG01066 624		Her	
Shop	1 1	DHY00337 624 SLR01592 624	172 1	oriers Elter	
Pur. Order		EK 303 624 EK 415 624	1428 E	Handrien Han Pries	
AC Check Out Retrig. Check (1001	mical Reports Complet Hpt. Healing Check Ou			Canap. Fedlore
Gary Merc	7/2/10	Hours Rate		Tool Usage:	_
			Voic Pump Rec. Valt	Comb. Analyzar	=======================================
· N 1/1	***		Dither	Crane	L Lift
uthorized Signatures have authority to order this work; wh	ich has been satisfact	Custome orily performed. I scree to	46-4	Tota	<u> </u>
Remi 24 Hour S	(10: DeBre-Kuempel - Jervice - (513) 271-650	3976 Southern Avenue • C 0 • FAX (513) 271-4676 • TO	incinnati, Olvo 45 LL FREE 1-800-30	neusus described on ti 227 5-5741	ne reverse alde.

KY MASTER # M04348 OH CONTRACTOR # 25061

	A I LINE	V . 1	1	421
ji j	age	Į	ot	1

SERVICE REPORT



ь	×	ш	ш	ш
я	ĸ	×	ш	tΗ
в	۰		ĸ.	90
ы	ж	а	S	
н			7	
•		_		

•	•						
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		- -		• '	
Description of Work:	ist ann	vel maint	made of the	22 7	w. ot.		4 8
carrie chill	en loth	unite in	" Mount	7		1.	*
- run, I found	a counte	lealer -	1 ohal	1		21	7-0
	ni i	. //	~~~~	IEE IT	AV C	CSZA-	O''
and at summe	" Z						
and at pungo d	tout ass	embly.					
and at purgo d	fou # 0.50	em 6/4					
and at purge &	fou f a sc						
and at punge of	lou foss						
Recommendations:							
Recommendations:	Quantities						
Recommendations: Clack the categories telow that have cuantiles used. Cash	Quantities Tuck Shop Only	Pert Hongter	DeBra-Kilempol	Alleri, og skippingster	Material / Ren	4	neitati
Recommendations:	Quantities Pur		DeBra-Kilompol	Alleri, og skippingster	Material / Hen	4	dation
Recommendations: Clack the categories telow that have cuantiles used. Cash	Quantities Tuck Shop Only	Pert Hongter		Alleri, og skippingster	contractive sales sites and a second of	4	ijalien
Recommendations: Clack the categories below that these categories Clash Cash Truck	Quantities Tuck Shop Only	Pert Hongter		Alleri, og skipsterster	contractive sales sites and a second of	4	ipton
Recommendations: Click the categories let ov that traves Cash Cash Truck Shop	Quantities Tuck Shop Only	Pert Hongter		Alleri, og skipsterster	contractive sales sites and a second of	4	Tiglien .
Recommendations: Click the categories below that these categories categories categories categories categories and categories is at the categories is at the categories of the categories is at the categories in the categories is at the categories in the categories in the categories is at the categories in the categories in the categories is at the categories in the categori	Quantities Pur Grid	Pertitionher GTC-244-5/6	Shap	72	contractive sales sites and a second of	4	
Recommendations: Glick the categories below that these cauntiles used: Cash Truck Shop Pur. Order	Quantities (rack Shop Grid 25	Part Reports C	Shap	72/	be brush	4	ngtion
Recommendations: Circle the categories testor that traves Cash Cash Truck Shop	Quantities (rack Shop Grid 25	Pertitionher GTC-244-5/6	Shap	72/	be bruid	4	Fomp. Fall
Recommendations: Clack the categories below that have cuantiles used: Cash Truck Shop Pur. Order At Check Out	Quantities (tusk Shire Pill (file 25 @ 25 @ ck Out Rebig. J. Date	Pertionner GTC-244-5/6 Technical Reports CubSte Rot. Heating	Shap Ompleted:	72/	be drust	Up Apt.	Ocean Falls
Recommendations:	Quantities (iiiik Shop Gill 25 ck Out	Pertionner GTC-244-5/6 Icechnical Reports C bister Rot. [1] Heating Hous	Shap Ompleted:	To Take Material Rp	be brush t [] Start Tool Use	Up Apt C	Comp. Falls
Recommendations: Clack the categories below that have cuantiles used: Cash Truck Shop Pur. Order At Check Out Tool	Quantities (tusk Shire Pill (file 25 @ 25 @ ck Out Rebig. J. Date	Pertionner GTC-244-5/6 Technical Reports CubSte Rot. Heating	Shap Ompleted:	Add, Material Rp	t. Start	Up Apt.	Comp. Fail
Recommendations: Clack the categories	Quantities (25 & Carlot) (12	Partitionless (CTC-244-5/2 Technical Reports Cobsite Roll Heating Hours 2	Shap Ompleted:	To Take Material Rp	be brush t [] Start Tool Use	Up Apt C	Comp. Falls
Recommendations: Clack the categories	Quantities (25 & Carlot) (12	Partitionless (CTC-244-5/2 Technical Reports Cobsite Roll Heating Hours 2	Shap Ompleted:	Add, Material Rp	t. Start	Up Apt C	Goopp. Failt
Recommendations: Clack the categories	Check Shipp Children 25 ck Out	Partitionless GTC-211-5/g Technical Reports C A 1/2 A 1/2 A 1/2 A 1/2	Shay Ompleted: Check Out Ole Otherwise P O	Add, Material Rp Vac. Pump Rec. Unit	t. [] Start Icel Use Corob.	Up Rpt. [Comp. Failt

KY MASTER # M04348 OH CONTRACTOR # 25051					
Page of	SERVICE RE	PORT	DeBra-K		
				echanical-Electr 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.				
Description of Work: Remo	red end hell for	llids mo	ec. Set	DP Ope	awa.
machine and us	ed it to clean o	hiller to	טים אים אים	1000 600	
leak sheek chilles.	or used for the	N N	Mar a	- >	
Varrel to ensure i	t was not lank.	ma Clear	المستعددة	× %	\
OFE OF MECHANICA	, room front T	ock Bar	<u> </u>	2000 00s	TOLE
that were used for	or end bell.		-11 1.799	ind week	10112
Recommendations:					·
	<u></u>		·		
Chack the categories Quant				m-mailten et al.	
below that some					
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			····	······································	
	Technical Reports Co	ompleted:			
AC Check Dut Hefrig, Check Det	Rainig. Job Site Rpt. Heating (Check But Add. N	laterial Rot. 🔲 S	Start Up Rpt. 🗍 Com	ıp. Fallure
Tech des de la companya de la compan	Date Hours I R	ato:	Tool t	isage:	
Brad Teeters	7-13-10 8 X				
			Paump [] Cor	nds Analyzer	Torch
		Réa.:	Volt 🔲 .Gra	ne 🔲	LEN.
		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.#: Ignee to the terms a	nd conditions des	Total:	se side.
TOTAL TOTAL	DeBra-Kuempel • 8976 Southern Avi ice • (513) 271-6500 • FAX (513) 271-4	toue • Cinclenati. Ob	がっぱちつつて		

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

6/3/2013 11:37:14 AM

in

Case No(s). 13-1312-EL-EEC

Summary: Application Application to Commit Energy Efficiency/Peak Demand Reduction Programs (Mercantile Customers Only)- Mercy Health Fairfield, Chiller Tune Ups electronically filed by Carys Cochern on behalf of Duke Energy