



Case No.: 12-1670 -EL-EEC

Mercantile Customer: **Patheon Pharmaceuticals**

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: **Patheon Pharmaceuticals**

Principal address: **2110 East Galbraith Rd Cincinnati, Ohio 45237**

Address of facility for which this energy efficiency program applies:

2110 East Galbraith Rd Cincinnati, Ohio 45237

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. **(See Attachment 1 - Appendix 1)**
- The customer is part of a national account involving multiple facilities in one or more states. (Please attach documentation.)

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?

Feb 2009, Feb 2010 and Feb 2011

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

360 KW (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 **\$18,283.00 (Attachment 1 - Appendix 3)**. 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:
2.21 (Attachment 1 - Appendix 4) (Skip to
Subsection 2.)**

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 **\$126,000 Attachment 1 - Appendix 5.**

The utility's program costs were **\$21,938 Attachment 1 - Appendix 6.**

The utility's incentive costs/rebate costs were **\$18,283 Attachment 1 - Appendix 3.**

Refer to Appendix D for calculations and supporting documents.

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

May 21, 2012

Mr. Gerald Leas
Patheon Pharmaceuticals
2110 East Galbraith Rd
Cincinnati, Ohio 45237

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

Dear Mr. Leas:

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 \$18,283.00 has been proposed for your chiller tune-up projects completed in the 2009, 2010, and 2011 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 Saver® incentives, when applicable. Please contact me if you have any questions.

Sincerely,

Grady Reid, Jr
Product Manager
Mercantile Self Direct Rebates

cc: Bob Bandenburg, Duke Energy
Rob Jung, WECC
Randy Weekley, Johnson Controls

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

Rebate is accepted. Rebate is declined.

By accepting this rebate, Patheon Pharmaceuticals 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, Patheon Pharmaceuticals 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, Patheon Pharmaceuticals 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):



GERALD LEAS

May 22, 2012

Customer Signature

Printed Name

Date

Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	Water Cooled Chiller Tune Up – Year 2009	\$5975.00
ECM-2	Water Cooled Chiller Tune Up – Year 2010	\$6154.00
ECM-3	Water Cooled Chiller Tune Up – Year 2011	\$6154.00
Total		\$18,283.00



Public Utilities Commission

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

Case No.: ____ - ____ -EL-EEC

State of Ohio :

GERALD LEAS, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

PATHEON Pharmaceuticals

[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.

Gerald Wheas, Power Plant LEADER
Signature of Affiant & Title

Sworn and subscribed before me this 22nd day of May,
2012 Month/Year

Francis P. McCune
Signature of official administering oath

Print Name and Title

FRANCIS P. McCUNE, ESQ., Attorney at Law,
NOTARY PUBLIC, STATE OF OHIO
My Commission has no expiration
date. Section 147.03 O.R.C.

My commission expires on _____

Attachment 1 – Patheon Pharmaceuticals

Appendix 1 – Electric History

76900672 02		
PATHEON PHARMACEUTICALS		
2110 GALBRAITH RD E		
CINCINNATI, OH 45237		
Date	Days	Actual KWH
3/5/2012	31	2,796,221
2/3/2012	29	2,721,658
1/5/2012	31	2,782,418
12/5/2011	33	3,242,138
11/2/2011	29	3,237,862
10/4/2011	32	4,102,387
9/2/2011	29	4,326,293
8/4/2011	29	4,750,747
7/6/2011	30	4,250,714
6/6/2011	32	4,062,499
5/5/2011	30	3,273,977
4/5/2011	29	2,844,526
Total		42,391,440

Appendix 2 – Annual kWh losses and annual KW losses

Measure	Annual kWh Gross with losses	Upload Amount	TOTAL Annual kWh losses	KW Per Measure	Total KW Savings
Water Cooled Chiller Tune Up	64.46	18000 Tons	1,160,280	0.02	360

Appendix 3 – Cash Rebate

Measure	Amount
Water Cooled Chiller Tune Up	\$18,283

Appendix 4 – Utility Cost Test

Measure	UCT
Water Cooled Chiller Tune Up	2.21

Appendix 5 – Avoided Supply Costs

Measure	T&D	Production	Capacity	Quantity	Total Avoided Costs
Water Cooled Chiller Tune Up	\$1.00	\$4.00	\$2.00	18000 Tons	\$126,000

Appendix 6 – Utility Program Costs

Measure	Qty	Admin Costs	Total Costs
Water Cooled Chiller Tune Up	18000	\$1.22	\$21,938

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
7690-0672-02-7	40,000,000 kWh		

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:

<input type="checkbox"/> All sections of appropriate application(s) are completed	<input checked="" type="checkbox"/> Proof of payment.*	<input type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
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* 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 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>
Heating & Cooling	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>
Chillers & Thermal Storage	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Chillers & Thermal Storage <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Chiller Tune-ups	MSD Prescriptive Chiller Tune-ups <input checked="" type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>
Motors & Pumps	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
VFDs	Not Applicable	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>	
Food Service	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Food Service <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Air Compressors	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>
Process	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	
Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>
Behavioral*** & No/Low Cost	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>		

** 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.

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)		
<input type="checkbox"/> Data Centers	<input type="checkbox"/> Full Service Restaurant	<input checked="" type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Public Assembly
<input type="checkbox"/> Education Other	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Order/Safety
<input type="checkbox"/> Elder Care/Nursing Home	<input type="checkbox"/> Lodging	<input type="checkbox"/> Religious Worship/Church
<input type="checkbox"/> Food Sales/Grocery	<input type="checkbox"/> Retail (Small Box)	<input type="checkbox"/> Service
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Retail (Big Box)	<input type="checkbox"/> Warehouse
<input checked="" type="checkbox"/> Other: Pharmaceutical		
How did you hear about the program? (check one)		
<input checked="" type="checkbox"/> Duke Energy Representative	<input type="checkbox"/> Web Site	<input type="checkbox"/> Radio
<input type="checkbox"/> Contractor / Vendor	<input type="checkbox"/> Other _____	

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

<input checked="" type="checkbox"/> All sections of application	<input type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input type="checkbox"/> Tax ID number for payee	<input type="checkbox"/> Customer/vendor agree to Terms and Conditions
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Customer Information			
Customer/Business	Patheon Pharmaceuticals	Contact	Gerald Leas
Phone	513-948-7457	Account Number	7690-0672-02-7
Street Address (Where incentive should be mailed)		2110 East Galbraith Rd.	
City	Cincinnati	State	OH
		Zip Code	45237
Installation Street Address		N/A	
City		State	
		Zip Code	
E-mail Address	gerald.leas@patheon.com		

**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	Johnson Controls	Contact	Randy Weekley
Phone	513-605-6045	Fax	513-489-7516
Street Address		7863 Palace Dr.	
City	Cincinnati	State	OH
		Zip Code	45249
E-mail Address	randy.p.weekley@jci.com		

If Duke Energy has questions about this application, who should we contact? Customer Vendor

Payment Information	
Who should receive incentive payment?	<input checked="" type="checkbox"/> Customer <input type="checkbox"/> Vendor (Customer must sign below)
I hereby authorize payment of incentive directly to the vendor:	Customer Signature (written signature)
	Date
Provide Tax ID Number for Payee	Customer Tax ID #
	Vendor Tax ID #
	98-0198203

Terms and Conditions	
I have read and hereby agree to the Terms & Conditions and Program Requirements.	
Customer Signature	<i>Gerald Leas</i>
Date	March 28, 2012
Title	Power Plant Supervisor
Vendor Signature	
Date	
Title	

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-ups						
Manufacturer and Model #	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous Service Date	Total Incentive
York YKR2R2J20HAS	1	2000	\$12,300.00	Jan-Feb 2009	Jan-Feb 2008	
Trane CVHB-155F	2	1200	\$12,300.00	Jan-Feb 2009	Jan-Feb 2008	
Trane CV-8C-G5-H5	2	800	\$12,300.00	Jan-Feb 2009	Jan-Feb 2008	

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

To Calculate your tune-up incentive*:	
A. Add up equipment capacity of all units serviced (in tons) and multiply by \$2/ton =	\$12,000.00
B. Cost of service = \$12,300.00 x 50% of total service cost =	\$6,150.00
Total Incentive (lesser amount of row A or row B)=	\$6,150.00

*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):

<input type="checkbox"/> Air cooled condenser coil cleaning	<input checked="" type="checkbox"/> Compressor amp draw	<input checked="" type="checkbox"/> Low Pressure controls
<input checked="" type="checkbox"/> System Pressure check and adjust	<input checked="" type="checkbox"/> Supply motor amp draw	<input checked="" type="checkbox"/> High Pressure controls
<input type="checkbox"/> Filter inspect or replace	<input type="checkbox"/> Condenser fan(s) amp draw	<input checked="" type="checkbox"/> Crankcase heater operation
<input type="checkbox"/> Belt inspect or replace	<input checked="" type="checkbox"/> Liquid line temperature	<input checked="" type="checkbox"/> Water cooled chiller condenser tube cleaning
<input checked="" type="checkbox"/> Contactors condition	<input checked="" type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input checked="" type="checkbox"/> Evaporator condition	<input checked="" type="checkbox"/> 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.

Terms and Conditions

I certify that this premise is served by Duke Energy (or an affiliate of Duke Energy), that the information provided herein is accurate and complete, and that I have purchased and installed the high efficiency equipment (indicated herein) for the business facility listed herein and not for resale. Attached is an itemized invoice for the indicated installed equipment. I understand that the proposed incentive payment from Duke Energy is subject to change based on verification and Duke Energy approval. I agree to Duke Energy verification of both the sales transaction and equipment installation which may include a site inspection from a Duke Energy representative or Duke Energy agent. I understand that I am not allowed to receive more than one incentive from Duke Energy on any piece of equipment. I also understand that my participation in the program may be taxable and that my company is solely responsible for paying all such taxes. I hereby agree to indemnify, hold harmless and release Duke Energy and its affiliates from any actions or claims in regards to the installation, operation and disposal of equipment (and related materials) covered herein including liability from an incidental or consequential damages. Duke Energy does not endorse any particular manufacturer, product or system design within these programs; does not expressly or implicitly warrant the performance of installed equipment (Contact your contractor for details regarding equipment warranties), and is not liable for any damage caused by the installation of the equipment or for any damage cause by the malfunction of the installed equipment.

Incentive Application Instructions

IMPORTANT NOTICE

Delays in processing incentive payments will occur if required documentation is not included with completed application(s).

1. Contact Duke Energy toll free at 866-380-9580 to confirm customer eligibility. Applications are available for download at www.duke-energy.com.
2. Review program and equipment requirements on the incentive application. (Page7)
3. Purchase and install eligible energy-efficient equipment.
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5. **The following items must be included to verify projects. If they are not included, it will delay payment of incentive.**
 - A. Itemized invoice for all equipment installed to include:
 - a. Equipment cost
 - b. Quantity per equipment type installed
 - c. Model # for each equipment type
 - d. Manufacturer's data sheet for each equipment model #.
 - B. **Make sure the account number provided on the cover page (customer information section) is associated with the location where the equipment was installed. If the account # does not match the address where the equipment was installed, the application will be rejected as ineligible.**
 - C. Provide required tax ID# for payee.
 - D. Customer must sign and date the application after reviewing the Terms and Conditions. If customer wishes to **assign payment of the incentive directly to the vendor**, the customer should circle the appropriate payee in the Payment Information section of the application and sign their name to authorize payment.
6. Duke Energy may require site verification of projects that have been self-installed, prior to payment of incentive.
8. Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572.
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Mercantile Self Direct Incentive Program Requirements for Vendor Participation

Program Overview

- Duke Energy offers its eligible non-residential customers the opportunity to increase profitability through energy cost savings and contribute to a cleaner environment by participating in our Mercantile Self Direct Incentive Program.
 - Under the Duke Energy Mercantile Self Direct Incentive Program, Vendor is defined as any third party who:
 - Promotes the sale and installation of the high efficiency equipment for the customer. The Vendor will ensure that the eligible equipment is installed and operating before submitting the application or assisting the customer in completing the application.
 - Is responsible for the product sale only and is not required to ensure installation of the eligible equipment.
 - All license requirements, if any, are solely the Vendor's responsibility. Participating Vendors include equipment contractors, equipment Vendors, equipment manufacturers and distributors, energy service companies, etc. The typical Vendor role is to contact/solicit eligible customers building new or retrofitting existing facilities and encourage the installation of the energy-efficient equipment offered in Duke Energy's program.
 - Incentives are paid directly to customers unless the customer assigns the incentive to the Vendor. The assigned incentive must reduce the purchase price paid for the equipment by an equivalent amount. Incentives are taxable to the entity who receives the rebate check. Rebates greater than \$600 will be reported to the IRS unless documentation of tax exempt status is provided.
 - Vendors can sign up to be on Duke Energy's Web site as a participating Vendor and be added to Duke Energy's e-mail distribution by emailing the Vendor Participation Agreement (VPA) to SelfDirect@duke-energy.com or faxing to 513-629-5572.
- Vendors may not represent to customers that Duke Energy endorses their specific products or services. Duke Energy does not endorse specific products, services, or companies – only energy-efficient technologies.
 - Vendors may advise customers of their option to have Duke Energy make their rebate check(s) payable to the Vendor if the customer's rebate amount is being deducted from the total sale price in advance. The customer must complete and sign the Payment Release Authorization section of the Mercantile Self Direct Incentive Program Application.
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 - Vendors shall provide customers with applicable equipment warranty information for all measures installed. Vendors shall provide the required documentation for customers to apply for the rebate (invoices with model numbers and quantities, specification sheets for installed equipment, etc.) and assist customers in filling out the application.
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- Vendors shall not misrepresent the nature of their role in the program. In particular, Vendors shall not state or imply to customers, or any persons, that the Vendor is employed by or working on Duke Energy's behalf.

For more information, call 1-866.380.9580 or visit www.duke-energy.com.

Mercantile Self Direct Rebate Program

Technology	Responsible for sales and not installs*	Responsible for sales and Installation*	Technology	Responsible for sales and not installs*	Responsible for sales and Installation*
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Storage	<input type="checkbox"/>	<input type="checkbox"/>
Heating Ventilation & Cooling	<input type="checkbox"/>	<input type="checkbox"/>	Pumps/Motors/VFD's	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>	Chillers	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Process Equipment (air compressors, injection molding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Window Film	<input type="checkbox"/>	<input type="checkbox"/>

* Check all that apply

Vendors who wish to be listed as a Mercantile Self Direct Incentive Program participating Vendor shall complete this form. A signed copy of this form must be on file at Duke Energy in order for the Vendor to receive incentive payments. Fax form to **513-629-5572** or email to SelfDirect@duke-energy.com.

I have read and understand the Mercantile Self Direct Incentive Program Requirements for Vendor Participation, and I agree to comply with all requirements set forth therein. By signing this agreement, I agree to provide my customers with information and documentation that is true and accurate to the best of my knowledge. I hereby represent and warrant that the Tax ID and Vendor Tax Status provided below are true and accurate. I agree that any confidential information concerning my customer, including but not limited to Duke Energy service account information, will be used for the sole purpose of facilitating the customer's participation in the Mercantile Self Direct Incentive Program. Further, I understand that I am responsible for making sure everyone working for me understands the requirements prior to soliciting customer participation.

Vendor Federal Tax ID Number	
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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 third-party vendor. The third-party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the third-party vendor have signed 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.

Vendor Tax Status	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Contact me via	<input type="checkbox"/> Phone	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	
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Company Name	
Mailing Address	
City, State, Zip	
Phone/Fax	
Primary E-mail Address	
Secondary E-mail Address	
Vendor Signature	
Title	
Print Name	
Date	

For more information, call 1-866-380-9580 or visit www.duke-energy.com.

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
7690-0672-02-7	40,000,000 kWh		

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 Saver 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.

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

<input type="checkbox"/> All sections of appropriate application(s) are completed	<input checked="" type="checkbox"/> Proof of payment.*	<input type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
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* 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 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>
Heating & Cooling	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>
Chillers & Thermal Storage	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Chillers & Thermal Storage <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Chiller Tune-ups	MSD Prescriptive Chiller Tune-ups <input checked="" type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>
Motors & Pumps	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
VFDs	Not Applicable	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>	
Food Service	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Food Service <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Air Compressors	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>
Process	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	
Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>
Behavioral*** & No/Low Cost		MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	

** 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.

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)		
<input type="checkbox"/> Data Centers	<input type="checkbox"/> Full Service Restaurant	<input checked="" type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Public Assembly
<input type="checkbox"/> Education Other	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Order/Safety
<input type="checkbox"/> Elder Care/Nursing Home	<input type="checkbox"/> Lodging	<input type="checkbox"/> Religious Worship/Church
<input type="checkbox"/> Food Sales/Grocery	<input type="checkbox"/> Retail (Small Box)	<input type="checkbox"/> Service
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Retail (Big Box)	<input type="checkbox"/> Warehouse
<input checked="" type="checkbox"/> Other: Pharmaceutical		
How did you hear about the program? (check one)		
<input checked="" type="checkbox"/> Duke Energy Representative	<input type="checkbox"/> Web Site	<input type="checkbox"/> Radio
<input type="checkbox"/> Contractor / Vendor	<input type="checkbox"/> Other _____	

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

<input checked="" type="checkbox"/> All sections of application	<input type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input type="checkbox"/> Tax ID number for payee	<input type="checkbox"/> Customer/vendor agree to Terms and Conditions
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Customer Information			
Customer/Business	Patheon Pharmaceuticals	Contact	Gerald Leas
Phone	513-948-7457	Account Number	7690-0672-02-7
Street Address (Where incentive should be mailed)		2110 East Galbraith Rd.	
City	Cincinnati	State	OH Zip Code 45237
Installation Street Address	N/A		
City		State	Zip Code
E-mail Address	gerald.leas@patheon.com		

**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	Johnson Controls	Contact	Randy Weekley
Phone	513-605-6045	Fax	513-489-7516
Street Address		7863 Palace Dr.	
City	Cincinnati	State	OH Zip Code 45249
E-mail Address	randy.p.weekley@jci.com		

If Duke Energy has questions about this application, who should we contact? Customer Vendor

Payment Information	
Who should receive incentive payment?	<input checked="" type="checkbox"/> Customer <input type="checkbox"/> Vendor (Customer must sign below)
I hereby authorize payment of incentive directly to the vendor:	Customer Signature (written signature)
	Date
Provide Tax ID Number for Payee	Customer Tax ID # 98-0198203
	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
Title	Title

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-ups

Manufacturer and Model #	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous Service Date	Total Incentive
York YKR2R2J20HAS	1	2000	\$12,300.00	Jan-Feb 2010	Jan-Feb 2009	
Trane CVHB-155F	2	1200	\$12,300.00	Jan-Feb 2010	Jan-Feb 2009	
Trane CV-8C-G5-H5	2	800	\$12,300.00	Jan-Feb 2010	Jan-Feb 2009	

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

To Calculate your tune-up incentive*:

A. Add up equipment capacity of all units serviced (in tons) and multiply by \$2/ton =	\$12,000.00
B. Cost of service = \$12,300.00 x 50% of total service cost =	\$6,150.00
Total Incentive (lesser amount of row A or row B)=	\$6,150.00

*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):

<input type="checkbox"/> Air cooled condenser coil cleaning	<input checked="" type="checkbox"/> Compressor amp draw	<input checked="" type="checkbox"/> Low Pressure controls
<input checked="" type="checkbox"/> System Pressure check and adjust	<input checked="" type="checkbox"/> Supply motor amp draw	<input checked="" type="checkbox"/> High Pressure controls
<input type="checkbox"/> Filter inspect or replace	<input type="checkbox"/> Condenser fan(s) amp draw	<input checked="" type="checkbox"/> Crankcase heater operation
<input type="checkbox"/> Belt inspect or replace	<input checked="" type="checkbox"/> Liquid line temperature	<input checked="" type="checkbox"/> Water cooled chiller condenser tube cleaning
<input checked="" type="checkbox"/> Contactors condition	<input checked="" type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input checked="" type="checkbox"/> Evaporator condition	<input checked="" type="checkbox"/> 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.

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Heating Ventilation & Cooling	<input type="checkbox"/>	<input type="checkbox"/>	Pumps/Motors/VFD's	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>	Chillers	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Process Equipment (air compressors, injection molding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Window Film	<input type="checkbox"/>	<input type="checkbox"/>

* Check all that apply

Vendors who wish to be listed as a Mercantile Self Direct Incentive Program participating Vendor shall complete this form. A signed copy of this form must be on file at Duke Energy in order for the Vendor to receive incentive payments. Fax form to **513-629-5572** or email to SelfDirect@duke-energy.com.

I have read and understand the Mercantile Self Direct Incentive Program Requirements for Vendor Participation, and I agree to comply with all requirements set forth therein. By signing this agreement, I agree to provide my customers with information and documentation that is true and accurate to the best of my knowledge. I hereby represent and warrant that the Tax ID and Vendor Tax Status provided below are true and accurate. I agree that any confidential information concerning my customer, including but not limited to Duke Energy service account information, will be used for the sole purpose of facilitating the customer's participation in the Mercantile Self Direct Incentive Program. Further, I understand that I am responsible for making sure everyone working for me understands the requirements prior to soliciting customer participation.

Vendor Federal Tax ID Number	
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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 third-party vendor. The third-party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the third-party vendor have signed 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.

Vendor Tax Status	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Contact me via	<input type="checkbox"/> Phone	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	
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Company Name	
Mailing Address	
City, State, Zip	
Phone/Fax	
Primary E-mail Address	
Secondary E-mail Address	
Vendor Signature	
Title	
Print Name	
Date	

For more information, call 1-866-380-9580 or visit www.duke-energy.com.

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
7690-0672-02-7	40,000,000 kWh		

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:

<input type="checkbox"/> All sections of appropriate application(s) are completed	<input checked="" type="checkbox"/> Proof of payment.*	<input type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
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* 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 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>
Heating & Cooling	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>
Chillers & Thermal Storage	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Chillers & Thermal Storage <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Chiller Tune-ups	MSD Prescriptive Chiller Tune-ups <input checked="" type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>
Motors & Pumps	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
VFDs	Not Applicable	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>	
Food Service	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Food Service <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Air Compressors	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>
Process	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	
Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>
Behavioral*** & No/Low Cost	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>		

** 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.

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)		
<input type="checkbox"/> Data Centers	<input type="checkbox"/> Full Service Restaurant	<input checked="" type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Public Assembly
<input type="checkbox"/> Education Other	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Order/Safety
<input type="checkbox"/> Elder Care/Nursing Home	<input type="checkbox"/> Lodging	<input type="checkbox"/> Religious Worship/Church
<input type="checkbox"/> Food Sales/Grocery	<input type="checkbox"/> Retail (Small Box)	<input type="checkbox"/> Service
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Retail (Big Box)	<input type="checkbox"/> Warehouse
<input checked="" type="checkbox"/> Other: Pharmaceutical		
How did you hear about the program? (check one)		
<input checked="" type="checkbox"/> Duke Energy Representative	<input type="checkbox"/> Web Site	<input type="checkbox"/> Radio
<input type="checkbox"/> Contractor / Vendor	<input type="checkbox"/> Other _____	

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

<input checked="" type="checkbox"/> All sections of application	<input type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input type="checkbox"/> Tax ID number for payee	<input type="checkbox"/> Customer/vendor agree to Terms and Conditions
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Customer Information			
Customer/Business	Patheon Pharmaceuticals	Contact	Gerald Leas
Phone	513-948-7457	Account Number	7690-0672-02-7
Street Address (Where incentive should be mailed)		2110 East Galbraith Rd.	
City	Cincinnati	State	OH Zip Code 45237
Installation Street Address	N/A		
City		State	Zip Code
E-mail Address	gerald.leas@patheon.com		

*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	Johnson Controls	Contact	Randy Weekley
Phone	513-605-6045	Fax	513-489-7516
Street Address		7863 Palace Dr.	
City	Cincinnati	State	OH Zip Code 45249
E-mail Address	randy.p.weekley@jci.com		

If Duke Energy has questions about this application, who should we contact? Customer Vendor

Payment Information	
Who should receive incentive payment?	<input checked="" type="checkbox"/> Customer <input type="checkbox"/> Vendor (Customer must sign below)
I hereby authorize payment of incentive directly to the vendor:	Customer Signature (written signature)
	Date
Provide Tax ID Number for Payee	Customer Tax ID # 98-0198203
	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
Title	Title

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-ups						
Manufacturer and Model #	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous Service Date	Total Incentive
York YKR2R2J20HAS	1	2000	\$12,300.00	Jan-Feb 2011	Jan-Feb 2010	
Trane CVHB-155F	2	1200	\$12,300.00	Jan-Feb 2011	Jan-Feb 2010	
Trane CV-8C-G5-H5	2	800	\$12,300.00	Jan-Feb 2011	Jan-Feb 2010	

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

To Calculate your tune-up incentive*:	
A. Add up equipment capacity of all units serviced (in tons) and multiply by \$2/ton =	\$12,000.00
B. Cost of service = \$12,300.00 x 50% of total service cost =	\$6,150.00
Total Incentive (lesser amount of row A or row B)=	\$6,150.00

*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):

<input type="checkbox"/> Air cooled condenser coil cleaning	<input checked="" type="checkbox"/> Compressor amp draw	<input checked="" type="checkbox"/> Low Pressure controls
<input checked="" type="checkbox"/> System Pressure check and adjust	<input checked="" type="checkbox"/> Supply motor amp draw	<input checked="" type="checkbox"/> High Pressure controls
<input type="checkbox"/> Filter inspect or replace	<input type="checkbox"/> Condenser fan(s) amp draw	<input checked="" type="checkbox"/> Crankcase heater operation
<input type="checkbox"/> Belt inspect or replace	<input checked="" type="checkbox"/> Liquid line temperature	<input checked="" type="checkbox"/> Water cooled chiller condenser tube cleaning
<input checked="" type="checkbox"/> Contactors condition	<input checked="" type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input checked="" type="checkbox"/> Evaporator condition	<input checked="" type="checkbox"/> 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.

Terms and Conditions

I certify that this premise is served by Duke Energy (or an affiliate of Duke Energy), that the information provided herein is accurate and complete, and that I have purchased and installed the high efficiency equipment (indicated herein) for the business facility listed herein and not for resale. Attached is an itemized invoice for the indicated installed equipment. I understand that the proposed incentive payment from Duke Energy is subject to change based on verification and Duke Energy approval. I agree to Duke Energy verification of both the sales transaction and equipment installation which may include a site inspection from a Duke Energy representative or Duke Energy agent. I understand that I am not allowed to receive more than one incentive from Duke Energy on any piece of equipment. I also understand that my participation in the program may be taxable and that my company is solely responsible for paying all such taxes. I hereby agree to indemnify, hold harmless and release Duke Energy and its affiliates from any actions or claims in regards to the installation, operation and disposal of equipment (and related materials) covered herein including liability from an incidental or consequential damages. Duke Energy does not endorse any particular manufacturer, product or system design within these programs; does not expressly or implicitly warrant the performance of installed equipment (Contact your contractor for details regarding equipment warranties), and is not liable for any damage caused by the installation of the equipment or for any damage cause by the malfunction of the installed equipment.

Incentive Application Instructions

IMPORTANT NOTICE

Delays in processing incentive payments will occur if required documentation is not included with completed application(s).

1. Contact Duke Energy toll free at 866-380-9580 to confirm customer eligibility. Applications are available for download at www.duke-energy.com.
2. Review program and equipment requirements on the incentive application. (Page7)
3. Purchase and install eligible energy-efficient equipment.
4. Complete and submit application for equipment that was installed after 1/1/2008.
5. **The following items must be included to verify projects. If they are not included, it will delay payment of incentive.**
 - A. Itemized invoice for all equipment installed to include:
 - a. Equipment cost
 - b. Quantity per equipment type installed
 - c. Model # for each equipment type
 - d. Manufacturer's data sheet for each equipment model #.
 - B. **Make sure the account number provided on the cover page (customer information section) is associated with the location where the equipment was installed. If the account # does not match the address where the equipment was installed, the application will be rejected as ineligible.**
 - C. Provide required tax ID# for payee.
 - D. Customer must sign and date the application after reviewing the Terms and Conditions. If customer wishes to **assign payment of the incentive directly to the vendor**, the customer should circle the appropriate payee in the Payment Information section of the application and sign their name to authorize payment.
6. Duke Energy may require site verification of projects that have been self-installed, prior to payment of incentive.
8. Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572.
8. A percentage of equipment installations will be site verified for quality assurance purposes. Once selected, a Duke Energy representative will contact the customer to arrange for the inspection. All incentive payments related to the project will be withheld until site verification is complete. There is no charge to the customer for these inspections.

Mercantile Self Direct Incentive Program Requirements for Vendor Participation

Program Overview

- Duke Energy offers its eligible non-residential customers the opportunity to increase profitability through energy cost savings and contribute to a cleaner environment by participating in our Mercantile Self Direct Incentive Program.
 - Under the Duke Energy Mercantile Self Direct Incentive Program, Vendor is defined as any third party who:
 - Promotes the sale and installation of the high efficiency equipment for the customer. The Vendor will ensure that the eligible equipment is installed and operating before submitting the application or assisting the customer in completing the application.
 - Is responsible for the product sale only and is not required to ensure installation of the eligible equipment.
 - All license requirements, if any, are solely the Vendor's responsibility. Participating Vendors include equipment contractors, equipment Vendors, equipment manufacturers and distributors, energy service companies, etc. The typical Vendor role is to contact/solicit eligible customers building new or retrofitting existing facilities and encourage the installation of the energy-efficient equipment offered in Duke Energy's program.
 - Incentives are paid directly to customers unless the customer assigns the incentive to the Vendor. The assigned incentive must reduce the purchase price paid for the equipment by an equivalent amount. Incentives are taxable to the entity who receives the rebate check. Rebates greater than \$600 will be reported to the IRS unless documentation of tax exempt status is provided.
 - Vendors can sign up to be on Duke Energy's Web site as a participating Vendor and be added to Duke Energy's e-mail distribution by emailing the Vendor Participation Agreement (VPA) to SelfDirect@duke-energy.com or faxing to **513-629-5572**.
- Vendors may not represent to customers that Duke Energy endorses their specific products or services. Duke Energy does not endorse specific products, services, or companies – only energy-efficient technologies.
 - Vendors may advise customers of their option to have Duke Energy make their rebate check(s) payable to the Vendor if the customer's rebate amount is being deducted from the total sale price in advance. The customer must complete and sign the Payment Release Authorization section of the Mercantile Self Direct Incentive Program Application.
 - Vendors may use the words "Duke Energy's Mercantile Self Direct Incentive Program" in promotional materials or advertisements. Vendors may use the name Duke Energy in a text format to describe the Mercantile Self Direct Incentive Program, but are not permitted to use Duke Energy's logos.
 - For Vendors who properly install the qualifying equipment, the equipment shall be installed and operating prior to an application being submitted. A percentage of each Vendor's installations will be subject to inspection by Duke Energy for verifying that the equipment is installed and operating. Vendors demonstrating high failure rates (based on a statistically significant sample) will have 100% of subsequent jobs inspected or may have their participation in the Mercantile Self Direct Incentive Program revoked by Duke Energy in its sole discretion.
 - Vendors shall provide customers with applicable equipment warranty information for all measures installed. Vendors shall provide the required documentation for customers to apply for the rebate (invoices with model numbers and quantities, specification sheets for installed equipment, etc.) and assist customers in filling out the application.
 - Vendors shall comply with all applicable local, state, and federal laws and codes when performing installation and related functions.
 - Duke Energy reserves the right to revoke a Vendor's participation in Mercantile Self Direct Incentive Program if, in Duke Energy's sole judgment, the Vendor fails to comply with the program's guidelines and requirements.
 - Mercantile Self Direct Incentive Program offerings may be modified or terminated without prior notice. Check Duke Energy's Web site for current program status.

Guidelines for Vendor Activities

- Vendors shall sign and return the attached VPA to Duke Energy prior to soliciting customer participation or when submitting an application. Rebate payments will not be released to a Vendor unless a signed VPA is on file.
- Vendors shall not misrepresent the nature of their role in the program. In particular, Vendors shall not state or imply to customers, or any persons, that the Vendor is employed by or working on Duke Energy's behalf.

For more information, call **1-866.380.9580** or visit www.duke-energy.com.

Mercantile Self Direct Rebate Program

Technology	Responsible for sales and not installs*	Responsible for sales and Installation*	Technology	Responsible for sales and not installs*	Responsible for sales and Installation*
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Storage	<input type="checkbox"/>	<input type="checkbox"/>
Heating Ventilation & Cooling	<input type="checkbox"/>	<input type="checkbox"/>	Pumps/Motors/VFD's	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>	Chillers	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Process Equipment (air compressors, injection molding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Window Film	<input type="checkbox"/>	<input type="checkbox"/>

* Check all that apply

Vendors who wish to be listed as a Mercantile Self Direct Incentive Program participating Vendor shall complete this form. A signed copy of this form must be on file at Duke Energy in order for the Vendor to receive incentive payments. Fax form to **513-629-5572** or email to SelfDirect@duke-energy.com.

I have read and understand the Mercantile Self Direct Incentive Program Requirements for Vendor Participation, and I agree to comply with all requirements set forth therein. By signing this agreement, I agree to provide my customers with information and documentation that is true and accurate to the best of my knowledge. I hereby represent and warrant that the Tax ID and Vendor Tax Status provided below are true and accurate. I agree that any confidential information concerning my customer, including but not limited to Duke Energy service account information, will be used for the sole purpose of facilitating the customer's participation in the Mercantile Self Direct Incentive Program. Further, I understand that I am responsible for making sure everyone working for me understands the requirements prior to soliciting customer participation.

Vendor Federal Tax ID Number	
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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 third-party vendor. The third-party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the third-party vendor have signed 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.

Vendor Tax Status	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Contact me via	<input type="checkbox"/> Phone	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail
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Company Name	
Mailing Address	
City, State, Zip	
Phone/Fax	
Primary E-mail Address	
Secondary E-mail Address	
Vendor Signature	
Title	
Print Name	
Date	

For more information, call 1-866-380-9580 or visit www.duke-energy.com.

Services Overview

PSA Patheon Pharmaceuticals Scope of Work –York Chiller #7

High Pressure Centrifugals

Operating Season Inspection (3)

- Inspecting chiller and adjusting safety controls
- Checking operation of controls
- Checking oil and refrigerant levels
- Checking operation of lube system
- Checking the oil return system
- Checking operation of motor
- Lubricating open motor
- Recording operating conditions
- Checking log and reviewing chiller and system operation with operator
- Conducting routine maintenance as recommended and required
- Logging and reporting repairs and parts that are required
- Checking condenser water and chilled water heat transfer
- Check flow switch operation once per year in Spring
- Checking the refrigerant cycle to verify the proper operating balance

The Comprehensive Annual Equipment Shutdown Inspection (1)

Checking the Compressor-Motor Assembly for the following items and performing PM Tasks as indicated:

- Megging and recording motor winding resistance
- Checking the alignment on open drive units
- Checking the coupling
- Checking seals
- Checking inlet vane operator and linkage; lubricating where required

Checking the Compressor Oil System for the following items:

- Conducting analysis on oil at an independent laboratory
- Changing oil filter and gasket
- Checking oil pump
- Checking heater and thermostat
- Checking all other oil system components including cooler, strainer and solenoid valve where applicable
- Changing any filter driers

Review the Control Panel for the following items:

- Running diagnostic check of Control Panel
- Checking and adjusting safety shutdown controls
- Checking all terminals and tightening connections
- Checking Display Data accuracy and set points

Checking the Condenser for the following items:

- Head Removal/Replacement & Tube Brushing By Owner
- Visual inspection of end sheets and tubes after owner brushing

Checking the Cooler for the following items:

- Checking refrigerant level

Checking the System for the following items:

- Conducting a leak check and identifying leak sources for repairs
- Recording condition of sight glasses

General items included:

- Repairing insulation removed for inspection and maintenance procedures
- Cleaning equipment and surrounding area upon completion of work
- Consulting with the operator
- Reporting deficiencies and repairs required

PSA Patheon Pharmaceuticals Scope of Work –Trane Chillers #1, #2, #5, #6

Low Pressure Centrifugals

Operating Season Inspection (3)

- Inspecting chiller and adjusting safety controls
- Checking purge operation
- Checking operation of controls
- Checking oil and refrigerant levels
- Checking operation of lube system
- Checking the oil return system
- Checking operation of motor
- Lubricating open motor
- Recording operating conditions
- Checking log and reviewing chiller and system operation with operator
- Conducting routine maintenance as recommended and required
- Logging and reporting repairs and parts that are required
- Checking condenser water and chilled water heat transfer
- Checking flow switch operation once per year in the Spring
- Checking the refrigerant cycle to verify the proper operating balance

The Comprehensive Annual Equipment Shutdown Inspection (1)

Checking the Compressor-Motor Assembly for the following items and performing PM Tasks as indicated:

- Checking the alignment on open drive units
- Checking the coupling
- Checking seals
- Checking inlet vane operator and linkage; lubricating where required

Checking the Compressor Oil System for the following items:

- Changing oil and filter
- Conducting analysis on oil at an independent laboratory
- Checking oil pump
- Checking heater and thermostat
- Checking all other oil system components including cooler, strainer and solenoid valve where applicable
- Changing any filter driers

Reviewing the Purge Unit for the following items:

- Inspecting the operation of the unit
- Checking all other components for proper condition and operation
- Recording pressure control set point

Review the Control Panel for the following items:

- Running diagnostic check of Control Panel
- Checking and adjusting safety shutdown controls
- Checking all terminals and tightening connections
- Checking Display Data accuracy and set points

Checking the Motor Starter and performing the following tasks:

- Meging motor
- Checking all terminals and tightening connections
- Checking overloads and calibrating
- Checking status lights

Checking the Condenser for the following items:

- Head Removal/Replacement & Tube Brushing By Owner
- Visual inspection of end sheets and tubes after owner brushing

Checking the Cooler for the following items:

- Checking refrigerant level

Checking the System for the following items:

- Conducting a leak check and identifying leak sources for repairs
- Recording condition of sight glasses

General items included:

- Repairing insulation removed for inspection and maintenance procedures
- Cleaning equipment and surrounding area upon completion of work
- Consulting with the operator
- Reporting deficiencies and repairs required



Direct Inquiries To:
 JOHNSON CONTROLS, INC
 CINCINNATI SERVICE
 7863 PALACE DRIVE
 CINCINNATI OH 45249
 866 236-1941

Controls Group
 FEDERAL ID # 39-0380010

Bill To Address

ATTENTION: ACCOUNTS PAYABLE
 PATHEON PHARMACEUTICALS INC
 2110 EAST GALBRAITH ROAD
 CINCINNATI OH 45237-1265

INVOICE

No. **00060935021**
 Date: **02-APR-2009**
 Terms: **Due On Receipt**
 Please indicate invoice number with payment.

Work Site: Patheon Chiller PSA Year 2 of 3 2110 E. Galbraith Rd CINCINNATI OH 45237 USA	Remit Checks To: Johnson Controls PO Box 905240 Charlotte NC 28290-5240	Remit Via ACH Wire Transfers To: JPMorgan Chase Bank One First National Plaza Chicago, IL 60670 ABA #071-000013 Depositor Acct #55-14347 Type of Account: Checking
--	---	---

Customer Number 364 1041651 01	Project 83647168	Purchase Order and Authorization 4500104579 Dianne Napier 16-JUL-2007	Project Manager MILLER, DONALD E
--	----------------------------	---	--

Line	Description	Amount
1	For Period from 01-APR-2009 to 30-JUN-2009	2,987.50

Approval Needed: Leas
 Sent By: BJS Date: 4.8
 PO #: _____
 Coding: _____
 Cost Center: 995P01
 Amount: 2,987.50
 Signature: [Signature]
 Date: 4/13/09
 Difference/Short Pay If Any: _____

Please reference our invoice number and amount with your payment and send only to the address on this invoice.

Invoice Comments:
 Scheduled Service on (4) Trane and (1) York chiller

Sub Total	2,987.50
Taxes	.00
Net Amount Due	2,987.50
Currency	USD

ORIGINAL INVOICE



Direct Inquiries To:
 JOHNSON CONTROLS, INC
 CINCINNATI SERVICE
 7863 PALACE DRIVE
 CINCINNATI OH 45249
 866 236-1941

Controls Group
 FEDERAL ID # 39-0380010

RECEIVED
 JAN 13 2009
 BY _____

Bill To Address

ATTENTION: ACCOUNTS PAYABLE
 PATHEON PHARMACEUTICALS INC
 2110 EAST GALBRAITH ROAD
 CINCINNATI OH 45237-1265

INVOICE

No. 00060037985
Date: 07-JAN-2009
Terms: Due On Receipt
 Please indicate invoice number with payment.

Work Site: Patheon Chiller PSA Year 2 of 3 2110 E. Galbraith Rd CINCINNATI OH 45237 USA	Remit Checks To: Johnson Controls PO Box 905240 Charlotte NC 28290-5240	Remit Via ACH Wire Transfers To: JPMorgan Chase Bank One First National Plaza Chicago, IL 60670 ABA #071-000013 Depositor Acct #55-14347 Type of Account: Checking
--	---	---

Customer Number 364 1041651 01	Project 83647168	Purchase Order and Authorization 4500104579 Dianne Napier 16-JUL-2007	Project Manager MILLER, DONALD E
--	----------------------------	---	--

Line	Description	Amount
1	For Period from 01-JAN-2009 to 31-MAR-2009	2,987.50

Approval Needed: *Jim Taube*
Sent By: BJS **Date:** _____
 PO #: _____
 Conting: _____
 Cost Center: 995 PO1
 Amount: 2,987.50
 Signature: *[Signature]*
 Date: 09 FEB 09
 Difference/Short Pay If Any: _____

Please reference our invoice number and amount with your payment and send only to the address on this invoice.

Invoice Comments:

Scheduled Service on (4) Trane and (1) York chiller

1/26 per J. Taube - should go to YIOX fed email. tjs

Sub Total	2,987.50
Taxes	.00
Net Amount Due	2,987.50
Currency	USD

ORIGINAL INVOICE

via email



Direct Inquiries To:
 JOHNSON CONTROLS, INC
 CINCINNATI SERVICE
 7863 PALACE DRIVE
 CINCINNATI OH 45249
 866 236-1941

Controls Group
 FEDERAL ID # 39-0380010

Bill To Address

ATTENTION: ACCOUNTS PAYABLE
 PATHEON PHARMACEUTICALS INC
 2110 EAST GALBRAITH ROAD
 CINCINNATI OH 45237-1265

RECEIVED

APR 08 2010

BY:

INVOICE

No. 00065295090
 Date: 02-APR-2010
 Terms: Due On Receipt
 Please indicate invoice number with payment.

Work Site:	Remit Checks To:	Remit Via ACH Wire Transfers To:
Patheon Chiller PSA Year 3 of 3 2110 E. Galbraith Rd CINCINNATI OH 45237 USA	Johnson Controls PO Box 905240 Charlotte NC 28290-5240	JPMorgan Chase Bank 1 Bank One Plaza Chicago, IL 60670 ABA #071-000013 Depositor Acct #55-14347 Type of Account: Checking

Customer Number	Project	Purchase Order and Authorization	Project Manager
364 1041651 01	93647168	4500104579 Dianne Napier 16-JUL-2007	MILLER, DONALD E

Line	Description	Amount
------	-------------	--------

1	For Period from 01-APR-2010 to 30-JUN-2010	3,077.00
---	--	----------

Approval Needed:
 Sent By: TAM Date: Lead
 PO #: _____
 Coding: _____
 Cost Center: 495P01
 Amount: 3077
 Signature: [Signature]
 Date: 4/09/10
 Difference/Short Pay If Any: _____

Please reference our invoice number and amount with your payment and send only to the address on this invoice.

Invoice Comments:
 Scheduled Service on Trane and York Chillers

Sub Total	3,077.00
Taxes	.00
Net Amount Due	3,077.00
Currency	USD

ORIGINAL INVOICE



Direct Inquiries To:
 JOHNSON CONTROLS, INC
 CINCINNATI SERVICE
 7863 PALACE DRIVE
 CINCINNATI OH 45249
 866 236-1941

RECEIVED
 JAN 06 2010
 BY: 10013460
 1900032398
 1/7

Controls Group
 FEDERAL ID # 39-0380010

Bill To Address

ATTENTION: ACCOUNTS PAYABLE
 PATHEON PHARMACEUTICALS INC
 2110 EAST GALBRAITH ROAD
 CINCINNATI OH 45237-1265

INVOICE
 No. 00064272009
 Date: 04-JAN-2010
 Terms: Due On Receipt
 Please indicate invoice number with payment.

Work Site: Patheon Chiller PSA Year 3 of 3 2110 E. Galbraith Rd CINCINNATI OH 45237 USA	Remit Checks To: Johnson Controls PO Box 905240 Charlotte NC 28290-5240	Remit Via ACH Wire Transfers To: JPMorgan Chase Bank 1 Bank One Plaza Chicago, IL 60670 ABA #071-000013 Depositor Acct #55-14347 Type of Account: Checking
--	---	---

Customer Number	Project	Purchase Order and Authorization	Project Manager
364 1041651 01	93647168	4500104579 Dianne Napier 16-JUL-2007	MILLER, DONALD E

Line	Description	Amount
1	For Period from 01-JAN-2010 to 31-MAR-2010	3,077.00

Approval Needed:
 Sent By: TAH Date: _____
 PO #: _____
 Coding: _____
 Cost Center: 995PO1
 Amount: 3,077
 Signature: [Signature]
 Date: 01/08/10
 Difference/Short Pay If Any: _____

995PO1 - \$ PO Napier

Please reference our invoice number and amount with your payment and send only to the address on this invoice.

Invoice Comments: Scheduled Service on Trane and York Chillers	Sub Total	3,077.00
	Taxes	.00
	Net Amount Due	3,077.00
	Currency	USD

ORIGINAL INVOICE



Direct Inquiries To:
 JOHNSON CONTROLS, INC
 CINCINNATI SERVICE
 7863 PALACE DRIVE
 CINCINNATI OH 45249
 866 236-1941

Controls Group
 FEDERAL ID # 39-0380010

1900030779/198

Bill To Address

ATTENTION: ACCOUNTS PAYABLE
 PATHEON PHARMACEUTICALS INC
 2110 EAST GALBRAITH ROAD
 CINCINNATI OH 45237-1265

INVOICE

No. 00063174243
Date: 02-OCT-2009
Terms: Due On Receipt
 Please indicate invoice number with payment.

Work Site: Patheon Chiller PSA Year 3 of 3 2110 E. Galbraith Rd CINCINNATI OH 45237 USA	Remit Checks To: Johnson Controls PO Box 905240 Charlotte NC 28290-5240	Remit Via ACH Wire Transfers To: JPMorgan Chase Bank 1 Bank One Plaza Chicago, IL 60670 ABA #071-000013 Depositor Acct #55-14347 Type of Account: Checking
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Customer Number 364 1041651 01	Project 93647168	Purchase Order and Authorization 4500104579 Dianne Napier 16-JUL-2007	Project Manager MILLER, DONALD E
--	----------------------------	---	--

Line	Description	Amount
1	For Period from 01-OCT-2009 to 31-DEC-2009	3,077.00

OCT - 8 2009

Approval Needed: Leas
Sent By: BJS **Date:** 10/8
 PO #: _____
 Coding: _____
 Cost Center: 495P01
 Amt: \$ 3,077
 Signature: [Signature]
 Date: 10/13/09
 Difference/Short Pay If Any: _____

Please reference our invoice number and amount with your payment and send only to the address on this invoice.

Invoice Comments:

Scheduled Service on Trane and York Chillers

Sub Total	3,077.00
Taxes	.00
Net Amount Due	3,077.00
Currency	USD

ORIGINAL INVOICE



Direct Inquiries To:
 JOHNSON CONTROLS, INC
 CINCINNATI SERVICE
 7863 PALACE DRIVE
 CINCINNATI OH 45249
 866 236-1941

Controls Group
 FEDERAL ID # 39-0380010

1900029278 7/14

Bill To Address

ATTENTION: ACCOUNTS PAYABLE
 PATHEON PHARMACEUTICALS INC
 2110 EAST GALBRAITH ROAD
 CINCINNATI OH 45237-1265

JUL - 9 2009

INVOICE

No. 00062039451
 Date: 02-JUL-2009
 Terms: Due On Receipt
 Please indicate invoice number with payment.

Work Site:	Remit Checks To:	Remit Via ACH Wire Transfers To:
Patheon Chiller PSA Year 3 of 3 2110 E. Galbraith Rd CINCINNATI OH 45237 USA	Johnson Controls PO Box 905240 Charlotte NC 28290-5240	JPMorgan Chase Bank 1 Bank One Plaza Chicago, IL 60670 ABA #071-000013 Depositor Acct #55-14347 Type of Account: Checking

Customer Number	Project	Purchase Order and Authorization	Project Manager
364 1041651 01	93647168	4500104579 Dianne Napier 16-JUL-2007	MILLER, DONALD E

Line	Description	Amount
1	For Period from 01-JUL-2009 to 30-SEP-2009	3,077.00

Approval Needed: G. Leas
 Sent By: BJS Date: 7.10
 PO #: _____
 Coding: _____
 Cost Center: 995P01
 Amount: 3077.00
 Signature: Donald Whisenand
 Date: 7/13/09
 Difference/Short Pay If Any: _____

Please reference our invoice number and amount with your payment and send only to the address on this invoice.

Invoice Comments:
 Scheduled Service on Trane and York Chillers

Sub Total	3,077.00
Taxes	.00
Net Amount Due	3,077.00
Currency	USD

ORIGINAL INVOICE



Johnson Controls, Inc.
 Building Efficiency
 Federal ID 39-0380010

1900043126 4/7

ORIGINAL INVOICE

Invoice #: 1-2652841337
 PO #/Auth: 4500118319
 Customer Acct: 1041651
 Customer WO#:

Invoice Date: 04/02/2011
 Your Agreement: Patheon Chiller PSA 2010
 Agreement Number: 1-1005199195
 Service Request:
 Branch: Cincinnati Service - 0364

Bill To:
 PATHEON PHARMACEUTICALS INC
 2110 EAST GALBRAITH ROAD
 CINCINNATI OH 45237-1265

Service Site:
 PATHEON PHARMACEUTICALS
 2110 E GALBRAITH RD
 CINCINNATI OH
 45237-1625



Services Performed: For Period from 01-Apr-2011 to 30-Jun-2011

Sub Total	\$3,077.00
Taxes	\$0.00
Total Amount Due	USD \$3,077.00

Direct Billing Inquiries: (866) 236-1941

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls, Inc. to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.

Approval Needed: Leas
 Sent By: BJS Date: 4.7

PO #: _____
 Code: _____
 Contact: _____
 Amount: _____
 Signature: _____
 Date: _____
 Difference/Short Pay If Any: _____

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 236-1941

Remit Payment To:
 JOHNSON CONTROLS
 PO BOX 905240
 CHARLOTTE, NC, 28290-5240

To Remit Via Credit Card:
 Call the phone number listed above.

To Remit Via ACH Wire Transfers:
 JP Morgan Chase
 One Chase Manhattan Plaza
 New York, NY 10005
 Credit to: Johnson Controls Inc.
 ABA# 071-000013 Depositor Acct #55-14347
 Type of Account: Checking

INVOICE #: 1-2652841337
AMOUNT DUE: \$3,077.00



JAS 03 11

Johnson Controls, Inc.
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #: 1-2148073336
PO #/Auth: 4500118319
Customer Acct: 1041651

Invoice Date: 01/02/2011
Your Agreement: Patheon Chiller PSA 2010
Agreement Number: 1-1005199195
Branch: Cincinnati Service - 0364

Bill To:
PATHEON PHARMACEUTICALS INC
2110 EAST GALBRAITH ROAD
CINCINNATI OH 45237-1265

Service Site:
PATHEON PHARMACEUTICALS
2110 E GALBRAITH RD
CINCINNATI OH
45237-1625

Services Performed: For Period from 01-Jan-2011 to 31-Mar-2011

Sub Total	\$3,077.00
Taxes	\$0.00
Total Amount Due	USD \$3,077.00

Direct Billing Inquiries: (866) 236-1941

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls, Inc. to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.

Approval Needed:
Sent By: TAH Date: _____
PO #: _____
Coding: _____
Cost Center: 995 PO1
Amount: 3,077.00
Signature: [Signature]
Date: 1/5/11
Difference/Short Pay If Any: _____

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 236-1941

Remit Payment To:
JOHNSON CONTROLS
PO BOX 905240
CHARLOTTE, NC, 28290-5240

To Remit Via Credit Card:
Call the phone number listed above.

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking

INVOICE #: 1-2148073336
AMOUNT DUE: \$3,077.00



OCT 08 2010

Johnson Controls, Inc.
Building Efficiency
Federal ID 39-0380010

1900038599

ORIGINAL INVOICE

Invoice #: 1-1678568451
PO #/Auth: 4500118366
Customer Acct: 1041651

Invoice Date: 10/05/2010
Your Agreement: Patheon Chiller PSA 2010
Agreement Number: 1-1005199195
Branch: Cincinnati Service - 0364

Bill To:
PATHEON PHARMACEUTICALS INC
2110 EAST GALBRAITH ROAD
CINCINNATI OH 45237-1265

Service Site:
PATHEON PHARMACEUTICALS
2110 E GALBRAITH RD
CINCINNATI OH
45237-1625

Services Performed: For Period from 01-Oct-2010 to 31-Dec-2010

Sub Total	\$3,077.00
Taxes	\$0.00
Total Amount Due	USD \$3,077.00

Direct Billing Inquiries: (866) 236-1941

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls, Inc. to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.

Approval Needed: LEAS
Sent By: _____ Date: _____
PO: _____
Contract: _____
Cost: 995901
Amount: 3077
Signature: [Signature]
Date: 10-13-10
Difference/Short Pay If Any: _____

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 236-1941

Remit Payment To:
JOHNSON CONTROLS
PO BOX 905240
CHARLOTTE, NC, 28290-5240

To Remit Via Credit Card:
Call the phone number listed above.

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking

INVOICE #: 1-1678568451
AMOUNT DUE: \$3,077.00

995901



Johnson Controls, Inc.
Building Efficiency
Federal ID 39-0380010

1900036816 7/30

deletal error in SAP

1900036817

ORIGINAL INVOICE

Invoice #: 1-1139365354 Invoice Date: 07/07/2010
PO #/Auth: Signed Agreement Your Agreement: Patheon Chiller PSA 2010
Customer Acct: 1041651 Agreement Number: 1-1005199195
Branch: Cincinnati Service - 0364

Bill To:
PATHEON PHARMACEUTICALS INC
2110 EAST GALBRAITH ROAD
CINCINNATI OH 45237-1265

Service Site:
PATHEON PHARMACEUTICALS
2110 E GALBRAITH RD
CINCINNATI OH
45237-1625



Services Performed: For Period from 01-Jul-2010 to 30-Sep-2010

Sub Total	\$3,077.00
Taxes	\$0.00
Total Amount Due	USD \$3,077.00

Direct Billing Inquiries: (866) 236-1941

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls, Inc. to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

We hereby certify that these goods are produced in compliance with all applicable requirements, of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.

Approval Needed:

Sent By: BJS Date: _____

PO #: 4500118319/40

Coding: _____

Cost Center: 995 P01

Amount: 3,077

Signature: [Signature]

Date: 7/29/10

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 236-1941

Remit Payment To:
JOHNSON CONTROLS
PO BOX 905240
CHARLOTTE, NC, 28290-5240

To Remit Via Credit Card:
Call the phone number listed above.

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking

INVOICE #: 1-1139365354
AMOUNT DUE: \$3,077.00

FLIP



The Trane Company
A Division of
American Standard Inc.

3600 Pammel Creek Road
La Crosse WI 54601-7599

Submittal Data
CentraVac®
Hermetic Water-Cooled Centrifugal Liquid Chiller

Order Date 11-12-86 Trane Sales Order No. LN2-E002 A

Job Name MERRELL DOW PHARMACEUTICALS, INC.		Sold To MERREL DOW PHARMACEUTICAL	
Architect		Engineer THERMAL TECH ENGINEERING INC.	
Customer Order No. 76649-GT	Trane Sales Office CINCINNATI	Trane Sales Engineer PATTERSON	
Model/Size CVHB 155 FA	Tag 1200 TON CHILLER	Unit Quantity 1	

Design Conditions

Tons	KW	Voltage	RLA	LRA
1200	717	460/60/3	1184	6500

Auxiliary Water (GPM)

Oil Cooler (CVHE)	2
Purge (036-125)	2

Evaporator and Condenser

	Model	EWT °F	LWT °F	Flow GPM	Pressure Drop Feet	Fouling Factor	Passes	Connection Location	Conn. Type
Evap.	1C	54	42	2400	19.2	.0005	2	LH-F/LH-R	150PSIG FLGD
Cond.	1D	85	95	3600	15.1	.0005	2	RH-F/RH-R	150PSIG FLGD

Compressor Motor Starter

Starter Data Unit Mounted Direct Ship By Others

Type STAR DELTA CLOSED TRANSITION	Volts 460	RLA 1184	LRA 6500
--------------------------------------	--------------	-------------	-------------

Micro Control Panel

Basic Panel Options:
 Chilled Water Reset
 Communications Interface

Accessories:

- MARINE - ASME WATERSIDE EVAP AND COND.
- (2) FLOW SWITCH MM-FS8-W VAPOR-PROOF
- (2) T5R TIMER - 5 SECONDS.

Submittal Approval Drawings

- CVHB-SM-003.01
- SU-1847-0664.01
- SA-1847-0665.04
- CVHE-SW-401.00
- CVHE-SW-404.00
- CVHE-SW-405.00

Approval Stamp

Starter Accessories

- AMMETER - (1) PER PHASE.
- HIGH-INTERRUPT CAPACITY CIRCUIT BREAKER WITH GROUND FAULT.



H 2 Trane

The Trane Company
A Division of
American Standard Inc.

3600 Pammel Creek Road
La Crosse WI 54601-7599

Submittal Data
CenTraVac®
Hermetic Water-Cooled Centrifugal Liquid Chiller

Order Date: 10-4-88
Trane Sales Order No.: LN2-J406 A

Job Name: MERRELL DOW PHARMACEUTICALS
Sold To: MERRELL DOW PHARMACEUTICALS

Architect: [Blank]
Engineer: THERMAL TECH ENGR. INC.

Customer Order No.: [Blank]
Trane Sales Office: CINCINNATI
Trane Sales Engineer: PATTERSON

Model/Size: CVHB 155 FA
Tag: 1200 TON CHILLER
Unit Quantity: 1

Design Conditions					Auxiliary Water (GPM)	
Tons	KW	Voltage	RLA	LRA	Oil Cooler (CVHE)	Purge (036-125)
1200	702	460/60/3	1184	6500	2	2

Evaporator and Condenser										
	Model	EWT °F	LWT °F	Flow GPM	Pressure Drop Feet	Fouling Factor	Passes	Connection	Location	Conn. Type
Evap.	1C	54	42	2400	14.8	.0005	2	LH-F/LH-R		150PSIG FLGD.
Cond.	1D	85	94.4	3600	15.1	.0005	2	RH-F/RH-R		150PSIG FLGD.

Compressor Motor Starter

Starter Data: Unit Mounted Direct Ship By Others

Type: STAR DELTA CLOSED TRANSITION
Volts: 460
RLA: 1184
LRA: 6500

Micro Control Panel

Basic Panel
 Chilled Water Reset
 Communications Interface

Options: ENTERING EVAP. TEMP. SENSOR, COND. WATER TEMP. SENSORS.

Accessories:

MARINE.

ASME WATERSIDE EVAP. & COND.

(2) FLOW SWITCH MM FS8-W.

(2) T5R TIMER 5-SECOND

Submittal Approval Drawings

CVHB-SM-001.01
SU-1847-0664.01
SA-1847-0665.04
CVHE-SA-904.01
X39470473D
X39470486B
X39470487B
X39470501B

Approval Stamp

Starter Accessories

HIGH INT CAP CIRCUIT BREAKER & G.F. AMMETERS.
UL LISTING.

WIRTE CENTRAVAC

11-29-71

N2-P472

ARCHITECT
ENGINEER
PRO. NO.
LOC.

TERMS: DAYS NET F.O.B.
LAX FRT. ALLD.
MARK PACKAGES
P.O. MG-4776-109

WM. S. MERRELL CO.-CINCINNATI
ORDER DATE: 8-23-71
CUSTOMER ORDER NO: MG-4776-109
CUSTOMER ACCOUNT NO: N2-65-1999-5

SHIP VIA: TRUCK CALL TRAFFIC FOR ROUTING
PREPAID
COLLECT PREPAID

E. J. NOLAN COMPANY
2141 DANA AVENUE
CINCINNATI, OHIO 45207

E. J. NOLAN COMPANY
C/O WM. S. MERRELL COMPANY
110 EAST AMITY ROAD
CINCINNATI, OHIO 45237
INCLUDE ZIP CODE!

CV-8C

TAG: SUBMITTAL DRAWING 04515-641
MODEL: CV-8C
COMPR. 857 AMP. 460 /100/3 3600 RPM LAPOLX13548
PURGE UNIT 1/2 HP 115/60/1 1800 RPM
OIL PUMP 1/4 HP 460 /100/3 1800 RPM CENT E48YT

ORDERING NO. 70550841
CTV 47 PRICING
70550008

	ENTERING WATER	LEAVING WATER	GPM	PRESSURE DROP	FOULING FACTOR	PIPING COMBINATION
EVAP.	54 °F	42 °F	1600	15 FT.	0.0005	30
COND.	85 °F	95 °F	2300	15 FT.	0.0005	51

Design Capacity: 782 TONS REQUIRING 645 KW 4 GPM AUX. CH. WATER
Comp. Motor Dwg. A4513-8361
Basic Dwg. B4514-1263-8
Impeller 28.0
G-5, H-5
Conn. Ext. K-30, L-51
Load Limit Relay 5.25
Evap. LTC Setting 32
PER SES 14-11.00

SPECIAL FEATURES:
1 TOOL BOARD B4512-2202 → 5.5 PSI.
1 13170063 J.S. TEMP. CONTROL FOR FREEZE STAT.
NOTE: INSPECTION @ COMPR. RUN-IN REQ'D BY OWNER
Potter # 1300 MCR Dark Red Primer Paint
VRCT 800-5

SETS: STARTER SUBMITTALS (OFFICE)

COMPRESSOR MOTOR STARTER FULL VOLTAGE REDUCED VOLTAGE
 STAR DELTA AUTO TRANS. PRIMARY REACTOR CLOSED TRANS. OPEN TRANS.
SPECIAL FEATURES: COMPRESSOR MOTOR STARTER ORD. FOR DIRECT SHIPMENT ON DS2-N2-P472

ATTENTION: 13126000
PURCHASE C.O. TO (OFFICE)

MERCOD DA-31-3 PRESSURE ELECTRIC SWITCH
TEMPERATURE CONTROLLER: CONTINUED ON SHEET 2
150 PSI ASA Flanges on both Shells
Potter #1300 MCR Dark Red Primer Paint
1850 POUNDS REFRIGERANT R11 OR R113 ORD FOR DIRECT SHIPMENT ON DS1-N2-P472

(OFFICE)

ENTERED: 274
0276
CINCINNATI PLUMMER 708
N2-005
HAMILTON 218
N2-001
DONOVAN 98
N2-014

MULTIPLIER
333
N 2-0 0 7 2
SHEET 1 OF 2

ARCHITECT
 ENGINEER
MERRELL NATIONAL LABS
 PROJECT AND
CENTRAL REFRIGERATION PLT., EX.
 ORDER DATE 7-15-74 CUSTOMER ORDER NO. ML101 CUSTOMER ACCOUNT NO.
FRED B. DEBRA COMPANY
 4914 RIDGE AVE
 CINCINNATI, OHIO

APPROVAL STAMP
APPROVED
 DATE 8/1/74
 THE FRED B. DEBRA CO.
 BY [Signature]

MERRELL ENGINEERING
 APPROVED
 NOT APPROVED
 REVISE & RESUBMIT
 APPROVED AS NOTED
R. J. Marshall 8/2/74

NO. 6 *Trane*

ITEM QUANTITY MODEL

A 1 CV-8C

DESIGN CAPACITY 798 TONS REQUIRING 645 KW 4 GPM AUX. CH. WATER

	ENTERING WATER	LEAVING WATER	GPM	PRESSURE DROP	FOULING FACTOR	PIPING COMBINATION
EVAP.	42 °F	54 °F	1600	14 FT.	.0005	31 REAR RH
COND.	85 °F	95 °F	2382	16 FT.	.0005	53 REAR LH

SPECIAL FEATURES

2 FLANGES FOR EVAP. & COND. CONNECTIONS
 2 SIGHT GLASSES IN FIRST & SECOND STAGE SUCTION ELBOW LOOKING TOWARD IMPELLERS
 1 COAT OF PORTER #1300 MCR DARK RED PRIMER PAINT IN LIEU OF STANDARD

1 COMPRESSOR MOTOR STARTER FULL VOLTAGE (X-LINE) AUTO TRANSFORMER
 OPEN CLOSED TRANSITION STAR DELTA PRIMARY REACTOR
 460 V 60 HZ 3 PH 905 FLA 5450 LRA 950 OLT TAPPED CT RATIO 800/5

SPECIAL FEATURES

SEE ATTACHED SHEET FOR SPECIAL FEATURES

MERCOID DA-31-3 PRESSURE ELECTRIC SWITCH PURCHASED LOCALLY
 TEMPERATURE CONTROLLER:
 2 150 PSI NEMA 1 FLOW SWITCHES MM-FS4-3
 LOW OIL TEMP CUTOUT TO BE PURCHASED LOCALLY

1800 POUNDS REFRIGERANT R11 R113

MBH CINCINNATI HAMILTON

TRANE CENTRAVACS INCORPORATE THESE ADVANCED FEATURES:

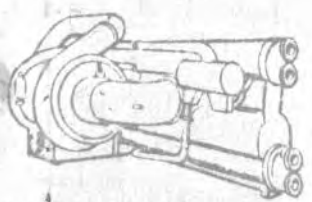
- ★ Hermetic Construction
- ★ 2-Stage Design
- ★ Balanced Thrust
- ★ 3600 RPM
- ★ Orifice Flo Control
- ★ High Efficiency Heat Transfer
- ★ Inlet Vanes At Both Stages
- ★ Fail-Safe Controls

RESULTING IN:

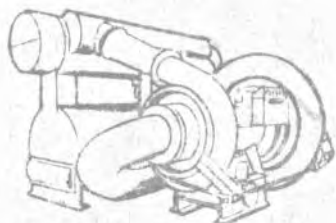
- ★ High Reliability
- ★ Low Power Consumption
- ★ Long Life
- ★ Low Maintenance Costs
- ★ Quiet Operation

TRANE THE ORIGINAL HERMETIC CENTRIFUGAL

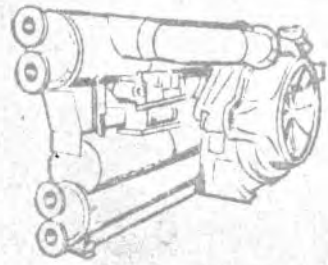
HOLD FOR APPROVAL
 13 NO. OF PRINTS
 APPROVAL NOT REQUIRED



MODEL PCV 80-185 TONS



MODEL CV 600-1300 TONS



MODEL PCV 225-555 TONS

SALES ORDER NUMBER
N2-B447

1 1
 SHEET OF

CENTRAVAC

STARTER

ACCESSORIES

POWER PLANT COPY
4-93

INSTALLATION, OPERATION & MAINTENANCE MANUAL

FOR

MARION MERRELL DOW, INC.

CINCINNATI, OHIO

EQUIPMENT:

ONE (1) YORK MODEL YKR2R2J2-OHAO CENTRIFUGAL LIQUID CHILLER

YORK REFERENCE:

YOUR ORDER NO. 264676
YORK ORDER NO. 92-902,892
YORK CONTRACT NO. 2-32638

SUBMITTED TO:

MARION MERRELL DOW, INC.
2110 E. GALBRAITH ROAD
CINCINNATI, OHIO 45215

ATTN: MR. ROB OTTENJOHN

SUBMITTED BY:

YORK INTERNATIONAL CORPORATION
7863 PALACE DRIVE
CINCINNATI, OHIO 45249

MATTHEW J. WARD
SALES ENGINEER

<input checked="" type="checkbox"/> NO EXCEPTIONS NOTED	THERMALTECH ENGINEERING CINCINNATI, OHIO	DATE: 2/24/95
<input type="checkbox"/> FURNISH AS CORRECTED		
<input type="checkbox"/> REVISE & RESUBMIT		
<input type="checkbox"/> REJECTED		
BY: <i>Ward</i>		
REVIEW IS FOR GENERAL COMPLIANCE AND GENERAL CONFORMANCE WITH DESIGN CONCEPT. REVIEW DOES NOT RELIEVE CONTRACTOR FROM COMPLIANCE WITH REQUIREMENTS OF THE DRAWINGS AND SPECIFICATIONS. CONTRACTOR IS RESPONSIBLE FOR CLARITY DIMENSIONS, CO-ORDINATION AND PERFORMANCE.		

Provide Tractor Schmitt

YORK CODEPAK[®]

LIQUID CHILLING SYSTEM

UNIT MODEL **YK R2 R2 J2 - 0F 2.0**

	COOLER	CLG. COND.	H.R. COND.
REFRIG. DWP, PSIG:	265	265	
LIQUID DWP, PSIG:	150	150	
NO. OF PASSES:	2	2	
SHELL TEST PRESS., PSIG:	400	400	

REFRIGERANT **22** REFRIG. CHARGE, LBS. **1**

CHARGED: FACTORY FIELD

CHARGE WITH YORK REFRIGERANT OIL

**SEE STARTER NAMEPLATE AND CONTROL
PANEL NAMEPLATE FOR ELECTRICAL DATA.**

FOR REMOTE STARTER SEE YORK STD. R **1051**

STARTER SUPPLIED BY: FACTORY FIELD

FIELD SUPPLY: VOLTS PHASE **3** HERTZ **60**

MIN. CIRCUIT AMPACITY **263**

MAX. DUAL ELEMENT FUSE AMPS **450**

MAX. CIRCUIT BREAKER AMPS **450**

COMPRESSOR: MODEL **L1FA-73** CODE **317**

SERIAL NO. **YNAM9S3821 953821**

OIL PUMP **2** HP **60** VOLTS-PHASE-HZ **60** FLA. **2.5**

YORK INTERNATIONAL CORPORATION

YORK, PA. 17405

2012 2 27