



**Case No.:** \_\_\_\_-\_\_\_\_-EL-EEC

**Mercantile Customer:** TriHealth - Bethesda North Hospital

**Electric Utility:** Duke Energy

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

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

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

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

Any confidential or trade secret information may be submitted to Staff on disc or via email at [ee-pdr@puc.state.oh.us](mailto:ee-pdr@puc.state.oh.us).

## Section 1: Mercantile Customer Information

Name: **TriHealth Hospitals**

Principal address: **619 Oak Street Cincinnati Ohio 45206**

Address of facility for which this energy efficiency program applies:

**10500 Montgomery Road Cincinnati Ohio 45242**

Name and telephone number for responses to questions:

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

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

- ☒ **The customer uses more than seven hundred thousand kilowatt hours per year at the above facility. (Refer to Attachment 1 - Appendix 1)**

## 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?

**October 2010, 2011, 2012**

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

**127 KW (See Attachment 1 - Appendix 2)**

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

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

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

A) The customer is applying for:

☒ **Option 1: A cash rebate reasonable arrangement.**

OR

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

OR

☐ Commitment payment

B) The value of the option that the customer is seeking is:

Option 1: A cash rebate reasonable arrangement, which is the lesser of (show both amounts):

☒ A cash rebate of **\$12,732.00 (See Attachment 1 - Appendix 3).**

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 (See Attachment 1 - Appendix 4)**

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

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

The electric utility's avoided supply costs were \_\_\_\_\_.

Our program costs were \_\_\_\_\_.

The incremental measure costs were \_\_\_\_\_.

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

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

Our avoided supply costs were **\$95,490 (See Attachment 1 - Appendix 5).**

The utility's program costs were **\$8,776 (See Attachment 1 - Appendix 6).**

The utility's incentive costs/rebate costs were **\$12,732 (See Attachment 1 - Appendix 3).**

## **Section 7: Additional Information**

Please attach the following supporting documentation to this application:

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

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

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

### **Refer to Offer Letter following this application**

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



**DUKE ENERGY**  
Mercantile Self Direct Program  
139 East Fourth Street  
Cincinnati, OH 45202  
513 629 5572 fax

May 13, 2013

Mr. Rich Herlein  
TriHealth Bethesda North  
10500 Montgomery Road  
Cincinnati, Ohio 45242

Subject: Your **Prescriptive Chiller Tune Up** Application for a Duke Energy Mercantile Self-Direct Rebate

Dear Mr. Herlein:

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 \$12,732.00 has been proposed for your chiller tune up projects completed in the 2010 – 2012 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,

A handwritten signature in black ink, appearing to read 'Grady Reid, Jr.'.

Grady Reid, Jr  
Product Manager  
Mercantile Self Direct Rebates

cc: Mike Heath, Duke Energy  
Rob Jung, Ecova  
Dan Buchanan, Pathian

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

☒ Rebate is accepted.

☐ Rebate is declined.

By accepting this rebate, TriHealth Hospitals 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, TriHealth Hospitals 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.

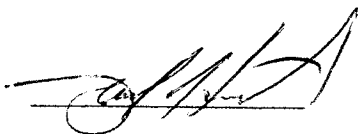
Finally, TriHealth Hospitals affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project 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):



Customer Signature

RICHARD HERTLEIN

Printed Name

5/16/13

Date

#### Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	Water Cooled Chiller Tune-Up – Year 2010 (Qty – 3)	\$4244.00
ECM-2	Water Cooled Chiller Tune-Up – Year 2011 (Qty – 3)	\$4244.00
ECM-3	Water Cooled Chiller Tune-Up – Year 2012 (Qty – 3)	\$4244.00
Total		\$12,732.00



# Public Utilities Commission

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

Case No.: \_\_\_\_ - \_\_\_\_ -EL-EEC

State of OHIO :

RICHARD HERTLEIN, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

BETHESDA NORTH HOSPITAL

[insert customer or EDU company name and any applicable name(s) doing business as]

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

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

[Signature] MANAGER ENGINEERING + MAINTENANCE  
Signature of Affiant & Title

Sworn and subscribed before me this 16<sup>th</sup> day of May,  
2013 Month/Year

Mary Monahan  
Signature of official administering oath

Mary Monahan  
Print Name and Title  
Notary

My commission expires on 7/19/2015



MARY MONAHAN  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES  
July 19, 2015

## Attachment 1 –TriHealth Bethesda North Hospital

### Appendix 1 – Electric History

Date	Days	Actual KWH
1/24/2013	34	1,768,022
12/21/2012	31	1,687,354
11/20/2012	29	1,587,607
10/22/2012	31	1,868,009
9/21/2012	30	2,127,854
8/22/2012	29	2,084,270
7/24/2012	32	2,369,306
6/22/2012	30	2,151,098
5/23/2012	29	1,894,409
4/24/2012	32	1,890,660
3/23/2012	29	1,710,182
2/23/2012	29	1,539,062
<b>Total</b>		<b>22,677,833</b>

### Appendix 2 – Annual kWh savings and annual KW savings

Measure	Measure Amount	Unit of Measure	Annual kWh Gross with losses (per unit)	TOTAL Annual kWh Gross with losses	Saved Summer coincident kW with losses Per Unit	Total KW Gross with losses
Water Cooled Chiller Tune Up	6366	tons	64.46	410,352	0.02	127

Existing Energy kWh (Per Unit)	New Energy kWh (Per Unit)	kWh Savings (Per Unit)	Total kWh Savings	Existing Demand-kW (Per Unit)	New Demand (Per Unit)	kW Savings (Per Unit)	Total kW Savings
600	540	60	381,960	0.60	0.55	0.048	306

Note: After consideration of line losses, total energy savings are **410,352 kWh and 127 summer coincident kW**. These values may also reflect minor DSMore software rounding error

### Appendix 3 – Cash Rebate

Measure	Amount
Water Cooled Chiller Tune Up	\$12,732

### 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	\$2.00	\$8.00	\$5.00	6366	\$95,490

### Appendix 6 – Utility Program Costs

Measure	Qty	Admin Costs	Total Costs
Water Cooled Chiller Tune Up	6366	\$1.38	\$8,776

# Ohio Mercantile Self Direct Program

## Application Guide & Cover Sheet

Questions? Call 1-866-380-9580 or visit [www.duke-energy.com](http://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](mailto: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
1610067501	23,142,420		

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 type="checkbox"/> Proof of payment.*	<input type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
-----------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------------------------	------------------------------------------------------------------------------------------------

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

Application Type	Replaced equipment at end of lifetime or because equipment failed**	Replaced fully operational equipment to improve efficiency***	New Construction
<b>Lighting</b>	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"/>
<b>Heating &amp; Cooling</b>	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"/>
<b>Window Films, Programmable Thermostats, &amp; Guest Room Energy Management Systems</b>	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"/>
<b>Chillers &amp; Thermal Storage</b>	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"/>
<b>Chiller Tune-ups</b>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input checked="" type="checkbox"/>
<b>Motors &amp; Pumps</b>	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"/>
<b>VFDs</b>	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"/>	
<b>Food Service</b>	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"/>
<b>Air Compressors</b>	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"/>
<b>Process</b>	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"/>	
<b>Energy Management Systems</b>	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"/>
<b>Behavioral*** &amp; No/Low Cost</b>	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](http://www.duke-energy.com).

Email the complete, signed application with all required documents to [SelfDirect@duke-energy.com](mailto: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 type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input checked="" 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 type="checkbox"/> Other:		

## 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 checked="" type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input checked="" type="checkbox"/> Tax ID number for payee	<input checked="" type="checkbox"/> Customer/vendor agree to Terms and Conditions
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------

## Customer Information

Customer/Business	TriHealth Hospitals - BN	Contact	Rich Herlein
Phone	513-865-1275	Account Number	1610067501
Street Address (Where incentive should be mailed)		10500 Montgomery Road	
City	Cincinnati	State	OH
Zip Code	45242		
Installation Street Address	10500 Montgomery Road		
City	Cincinnati	State	OH
Zip Code	45242		
E-mail Address	rich_hertlein@trihealth.com		

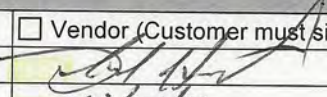
*\*Failure to provide the account number associated with the location where the installation took place will result in rejection of the application.*

## Vendor Information

Vendor	Pathian	Contact	Dan Buchanan
Phone	513-737-7430	Fax	513-737-1549
Street Address		11260 Chester Road, Suite 545	
City	Cincinnati	State	OH
Zip Code	45246		
E-mail Address	srohrs@pathian.com		

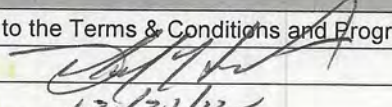
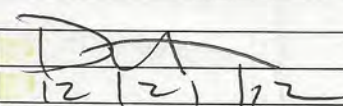
If Duke Energy has questions about this application, who should we contact? ☐ Customer ☒ Vendor

## 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	12/21/12
Provide Tax ID Number for Payee	Customer Tax ID #	31-127019
	Vendor Tax ID #	

## Terms and Conditions

I have read and hereby agree to the Terms & Conditions and Program Requirements.

Customer Signature		Vendor Signature	
Date	12/21/12	Date	12/21/12
Title	Maintenance Supervisor	Title	Owner

*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
1 YORK, M# YGPCPCH2-G3412, S# GBEM-459734	1	811	\$16,409.75	10/5/2010	See attached paperwork	\$1,622.00
2 YORK, M# YGPCPCH2-G3412, S# GEFM-014328	1	811	\$16,409.75	10/5/2010	See attached paperwork	\$1,622.00
4 YORK, M# YTK1C3E2-CRH, S# GNGM-307081	1	500	\$10,117.00	10/5/2010	See attached paperwork	\$1,000.00

\*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 =	\$4,244.00
B. Cost of service = \$42,936.50 x 50% of total service cost =	\$21,468.25
<b>Total Incentive (lesser amount of row A or row B)=</b>	<b>\$4,244.00</b>

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

#### Service Requirements:

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

<input type="checkbox"/> Air cooled condenser coil cleaning	<input type="checkbox"/> Compressor amp draw	<input type="checkbox"/> Low Pressure controls
<input type="checkbox"/> System Pressure check and adjust	<input type="checkbox"/> Supply motor amp draw	<input type="checkbox"/> High Pressure controls
<input type="checkbox"/> Filter inspect or replace	<input type="checkbox"/> Condenser fan(s) amp draw	<input type="checkbox"/> Crankcase heater operation
<input type="checkbox"/> Belt inspect or replace	<input type="checkbox"/> Liquid line temperature	<input type="checkbox"/> Water cooled chiller condenser tube cleaning
<input type="checkbox"/> Contactors condition	<input type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input type="checkbox"/> Evaporator condition	<input 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 3<sup>rd</sup> party vendor. The 3<sup>rd</sup> party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3<sup>rd</sup> party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the incentive program.

**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 caused 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](http://www.duke-energy.com).
2. Review program and equipment requirements on the incentive application.
3. Purchase and install eligible energy-efficient equipment.
4. **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.
5. Duke Energy may require site verification of projects that have been self-installed, prior to payment of incentive.
6. Email the complete, signed application with all required documents to [SelfDirect@duke-energy.com](mailto:SelfDirect@duke-energy.com) or fax to 513-629-5572.
7. 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](mailto:SelfDirect@duke-energy.com) or faxing to 513-629-5572.
- ### 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.
  - 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.

For more information, call 1-866.380.9580 or visit [www.duke-energy.com](http://www.duke-energy.com).

## Mercantile Self Direct Rebate Program

Technology	Responsible for sales and <b>not</b> installs*	Responsible for sales <b>and</b> Installation*	Technology	Responsible for sales and <b>not</b> installs*	Responsible for sales <b>and</b> 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 checked="" 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](mailto: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 checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	
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Company Name	Pathian
Mailing Address	11260 Chester Road, Suite 545
City, State, Zip	Cincinnati, OH, 45246
Phone/Fax	513-737-7430
Primary E-mail Address	srohrs@pathian.com
Secondary E-mail Address	
Vendor Signature	
Title	Owner
Print Name	Dan Buchanan
Date	

For more information, call 1-866-380-9580 or visit [www.duke-energy.com](http://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](http://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](mailto: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
1610067501	23,142,420		

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 type="checkbox"/> Proof of payment.*	<input type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
-----------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------------------------	------------------------------------------------------------------------------------------------

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

Application Type	Replaced equipment at end of lifetime or because equipment failed**	Replaced fully operational equipment to improve efficiency***	New Construction
<b>Lighting</b>	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"/>
<b>Heating &amp; Cooling</b>	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"/>
<b>Window Films, Programmable Thermostats, &amp; Guest Room Energy Management Systems</b>	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"/>
<b>Chillers &amp; Thermal Storage</b>	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"/>
<b>Chiller Tune-ups</b>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input checked="" type="checkbox"/>
<b>Motors &amp; Pumps</b>	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"/>
<b>VFDs</b>	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"/>	
<b>Food Service</b>	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"/>
<b>Air Compressors</b>	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"/>
<b>Process</b>	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"/>	
<b>Energy Management Systems</b>	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"/>
<b>Behavioral*** &amp; No/Low Cost</b>	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](http://www.duke-energy.com).

Email the complete, signed application with all required documents to [SelfDirect@duke-energy.com](mailto: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 type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input checked="" 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 type="checkbox"/> Other:		

## 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 checked="" type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input checked="" type="checkbox"/> Tax ID number for payee	<input checked="" type="checkbox"/> Customer/vendor agree to Terms and Conditions
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------

## Customer Information

Customer/Business	TriHealth Hospitals - BN	Contact	Rich Herlein
Phone	513-865-1275	Account Number	1610067501
Street Address (Where incentive should be mailed)		10500 Montgomery Road	
City	Cincinnati	State	OH
Zip Code	45242		
Installation Street Address	10500 Montgomery Road		
City	Cincinnati	State	OH
Zip Code	45242		
E-mail Address	rich_hertlein@trihealth.com		

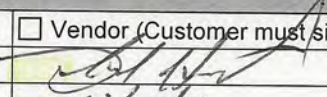
*\*Failure to provide the account number associated with the location where the installation took place will result in rejection of the application.*

## Vendor Information

Vendor	Pathian	Contact	Dan Buchanan
Phone	513-737-7430	Fax	513-737-1549
Street Address		11260 Chester Road, Suite 545	
City	Cincinnati	State	OH
Zip Code	45246		
E-mail Address	srohrs@pathian.com		

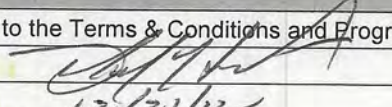
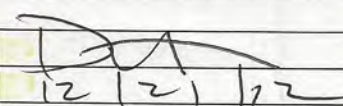
If Duke Energy has questions about this application, who should we contact? ☐ Customer ☒ Vendor

## 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	12/21/12
Provide Tax ID Number for Payee	Customer Tax ID #	31-127019
	Vendor Tax ID #	

## Terms and Conditions

I have read and hereby agree to the Terms & Conditions and Program Requirements.

Customer Signature		Vendor Signature	
Date	12/21/12	Date	12/21/12
Title	Maintenance Supervisor	Title	Owner

*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
1 YORK, M# YGPCPCH2-G3412, S# GBEM-459734	1	811	\$16,903.73	10/3/2011	See attached paperwork	\$1,622.00
2 YORK, M# YGPCPCH2-G3412, S# GEFM-014328	1	811	\$16,903.73	10/3/2011	See attached paperwork	\$1,622.00
4 YORK, M# YTK1C3E2-CRH, S# GNGM-307081	1	500	\$10,421.54	10/3/2011	See attached paperwork	\$1,000.00

\*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 =	\$4,244.00
B. Cost of service = \$44,229.00 x 50% of total service cost =	\$22,114.50
<b>Total Incentive (lesser amount of row A or row B)=</b>	<b>\$4,244.00</b>

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

### Service Requirements:

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

<input type="checkbox"/> Air cooled condenser coil cleaning	<input type="checkbox"/> Compressor amp draw	<input type="checkbox"/> Low Pressure controls
<input type="checkbox"/> System Pressure check and adjust	<input type="checkbox"/> Supply motor amp draw	<input type="checkbox"/> High Pressure controls
<input type="checkbox"/> Filter inspect or replace	<input type="checkbox"/> Condenser fan(s) amp draw	<input type="checkbox"/> Crankcase heater operation
<input type="checkbox"/> Belt inspect or replace	<input type="checkbox"/> Liquid line temperature	<input type="checkbox"/> Water cooled chiller condenser tube cleaning
<input type="checkbox"/> Contactors condition	<input type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input type="checkbox"/> Evaporator condition	<input 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 3<sup>rd</sup> party vendor. The 3<sup>rd</sup> party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3<sup>rd</sup> party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the incentive program.

**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 caused 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](http://www.duke-energy.com).
2. Review program and equipment requirements on the incentive application.
3. Purchase and install eligible energy-efficient equipment.
4. **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.
5. Duke Energy may require site verification of projects that have been self-installed, prior to payment of incentive.
6. Email the complete, signed application with all required documents to [SelfDirect@duke-energy.com](mailto:SelfDirect@duke-energy.com) or fax to 513-629-5572.
7. 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](mailto: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

For more information, call **1-866.380.9580** or visit [www.duke-energy.com](http://www.duke-energy.com).

## Mercantile Self Direct Rebate Program

Technology	Responsible for sales and <b>not</b> installs*	Responsible for sales <b>and</b> Installation*	Technology	Responsible for sales and <b>not</b> installs*	Responsible for sales <b>and</b> 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 checked="" 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](mailto: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 checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	
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Company Name	Pathian
Mailing Address	11260 Chester Road, Suite 545
City, State, Zip	Cincinnati, OH, 45246
Phone/Fax	513-737-7430
Primary E-mail Address	srohrs@pathian.com
Secondary E-mail Address	
Vendor Signature	
Title	Owner
Print Name	Dan Buchanan
Date	

For more information, call 1-866-380-9580 or visit [www.duke-energy.com](http://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](http://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](mailto: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
1610067501	23,142,420		

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 type="checkbox"/> Proof of payment.*	<input type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
-----------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------------------------	------------------------------------------------------------------------------------------------

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

Application Type	Replaced equipment at end of lifetime or because equipment failed**	Replaced fully operational equipment to improve efficiency***	New Construction
<b>Lighting</b>	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"/>
<b>Heating &amp; Cooling</b>	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"/>
<b>Window Films, Programmable Thermostats, &amp; Guest Room Energy Management Systems</b>	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"/>
<b>Chillers &amp; Thermal Storage</b>	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"/>
<b>Chiller Tune-ups</b>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>	MSD Prescriptive Chiller Tune-ups <input checked="" type="checkbox"/>
<b>Motors &amp; Pumps</b>	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"/>
<b>VFDs</b>	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"/>	
<b>Food Service</b>	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"/>
<b>Air Compressors</b>	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"/>
<b>Process</b>	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"/>	
<b>Energy Management Systems</b>	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"/>
<b>Behavioral*** &amp; No/Low Cost</b>	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](http://www.duke-energy.com).

Email the complete, signed application with all required documents to [SelfDirect@duke-energy.com](mailto: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 type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input checked="" 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 type="checkbox"/> Other:		

## 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 checked="" type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input checked="" type="checkbox"/> Tax ID number for payee	<input checked="" type="checkbox"/> Customer/vendor agree to Terms and Conditions
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------

## Customer Information

Customer/Business	TriHealth Hospitals - BN	Contact	Rich Herlein
Phone	513-865-1275	Account Number	1610067501
Street Address (Where incentive should be mailed)		10500 Montgomery Road	
City	Cincinnati	State	OH
Zip Code	45242		
Installation Street Address	10500 Montgomery Road		
City	Cincinnati	State	OH
Zip Code	45242		
E-mail Address	rich_hertlein@trihealth.com		

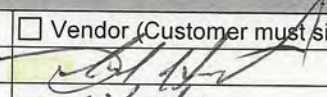
*\*Failure to provide the account number associated with the location where the installation took place will result in rejection of the application.*

## Vendor Information

Vendor	Pathian	Contact	Dan Buchanan
Phone	513-737-7430	Fax	513-737-1549
Street Address		11260 Chester Road, Suite 545	
City	Cincinnati	State	OH
Zip Code	45246		
E-mail Address	srohrs@pathian.com		

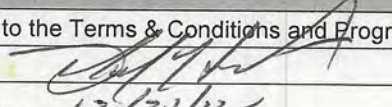
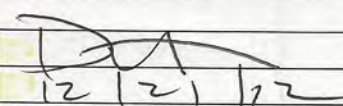
If Duke Energy has questions about this application, who should we contact? ☐ Customer ☒ Vendor

## 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	12/21/12
Provide Tax ID Number for Payee	Customer Tax ID #	31-127019
	Vendor Tax ID #	

## Terms and Conditions

I have read and hereby agree to the Terms & Conditions and Program Requirements.

Customer Signature		Vendor Signature	
Date	12/21/12	Date	12/21/12
Title	Maintenance Supervisor	Title	Owner

*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
1 YORK, M# YGPCPCH2-G3412, S# GBEM-459734	1	811	\$17,411.08	10/2/2012	See attached paperwork	\$1,622.00
2 YORK, M# YGPCPCH2-G3412, S# GEFM-014328	1	811	\$17,411.08	10/2/2012	See attached paperwork	\$1,622.00
4 YORK, M# YTK1C3E2-CRH, S# GNGM-307081	1	500	\$10,734.34	10/2/2012	See attached paperwork	\$1,000.00

\*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 =	\$4,244.00
B. Cost of service = \$45,556.50 x 50% of total service cost =	\$22,778.25
<b>Total Incentive (lesser amount of row A or row B)=</b>	<b>\$4,244.00</b>

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

#### Service Requirements:

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

<input type="checkbox"/> Air cooled condenser coil cleaning	<input type="checkbox"/> Compressor amp draw	<input type="checkbox"/> Low Pressure controls
<input type="checkbox"/> System Pressure check and adjust	<input type="checkbox"/> Supply motor amp draw	<input type="checkbox"/> High Pressure controls
<input type="checkbox"/> Filter inspect or replace	<input type="checkbox"/> Condenser fan(s) amp draw	<input type="checkbox"/> Crankcase heater operation
<input type="checkbox"/> Belt inspect or replace	<input type="checkbox"/> Liquid line temperature	<input type="checkbox"/> Water cooled chiller condenser tube cleaning
<input type="checkbox"/> Contactors condition	<input type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input type="checkbox"/> Evaporator condition	<input 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 3<sup>rd</sup> party vendor. The 3<sup>rd</sup> party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3<sup>rd</sup> party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the incentive program.

**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 caused 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](http://www.duke-energy.com).
2. Review program and equipment requirements on the incentive application.
3. Purchase and install eligible energy-efficient equipment.
4. **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.
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6. Email the complete, signed application with all required documents to [SelfDirect@duke-energy.com](mailto:SelfDirect@duke-energy.com) or fax to 513-629-5572.
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### Program Overview

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  - 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](mailto:SelfDirect@duke-energy.com) or faxing to 513-629-5572.
- ### 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.
  - 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.
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  - 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.

For more information, call **1-866.380.9580** or visit [www.duke-energy.com](http://www.duke-energy.com).

## Mercantile Self Direct Rebate Program

Technology	Responsible for sales and <b>not</b> installs*	Responsible for sales <b>and</b> Installation*	Technology	Responsible for sales and <b>not</b> installs*	Responsible for sales <b>and</b> 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 checked="" 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](mailto: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	
------------------------------	--

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
-------------------	--------------------------------------	-----------------------------------------------------	--------------------------------------	--------------------------------

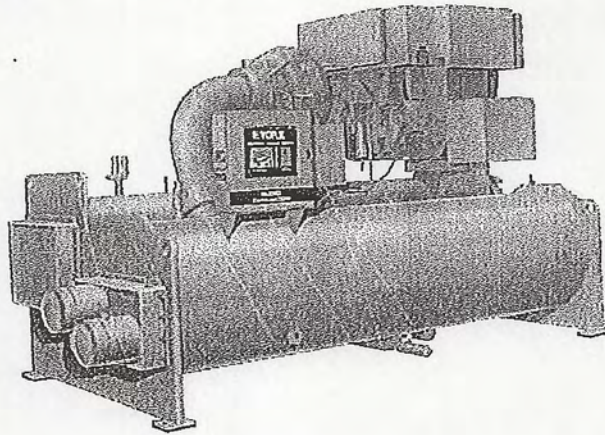
Contact me via	<input checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	
----------------	-------------------------------------------	--------------------------------------------	-------------------------------	--

Company Name	Pathian
Mailing Address	11260 Chester Road, Suite 545
City, State, Zip	Cincinnati, OH, 45246
Phone/Fax	513-737-7430
Primary E-mail Address	srohrs@pathian.com
Secondary E-mail Address	
Vendor Signature	
Title	Owner
Print Name	Dan Buchanan
Date	

For more information, call 1-866-380-9580 or visit [www.duke-energy.com](http://www.duke-energy.com).

**YORK** INTERNATIONAL  
CORPORATION

**CUSTOMERS ANNUAL REPORT  
CENTRIFUGAL SEASONAL INSPECTION**



JOB NAME BETHESDA NORTH  
LOCATION 10500 MONTGOMERY RD CINCINNATI, OHIO  
CUSTOMER NAME LARRY HARTMAN  
SERVICE ENGINEER BERNIE

S & R NO. \_\_\_\_\_  
CONTRACT NO. \_\_\_\_\_

DATE: 11-29-11

# CUSTOMERS ANNUAL REPORT CENTRIFUGAL SEASONAL INSPECTION

UNIT MODEL NO. YGPCH2-63412 DATE \_\_\_\_\_  
 COMP MODEL NO. YDWB-57UD SERIAL NO. GBEM-459734  
 SPEED CODE FH SERIAL NO. GLDC 091479

CHECK following items and indicate condition and whether cleaned or replaced. Record reading where indicated:

## 1) COMPRESSOR MOTOR:

A. Check Voltage LL \_\_\_\_\_ LL \_\_\_\_\_  
 11 \_\_\_\_\_ 23 \_\_\_\_\_ 31 \_\_\_\_\_  
 B. Meg Motor Windings: LL \_\_\_\_\_ LL \_\_\_\_\_ LL \_\_\_\_\_  
 11 \_\_\_\_\_ 23 \_\_\_\_\_ 31 \_\_\_\_\_  
 T \_\_\_\_\_ T \_\_\_\_\_ T \_\_\_\_\_  
 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
 C. O.T. motor bearing lubricate \_\_\_\_\_  
 D. O.T. motor alignment \_\_\_\_\_  
 E. Check liquid filters (HT liquid cooled windings) \_\_\_\_\_

## 2) CONTROL PANEL

A. LWT Control set point 42.0°F E. Electrical terminals, relay timers \_\_\_\_\_  
 B. LP cut out set point 25 PSIG F. Pressure gauges \_\_\_\_\_ LP \_\_\_\_\_  
 C. Oil pressure cut out \_\_\_\_\_ HP \_\_\_\_\_  
 set point 15 PSID G. Lights \_\_\_\_\_  
 D. HP cut out set point 180 PSIG

## 3) MOTOR STARTER CHECK

A. Mechanical Starter  
 1. Contacts: Clean \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Recommend replacement \_\_\_\_\_  
 2. Linkage \_\_\_\_\_  
 3. Check all terminals \_\_\_\_\_  
 4. Dashpots oil \_\_\_\_\_ OK \_\_\_\_\_ Low \_\_\_\_\_  
 B. Solid State Starter Check  
 1. Power Line Terminals - Check tightness \_\_\_\_\_  
 2. Air Filter-Cleaned \_\_\_\_\_  
 3. Check Starter Operation - By observing service status lights \_\_\_\_\_

#1

## 4) WATER COOLED OIL COOLER

- A. Strainer \_\_\_\_\_
- B. Cooler Tubes \_\_\_\_\_
- C. Solenoid Valve \_\_\_\_\_

## 5) COMPRESSOR OIL SYSTEM

- A. Change oil NO Oil Level OK
- B. Change oil filter YES Condition oil filter \_\_\_\_\_
- C. Change oil eductor filter dryer YES
- D. Check eductor \_\_\_\_\_ Eductor ✓
- E. Check float switch \_\_\_\_\_ Heater \_\_\_\_\_
- F. Check return solenoid valve \_\_\_\_\_
- G. Check drain down solenoid valve \_\_\_\_\_
- H. Check heater & thermostat OK
- I. Check for acid condition of oil: Good TOOK SAMPLE FOR TESTING
- J. Auxiliary oil pump \_\_\_\_\_
1. Check seal \_\_\_\_\_
2. Check motor \_\_\_\_\_

## 6) PURGE UNIT CHECK

- A. Compressor type
1. Compressor \_\_\_\_\_
  2. Belts & Pulley's \_\_\_\_\_
  3. Motor \_\_\_\_\_
  4. Cap tubes \_\_\_\_\_
  5. Dryers \_\_\_\_\_
  6. Moisture Indicator \_\_\_\_\_
  7. Gauge \_\_\_\_\_
  8. Pressure control set point \_\_\_\_\_
  9. Compressor heater \_\_\_\_\_
- B. Turboguard purge check
1. Dryer \_\_\_\_\_
  2. Float switches \_\_\_\_\_
  3. Pressure control set point \_\_\_\_\_
  4. Electrical control panel \_\_\_\_\_

#1

## 7) INSULATION

- A. Check Chiller \_\_\_\_\_  
B. Piping \_\_\_\_\_  
C. General appearance \_\_\_\_\_

## 8) CONDENSER

- A. Tube condition before cleaning \_\_\_\_\_  
B. Type of cleaning done: Brush \_\_\_\_\_ Acid \_\_\_\_\_  
C. Tube condition after cleaning \_\_\_\_\_

## 9) SYSTEM

- A. Sight Glass Cooler: Clear \_\_\_\_\_ Etched \_\_\_\_\_  
B. Sight Glass Float Chamber: Clear \_\_\_\_\_ Etched \_\_\_\_\_  
C. Refrigerant Charge: Clear \_\_\_\_\_ Oil \_\_\_\_\_  
D. Leak Check: No Leaks \_\_\_\_\_ Leaks At \_\_\_\_\_

## 10) SPECIAL NOTE: Below items may be checked for a complete system annual, if required.

- A). Chilled Water Pump HP \_\_\_\_\_ Voltage \_\_\_\_\_ Amps \_\_\_\_\_  
1. Motor Amps L<sub>1</sub> \_\_\_\_\_ L<sub>2</sub> \_\_\_\_\_ L<sub>3</sub> \_\_\_\_\_  
2. Bearings \_\_\_\_\_  
3. Lubricate \_\_\_\_\_  
4. Strainer \_\_\_\_\_  
5. Pump Seal \_\_\_\_\_  
6. Coupling \_\_\_\_\_  
7. Flow Switch \_\_\_\_\_  
B). Condenser Water Pump HP \_\_\_\_\_ Voltage \_\_\_\_\_ Amps \_\_\_\_\_  
1. Motor Amps L<sub>1</sub> \_\_\_\_\_ L<sub>2</sub> \_\_\_\_\_ L<sub>3</sub> \_\_\_\_\_  
2. Bearings \_\_\_\_\_  
3. Lubricate \_\_\_\_\_  
4. Strainer \_\_\_\_\_  
5. Pump Seal \_\_\_\_\_  
6. Coupling \_\_\_\_\_  
7. Flow Switch \_\_\_\_\_

#1

## C). Cooling Tower

1. Clean \_\_\_\_\_ Dirty \_\_\_\_\_ Scale \_\_\_\_\_ Algae \_\_\_\_\_
2. Fan Blades \_\_\_\_\_
3. Motor
  - a. Motor Amps \_\_\_\_\_ Design Amps \_\_\_\_\_
  - b. Bearings \_\_\_\_\_
4. Gear Box \_\_\_\_\_
  - a. Change Oil \_\_\_\_\_
  - b. Alignment \_\_\_\_\_
5. Belts if Applicable \_\_\_\_\_
6. Screen \_\_\_\_\_
7. Condition of Fill \_\_\_\_\_
8. Starter \_\_\_\_\_
9. Controls \_\_\_\_\_
10. Water Treatments - Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTORS COMMENTS:

PERFORMED SEASONAL WORK

NOTES →

Signed

Bernie

CUSTOMER COMMENTS:

Signed

X Tony Pappas

#1

NOTES:

HRS=31781 STR=1974

TOOK OIL SAMPLE

CHANGED OIL FILTER

CHANGED EDUCTOR FILTER-DRIERS

CHECKED OPERATION AND CALIBRATION OF PRV

CHECKED LINKAGES

CHECKED CONTROL PANEL WIRING, PLUGS AND CONNECTIONS

CHECKED COUPLING

BRUSHED CONDENSER TUBES

LEAK CHECKED FOUND NO UNUSUAL LEAKAGE

EMPTIED SEAL BOTTLE - HAD 402 IN IT



# Refrigerant Conservation Services Report

Customer: BETHEDA NORTH

Contract No.: \_\_\_\_\_

Location: CINCINNATI, OHIODate: 11-29-11Equipment ID: CHILLER #1Equipment Type: Indus. Process / Com. Refrig. ☒  
Other ☐

1. During this service visit, your equipment was tested for refrigerant leaks: ☒ Yes ☐ No
2. We have summarized below the results of refrigerant leak test (if appropriate):
- ☐ We are pleased to report that minimal refrigerant leaks were found.
  - ☐ Refrigerant leaks found in excess of 15% annual charge which exceeds legal EPA leak rates.
  - ☐ Refrigerant leaks found in excess of 35% annual charge which exceeds legal EPA leak rates.
  - ☐ The following refrigerant leaks were found:

Source of leak

Corrective action taken

Corrective action recommended

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. During this service visit it was necessary to recapture and recycle refrigerant from your unit: ☐ Yes ☒ No

4. Refrigerant replenishment: ☐ Yes ☒ No

Type: CFC/HCFC/HFC

Pounds: \_\_\_\_\_

Date of last replenishment: \_\_\_\_\_

5. Refrigerant reclamation: ☐ Yes ☒ No

Type: CFC/HCFC/HFC

Pounds: \_\_\_\_\_

Refrigeration test date: \_\_\_\_\_

Distillation vendor: \_\_\_\_\_

Certification No. if required: \_\_\_\_\_

Transportation vendor: \_\_\_\_\_

Date refrigerant shipped: \_\_\_\_\_

Date refrigerant returned: \_\_\_\_\_

6. Refrigerant disposal: ☐ Yes ☒ No

Type: CFC/HCFC/HFC

Pounds: \_\_\_\_\_

Refrigerant test date: \_\_\_\_\_

Disposal vendor: \_\_\_\_\_

Certification No. if required: \_\_\_\_\_

Transportation vendor: \_\_\_\_\_

Date refrigerant shipped: \_\_\_\_\_

Authorization required by state: \_\_\_\_\_

Other: \_\_\_\_\_

Local jurisdiction of: \_\_\_\_\_

7. SEASONAL LEAK CHECK, FOUND NO UNUSUAL LEAKS

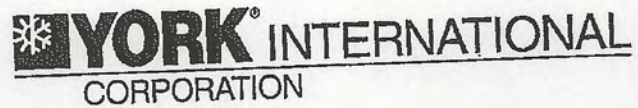
Bernie Blust

Service technician signature

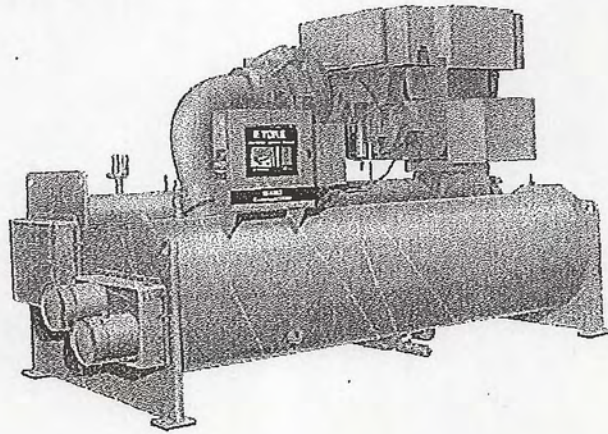
Technician Certification No.: 1231053127

Customer's authorized signature

Date



## CUSTOMERS ANNUAL REPORT CENTRIFUGAL SEASONAL INSPECTION



JOB NAME BETHESDA NORTH  
LOCATION 10500 MONTGOMERY RD. CINCINNATI, OHIO  
CUSTOMER NAME LARRY HARTMAN

SERVICE ENGINEER BERNIE

S & R NO. \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_

DATE: 10-22-11

UNIT MODEL NO. YGPCPCH2-G3412 DATE                       
 COMP MODEL NO. YDHB-57UD SERIAL NO. GEFM-014328  
 SPEED CODE FH SERIAL NO. GCFC-014328

1) COMPRESSOR MOTOR:

- ## 2) CONTROL PANEL

- ### 3) MOTOR STARTER CHECK

- 2

#2

## 4) WATER COOLED OIL COOLER

- A. Strainer \_\_\_\_\_  
B. Cooler Tubes \_\_\_\_\_  
C. Solenoid Valve \_\_\_\_\_

## 5) COMPRESSOR OIL SYSTEM

- A. Change oil NO Oil Level OK  
B. Change oil filter YES Condition oil filter OK  
C. Change oil eductor filter dryer YES  
D. Check eductor \_\_\_\_\_ Eductor ✓  
E. Check float switch \_\_\_\_\_ Heater \_\_\_\_\_  
F. Check return solenoid valve ✓  
G. Check drain down solenoid valve ✓  
H. Check heater & thermostat OK 135°F  
I. Check for acid condition of oil: Good TOOK SAMPLE FOR TESTING  
J. Auxiliary oil pump \_\_\_\_\_  
1. Check seal N/A  
2. Check motor N/A

## 6) PURGE UNIT CHECK

- A. Compressor type  
1. Compressor \_\_\_\_\_  
2. Belts & Pulley's \_\_\_\_\_  
3. Motor \_\_\_\_\_  
4. Cap tubes \_\_\_\_\_  
5. Dryers \_\_\_\_\_  
6. Moisture Indicator \_\_\_\_\_  
7. Gauge \_\_\_\_\_  
8. Pressure control set point \_\_\_\_\_  
9. Compressor heater \_\_\_\_\_  
B. Turboguard purge check  
1. Dryer \_\_\_\_\_  
2. Float switches \_\_\_\_\_  
3. Pressure control set point \_\_\_\_\_  
4. Electrical control panel \_\_\_\_\_

#2

## 7) INSULATION

- A. Check Chiller OK ROUGH ON END SHEETS AND LIQUID DROPLES  
 B. Piping OK ROUGH AT FLANGES  
 C. General appearance OK

## 8) CONDENSER

- A. Tube condition before cleaning SLIGHTLY DIRTY  
 B. Type of cleaning done: Brush ☒ Acid ☐  
 C. Tube condition after cleaning CLEAN

## 9) SYSTEM

- A. Sight Glass Cooler: Clear ☒ Etched ☐  
 B. Sight Glass Float Chamber: Clear ☐ Etched ☐  
 C. Refrigerant Charge: Clear ☒ Oil ☐  
 D. Leak Check: No Leaks ☒ Leaks At ☐

LEAK CHECKED AND LOCATED A CRACK IN THE FLARE COUPLING  
 OF EXTRACTOR FILTER DRIER, REPLACED COUPLING.

## 10) SPECIAL NOTE: Below items may be checked for a complete system annual, if required.

- A). Chilled Water Pump HP \_\_\_\_\_ Voltage \_\_\_\_\_ Amps \_\_\_\_\_  
 1. Motor Amps L<sub>1</sub> \_\_\_\_\_ L<sub>2</sub> \_\_\_\_\_ L<sub>3</sub> \_\_\_\_\_  
 2. Bearings \_\_\_\_\_  
 3. Lubricate \_\_\_\_\_  
 4. Strainer \_\_\_\_\_  
 5. Pump Seal \_\_\_\_\_  
 6. Coupling \_\_\_\_\_  
 7. Flow Switch \_\_\_\_\_  
 B). Condenser Water Pump HP \_\_\_\_\_ Voltage \_\_\_\_\_ Amps \_\_\_\_\_  
 1. Motor Amps L<sub>1</sub> \_\_\_\_\_ L<sub>2</sub> \_\_\_\_\_ L<sub>3</sub> \_\_\_\_\_  
 2. Bearings \_\_\_\_\_  
 3. Lubricate \_\_\_\_\_  
 4. Strainer \_\_\_\_\_  
 5. Pump Seal \_\_\_\_\_  
 6. Coupling \_\_\_\_\_  
 7. Flow Switch \_\_\_\_\_

#2

C). Cooling Tower

1. Clean \_\_\_\_\_ Dirty \_\_\_\_\_ Scale \_\_\_\_\_ Algae \_\_\_\_\_
2. Fan Blades \_\_\_\_\_
3. Motor
  - a. Motor Amps \_\_\_\_\_ Design Amps \_\_\_\_\_
  - b. Bearings \_\_\_\_\_
4. Gear Box \_\_\_\_\_
  - a. Change Oil \_\_\_\_\_
  - b. Alignment \_\_\_\_\_
5. Belts if Applicable \_\_\_\_\_
6. Screen \_\_\_\_\_
7. Condition of Fill \_\_\_\_\_
8. Starter \_\_\_\_\_
9. Controls \_\_\_\_\_
10. Water Treatments - Comments

INSPECTORS COMMENTS:

PERFORMED SEASONAL WORK

NOTES →

Signed

Bernie

CUSTOMER COMMENTS:

Signed

X Gary Bayli

#2

FORM 160.00-XT1 (605)

NOTES:

HRS=32410 STR=2174

TOOK OIL SAMPLE

REPLACED OIL FILTER

REPLACED EDUCTOR FILTER-DRIERS

CHECKED OPERATION AND CALIBRATION OF PRV

CHECKED LINKAGES

CHECKED CONTROL PANEL WIRING, PLUGS AND CONNECTIONS

CHECKED COUPLING, O.K.

BRUSHED CONDENSER TUBES

LEAK CHECKED, LOCATED CRACKED FLARE COUPLING AT

EDUCTOR DRIER - REPLACED, CHARGE SHOULD BE CHECKED

WHEN UNIT CAN BE LOADED UP

EMPTYED SEAL BOTTLE - HAD 14 OZ W/T



# Refrigerant Conservation Services Report

Customer: BETHESDA NORTH Contract No.: \_\_\_\_\_  
 Location: CINCINNATI, OHIO Date: 11-22-11  
 Equipment ID: CHILLER #2 Equipment Type: Indus. Process / Com. Refrig. ☒  
 Other ☐

1. During this service visit, your equipment was tested for refrigerant leaks: ☒ Yes ☐ No  
 2. We have summarized below the results of refrigerant leak test (if appropriate):  
☒ We are pleased to report that minimal refrigerant leaks were found.  
☐ Refrigerant leaks found in excess of 15% annual charge which exceeds legal EPA leak rates.  
☐ Refrigerant leaks found in excess of 35% annual charge which exceeds legal EPA leak rates.  
☐ The following refrigerant leaks were found:

Source of leak	Corrective action taken	Corrective action recommended
<u>FLARE COUPLING</u>	<u>REPLACED</u>	_____
_____	_____	_____
_____	_____	_____

3. During this service visit it was necessary to recapture and recycle refrigerant from your unit: ☐ Yes ☒ No

4. Refrigerant replenishment: ☐ Yes ☒ No Date of last replenishment: \_\_\_\_\_  
 Type: CFC/HCFC/HFC Pounds: \_\_\_\_\_

5. Refrigerant reclamation: ☐ Yes ☒ No Refrigeration test date: \_\_\_\_\_  
 Type: CFC/HCFC/HFC Pounds: \_\_\_\_\_ Certification No. if required: \_\_\_\_\_  
 Distillation vendor: \_\_\_\_\_  
 Transportation vendor: \_\_\_\_\_  
 Date refrigerant shipped: \_\_\_\_\_ Date refrigerant returned: \_\_\_\_\_

6. Refrigerant disposal: ☐ Yes ☒ No Refrigerant test date: \_\_\_\_\_  
 Type: CFC/HCFC/HFC Pounds: \_\_\_\_\_ Certification No. if required: \_\_\_\_\_  
 Disposal vendor: \_\_\_\_\_  
 Transportation vendor: \_\_\_\_\_  
 Date refrigerant shipped: \_\_\_\_\_  
 Authorization required by state: \_\_\_\_\_ Local jurisdiction of: \_\_\_\_\_  
 Other: \_\_\_\_\_

7. SEASONAL LEAK CHECKED, FOUND CRACKED FLARE COUPLING AT EXTRACTOR  
FILTER-DRYER. REPLACED AND STOPPED LEAK. CHARGE SHOULD BE  
CHECKED WHEN UNIT CAN BE LOADED UP FOR EXTENDED PERIOD

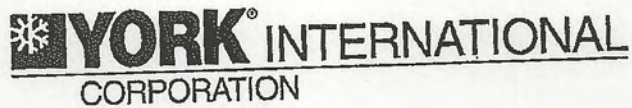
Bernie Blust

Service technician signature

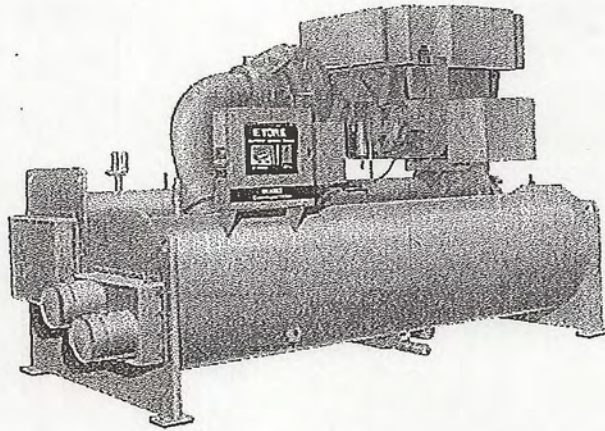
Technician Certification No.: 1231053127

Customer's authorized signature

Date



## CUSTOMERS ANNUAL REPORT CENTRIFUGAL SEASONAL INSPECTION



JOB NAME BETHESDA NORTH  
LOCATION 10500 MONTGOMERY RD CINCINNATI, OHIO  
CUSTOMER NAME LARRY HARTMAN  
SERVICE ENGINEER BERNIE

S & R NO. \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_

DATE: 12-2-11

# CUSTOMERS ANNUAL REPORT CENTRIFUGAL SEASONAL INSPECTION

UNIT MODEL NO. YTK1C3EJ-CRH DATE 12-2-11  
 COMP MODEL NO. YDTL-120 SERIAL NO. GNGM-307081  
 SPEED CODE CB SERIAL NO. GMLC-307081

CHECK following items and indicate condition and whether cleaned or replaced. Record reading where indicated:

## 1) COMPRESSOR MOTOR:

A. Check Voltage LL 475 LL 479 LL 489  
 11 23 31  
 B. Meg Motor Windings: LL 11 LL 23 LL 31  
 T 4 T 5 T 6  
 C. O.T. motor bearing lubricate \_\_\_\_\_  
 D. O.T. motor alignment \_\_\_\_\_  
 E. Check liquid filters (HT liquid cooled windings) \_\_\_\_\_

## 2) CONTROL PANEL

A. LWT Control set point \_\_\_\_\_ E. Electrical terminals, relay timers \_\_\_\_\_  
 B. LP cut out set point \_\_\_\_\_  
 C. Oil pressure cut out \_\_\_\_\_ F. Pressure gauges \_\_\_\_\_ LP \_\_\_\_\_  
 set point \_\_\_\_\_ HP \_\_\_\_\_  
 D. HP cut out set point \_\_\_\_\_ G. Lights \_\_\_\_\_

## 3) MOTOR STARTER CHECK

A. Mechanical Starter  
 1. Contacts: Clean \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Recommend replacement \_\_\_\_\_  
 2. Linkage \_\_\_\_\_  
 3. Check all terminals \_\_\_\_\_  
 4. Dashpots oil \_\_\_\_\_ OK \_\_\_\_\_ Low \_\_\_\_\_  
 B. Solid State Starter Check  
 1. Power Line Terminals - Check tightness \_\_\_\_\_  
 2. Air Filter Cleaned CHANGED COOLANT  
 3. Check Starter Operation - By observing service status lights \_\_\_\_\_

## 4) WATER COOLED OIL COOLER

- A. Strainer \_\_\_\_\_
- B. Cooler Tubes \_\_\_\_\_
- C. Solenoid Valve \_\_\_\_\_

## 5) COMPRESSOR OIL SYSTEM

- A. Change oil YES 10 GAL Oil Level FULL
- B. Change oil filter YES Condition oil filter OK
- C. Change oil eductor filter dryer YES
- D. Check eductor ✓ Eductor ✓
- E. Check float switch \_\_\_\_\_ Heater \_\_\_\_\_
- F. Check return solenoid valve ✓
- G. Check drain down solenoid valve \_\_\_\_\_
- H. Check heater & thermostat OK 135°F
- I. Check for acid condition of oil: Good TOOK SAMPLE FOR TESTING
- J. Auxiliary oil pump \_\_\_\_\_
1. Check seal \_\_\_\_\_
2. Check motor \_\_\_\_\_

## 6) PURGE UNIT CHECK

- A. Compressor type
1. Compressor \_\_\_\_\_
2. Belts & Pulley's \_\_\_\_\_
3. Motor \_\_\_\_\_
4. Cap tubes \_\_\_\_\_
5. Dryers \_\_\_\_\_
6. Moisture indicator \_\_\_\_\_
7. Gauge \_\_\_\_\_
8. Pressure control set point \_\_\_\_\_
9. Compressor heater \_\_\_\_\_
- B. Turboguard purge check
1. Dryer CHANGE
2. Float switches OK
3. Pressure control set point \_\_\_\_\_
4. Electrical control panel ✓

#4

## 7) INSULATION

- A. Check Chiller OK
- B. Piping OK
- C. General appearance OK

## 8) CONDENSER

- A. Tube condition before cleaning SLIGHTLY DIRTY
- B. Type of cleaning done: Brush / Acid /
- C. Tube condition after cleaning CLEAN

## 9) SYSTEM

- A. Sight Glass Cooler: Clear / Etched /
- B. Sight Glass Float Chamber: Clear / Etched /
- C. Refrigerant Charge: Clear / Oil /
- D. Leak Check: No Leaks / Leaks At /

COULD ONLY PRESSURIZE TO 1 1/2 PSIG, WITH HOT WATER  
NOT ENOUGH FOR GOOD CHECK

## 10) SPECIAL NOTE: Below items may be checked for a complete system annual, if required.

- A). Chilled Water Pump HP          Voltage          Amps
1. Motor Amps L<sub>1</sub>          L<sub>2</sub>          L<sub>3</sub>
2. Bearings
3. Lubricate
4. Strainer
5. Pump Seal
6. Coupling
7. Flow Switch
- B). Condenser Water Pump HP          Voltage          Amps
1. Motor Amps L<sub>1</sub>          L<sub>2</sub>          L<sub>3</sub>
2. Bearings
3. Lubricate
4. Strainer
5. Pump Seal
6. Coupling
7. Flow Switch

#4

C). Cooling Tower

1. Clean \_\_\_\_\_ Dirty \_\_\_\_\_ Scale \_\_\_\_\_ Algae \_\_\_\_\_
2. Fan Blades \_\_\_\_\_
3. Motor
  - a. Motor Amps \_\_\_\_\_ Design Amps \_\_\_\_\_
  - b. Bearings \_\_\_\_\_
4. Gear Box \_\_\_\_\_
  - a. Change Oil \_\_\_\_\_
  - b. Alignment \_\_\_\_\_
5. Belts if Applicable \_\_\_\_\_
6. Screen \_\_\_\_\_
7. Condition of Fill \_\_\_\_\_
8. Starter \_\_\_\_\_
9. Controls \_\_\_\_\_
10. Water Treatments - Comments

INSPECTORS COMMENTS: PERFORMING SEASONAL WORK

Notes →

Signed Bernie

CUSTOMER COMMENTS: \_\_\_\_\_

Signed X Gary Banford

#4

FORM 160.00-XT1 (605)

NOTES:

HRS=63966 STR=6858

TOOK OIL SAMPLE

CHANGED OIL

CHANGED OIL FILTER

CHANGED EXHAUST FILTER-DRIVES

CHANGED TURBINE FUEL PUMP AND STRAINER

CHECKED OPERATION OF PRV

CHECKED LINKAGES

CHECKED COUPLING

CHECKED SEAL

EMPTYED SOAL BOTTLE - FULL

BRUSHED CONDENSER TUBES

GREASED MOTOR

LEAK CHECKED - COULD ONLY PRESSURIZE TO 1 1/2 PSIG

USING HOT WATER NOT ENOUGH FOR A GOOD

LEAK CHECK



# Refrigerant Conservation Services Report

Customer: BETHESDA NORTH

Contract No.: \_\_\_\_\_

Location: CINCINNATI, OHIODate: 12-2-11Equipment ID: CHILLER #4Equipment Type: Indus. Process / Com. Refrig. ☒  
Other ☐

1. During this service visit, your equipment was tested for refrigerant leaks: ☒ Yes ☐ No
2. We have summarized below the results of refrigerant leak test (if appropriate):
- ☐ We are pleased to report that minimal refrigerant leaks were found.
  - ☐ Refrigerant leaks found in excess of 15% annual charge which exceeds legal EPA leak rates.
  - ☐ Refrigerant leaks found in excess of 35% annual charge which exceeds legal EPA leak rates.
  - ☐ The following refrigerant leaks were found:

Source of leak	Corrective action taken	Corrective action recommended
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. During this service visit it was necessary to recapture and recycle refrigerant from your unit: ☐ Yes ☒ No

4. Refrigerant replenishment: ☐ Yes ☒ No  
 Type: CFC/HCFC/HFC Pounds: \_\_\_\_\_ Date of last replenishment: \_\_\_\_\_

5. Refrigerant reclamation: ☐ Yes ☒ No  
 Type: CFC/HCFC/HFC Pounds: \_\_\_\_\_ Refrigeration test date: \_\_\_\_\_  
 Distillation vendor: \_\_\_\_\_ Certification No. if required: \_\_\_\_\_  
 Transportation vendor: \_\_\_\_\_  
 Date refrigerant shipped: \_\_\_\_\_ Date refrigerant returned: \_\_\_\_\_

6. Refrigerant disposal: ☐ Yes ☒ No  
 Type: CFC/HCFC/HFC Pounds: \_\_\_\_\_ Refrigerant test date: \_\_\_\_\_  
 Disposal vendor: \_\_\_\_\_ Certification No. if required: \_\_\_\_\_  
 Transportation vendor: \_\_\_\_\_  
 Date refrigerant shipped: \_\_\_\_\_  
 Authorization required by state: \_\_\_\_\_ Local jurisdiction of: \_\_\_\_\_  
 Other: \_\_\_\_\_

7. SEASONAL LEAK CHECK, COULD ONLY GET UNIT PRESSURIZED TO 1 1/2 TO 2 PSIG BECAUSE HOT WATER, NOT ENOUGH FOR A GOOD LEAK CHECK  
FOUND AN UNUSUAL LEAKAGE AT THIS PRESSURE

Bernie Bhat  
 Service technician signature

Technician Certification No.: 1231053127 Customer's authorized signature \_\_\_\_\_

\_\_\_\_\_ Date

Johnson  
Controls



**YORK**  
PRODUCTS/SERVICES

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  
TRIHEALTH % BETHESDA NORTH HOSPITAL  
MAINTENANCE DEPT  
10500 MONTGOMERY ROAD  
CINCINNATI OH 45242

**INVOICE**

No. 00064271811  
Date: 04-JAN-2010  
Terms: Due On Receipt  
Please indicate invoice number with payment.

Work Site:	Remit Checks To:	Remit Via ACH Wire Transfers To:
Bethesda Hospital Chiller PSA 10500 Montgomery Road CINCINNATI OH 45242 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 1327953 01	93647072	182478-0-101 Dana Hopper 07-JUN-2007	MILLER, DONALD E

Line	Description	Amount
1	For Period from 01-JAN-2010 to 31-MAR-2010	10,574.50

ACCOUNTS PAYABLE  
JAN 12 2010

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

**Invoice Comments:**

Scheduled Service on York Chillers

Sub Total	10,574.50
Taxes	.00
Net Amount Due	10,574.50
Currency	USD

Page 1 of 1

**ORIGINAL INVOICE**

Johnson  
Controls



**YORK**  
PRODUCTS/SERVICES

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  
TRIHEALTH % BETHESDA NORTH HOSPITAL  
MAINTENANCE DEPT  
10500 MONTGOMERY ROAD  
CINCINNATI OH 45242

**INVOICE**

No. 00065294987  
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:
Bethesda Hospital Chiller PSA 10500 Montgomery Road CINCINNATI OH 45242 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 1327953 01	93647072	182478-0-101 Dana Hopper 07-JUN-2007	MILLER, DONALD E

Line	Description	Amount
1	For Period from 01-APR-2010 to 30-JUN-2010	10,574.50

ACCOUNTS PAYABLE  
APR 12 2010

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

Invoice Comments:

Scheduled Service on York Chillers

Sub Total 10,574.50

Taxes .00

Net Amount Due 10,574.50

Currency USD

Page 1 of 1

**ORIGINAL INVOICE**



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

NOT 15

ORIGINAL INVOICE

Invoice #: 1-1139401638  
PO #/Auth: 297336-0-M101  
Customer Acct: 1327953

Invoice Date: 07/07/2010  
Your Agreement: Bethesda Hospital Chiller 2010  
Agreement Number: 1-1043337191  
Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH % BETHESDA NORTH HOSPITAL  
ATTN ACCOUNTS PAYABLE  
619 OAK STREET  
CINCINNATI OH 45206

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

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

Sub Total		\$10,893.75
Taxes		\$0.00
Total Amount Due	USD	\$10,893.75

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.

ACCOUNT PAID  
JUL 12 2010

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

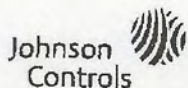
To Remit Via Credit Card:  
Call the phone number listed above.

INVOICE #: 1-1139401638

AMOUNT DUE: \$10,893.75

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

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



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

ORIGINAL INVOICE

Invoice #: 1-1678692755  
PO #/Auth: 297336-0-M101  
Customer Acct: 1327953

Invoice Date: 10/05/2010  
Your Agreement: Bethesda Hospital Chiller 2010  
Agreement Number: 1-1043337191  
Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
619 OAK STREET  
CINCINNATI OH 45206

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

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

Sub Total	\$10,893.75
Taxes	\$0.00
Total Amount Due	USD \$10,893.75

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.

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ACCOUNTS PAYABLE  
OCT 6 8 2010

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

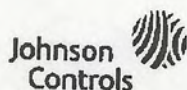
To Remit Via Credit Card:  
Call the phone number listed above.

INVOICE #: 1-1678692755

AMOUNT DUE: \$10,893.75

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

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



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

ORIGINAL INVOICE

Invoice #: 1-2148157656  
PO #/Auth: 297336-0-M101  
Customer Acct: 1327953

Invoice Date: 01/02/2011  
Your Agreement: Bethesda Hospital Chiller 2010  
Agreement Number: 1-1043337191  
Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
619 OAK STREET  
CINCINNATI OH 45206

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

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

Sub Total		\$10,893.75
Taxes		\$0.00
Total Amount Due	USD	\$10,893.75

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.

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ACCOUNTS PAYABLE

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice. 3 REC'D

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

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

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

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 #: 1-2148157656

AMOUNT DUE: \$10,893.75

APR 07 REC'D



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

ORIGINAL INVOICE

Invoice #: 1-3325370389  
PO #/Auth: Renewal Letter  
Customer Acct: 1327953  
Customer WO#:

Invoice Date: 07/03/2011  
Your Agreement: Bethesda Hospital Chiller PSA Yr 2 of 3  
Agreement Number: 1-3070061481  
Service Request:  
Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
619 OAK STREET  
CINCINNATI OH 45206

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

ACCOUNTS PAYABLE

JUL 07 2011

Planned Service Agreement Services Performed: For Period from 01-Jul-2011 to 30-Sep-2011 Johnson Controls 1st quarterly invoice for the planned maintenance contract. Contract term runs from 7/1/11 - 6/30/12. Thank you for your business.

297326-en 101

Sub Total		\$11,220.75
Taxes		\$0.00
Total Amount Due	USD	\$11,220.75

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.

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

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

INVOICE #: 1-3325370389

AMOUNT DUE: \$11,220.75

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

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



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

## ORIGINAL INVOICE

Invoice #: 1-3968133892  
PO #Auth: Renewal Letter  
Customer Acct: 1327953  
Customer WO#: 2973310-M101

Invoice Date: 10/03/2011  
Your Agreement: Bethesda Hospital Chiller PSA Yr 2 of 3  
Agreement Number: 1-3070061481  
Service Request:  
Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
819 OAK STREET  
CINCINNATI OH 45206

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

Planned Service Agreement Services Performed: For Period from 01-Oct-2011 to 31-Dec-2011 Johnson Controls 2nd quarterly invoice for the planned maintenance contract. Contract term runs from 7/1/11 - 6/30/12. Thank you for your business.

Sub Total	\$11,220.75
Taxes	\$0.00
Total Amount Due	USD \$11,220.75

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.

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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

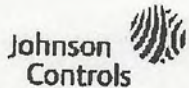
To Remit Via Credit Card:  
Call the phone number listed above.

INVOICE #: 1-3968133892

AMOUNT DUE: \$11,220.75

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

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



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

ACCOUNTS PAYABLE

JAN 06 RECD

ORIGINAL INVOICE

Invoice #: 1-4461705114  
PO #/Auth: Renewal Letter  
Customer Acct: 1327953  
Customer WO#:

Invoice Date: 01/02/2012  
Your Agreement: Bethesda Hospital Chiller PSA Yr 2 of 3  
Agreement Number: 1-3070061481  
Service Request:  
Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
619 OAK STREET  
CINCINNATI OH 45206

297338-m101

297338-101

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

**Planned Service Agreement Services Performed:** For Period from 01-Jan-2012 to 31-Mar-2012 Johnson Controls 3rd quarterly invoice for the planned maintenance contract. Contract term runs from 7/1/11 - 6/30/12. Thank you for your business.

Sub Total	\$11,220.75
Taxes	\$0.00
Total Amount Due	USD \$11,220.75

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.

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PO INVOICE

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

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

INVOICE #: 1-4461705114

AMOUNT DUE: \$11,220.75

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

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



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

ORIGINAL INVOICE

Invoice #: 1-4964693732  
PO #/Auth: Renewal Letter  
Customer Acct: 1327953  
Customer WO#:

Invoice Date: 04/01/2012  
Your Agreement: Bethesda Hospital Chiller PSA Yr 2 of 3  
Agreement Number: 1-3070061481  
Service Request:  
Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
619 OAK STREET  
CINCINNATI OH 45206

ACCOUNTS PAYABLE

APR 04 2012

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

297336-101

297336-m-101

Planned Service Agreement Services Performed: For Period from 01-Apr-2012 to 30-Jun-2012 Johnson Controls 4th quarterly invoice for the planned maintenance contract. Contract term runs from 7/1/11 - 6/30/12. Thank you for your business.

Sub Total		\$11,220.75
Taxes		\$0.00
Total Amount Due	USD	\$11,220.75

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.

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PO INVOICE

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

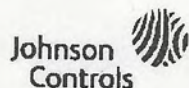
To Remit Via Credit Card:  
Call the phone number listed above.

INVOICE #: 1-4964693732

AMOUNT DUE: \$11,220.75

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

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



Johnson Controls  
Building Efficiency  
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #: 1-5436257426  
PO #/Auth: 297336-0-M101

Invoice Date: 07/02/2012  
Your Agreement: Bethesda Hospital Chiller PSA 2012 Yr 3/3

Customer Acct: 1327953  
Customer WO#:

Agreement Number: 1-5280838237

Service Request:

Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
619 OAK STREET  
CINCINNATI OH 45206

ACCOUNTS PAYABLE

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

JUL 10 2012

Planned Service Agreement Services Performed: For Period from 01-Jul-2012 to 30-Sep-2012

Sub Total		\$11,557.50
Taxes		\$0.00
Total Amount Due	USD	\$11,557.50

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 to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

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

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

INVOICE #: 1-5436257426

AMOUNT DUE: \$11,557.50

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

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

**ORIGINAL INVOICE**

Johnson Controls  
Building Efficiency  
Federal ID 39-0380010

Invoice #: 1-5872645590  
PO #/Auth: 297336-0-M101

Invoice Date: 10/02/2012  
Your Agreement: Bethesda Hospital Chiller PSA 2012 Yr  
3/3

Customer Acct: 1327953  
Customer WO#:

Agreement Number: 1-5280838237

Service Request:

Branch: Cincinnati Service - 0364

Bill To:  
TRIHEALTH  
619 OAK STREET  
CINCINNATI OH 45206

**ACCOUNTS PAYABLE**

Service Site:  
BETHESDA NORTH HOSPITAL  
10500 MONTGOMERY RD  
CINCINNATI OH  
45242-4402

OCT 05 2012

Planned Service Agreement Services Performed: For Period from 01-Oct-2012 to 31-Dec-2012

Sub Total	\$11,557.50
Taxes	\$0.00
Total Amount Due	USD \$11,557.50

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 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.

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 #: 1-5872645590

AMOUNT DUE: \$11,557.50

Unit Serial Number	SGRM266120										
Gear Code: WV	Cap:	600.00	Alt Cap:	.00	Refrigerant:	R-134A					
EWT	LWT	FLOW	PD	UOM	Fluid	Type	PASS	FF	(psi)	In	Out
(deg F)	(deg F)	(gpm)	PD								
EVAP 54.00	42.00	1200.00	20.90		WATER		2	.00010	150	C	B
COND 85.00	94.29	1800.00	23.10		WATER		2	.00025	150	R	S
Volts 460	Phase 3	Freq 60		KW	360.00					HP	456.00
FLA 512.00	LRA 3450.00	Inrush Amps	522.00		Oil Pump	Volts 460					
Condenser Ambient Temp (Design)	.0				Oil Pump	FLA 3.60					
Starter Type	VARIABLE SPEED DRIVE				Motor #	02426514414					
Evap Tube #	37560801018				Coupling/Guard #	36449975000					
Condensor Tube #	37546430019				Compressor #	36450757201					
Unit #	37549338001				Cooler Nozzle Arngmnt #	37549698115					
Oil Separator #					Condensor Nozzle Arngmnt #	37549700115					
Sys Wiring #	37549784001				Orifice Plate #						
Control Panel #	37104118103				Hot Gas	NOT LISTED					
Sys Pipe #											

Entered Date: 20080501

Verified Date: 20080509

Record Entered By: JEG

Record Verified By: JG

Unit Serial Number SGRM266230  
 Gear Code: WV Cap: 600.00 Alt Cap: .00 Refrigerant: R-134A  
 EWT LWT FLOW PD DWP Nozzle  
 (deg F) (deg F) (gpm) PD UOM Fluid Type PASS FF (psi) In Out  
 EVAP 54.00 42.00 1200.00 20.90 WATER 2 .00010 150 C B  
 COND 85.00 94.29 1800.00 23.10 WATER 2 .00025 150 R S  
 Volts 460 Phase 3 Freq 60 KW 360.00 HP 456.00  
 FLA 512.00 LRA 3450.00 Inrush Amps 522.00 Oil Pump Volts 460  
 Condenser Ambient Temp (Design) .0 Oil Pump FLA 3.60  
 Starter Type VARIABLE SPEED DRIVE Motor # 02426514414  
 Evap Tube # 37560801018 Coupling/Guard # 36449975000  
 Condensor Tube # 37546430019 Compressor # 36450757201  
 Unit # 37549338001 Cooler Nozzle Arngmnt # 37549698115  
 Oil Separator # Condensor Nozzle Arngmnt # 37549700115  
 Sys Wiring # 37549784001  
 Control Panel # 37104118103 Orifice Plate #  
 Sys Pipe # Hot Gas NOT LISTED

Entered Date: 20080501  
 Verified Date: 20080509

Record Entered By: JEG  
 Record Verified By: JG

Unit Serial Number SGRM266010  
 Gear Code: WV Cap: 600.00 Alt Cap: .00 Refrigerant: R-134A  
 EWT LWT FLOW PD DWP Nozzle  
 (deg F) (deg F) (gpm) PD UOM Fluid Type PASS FF (psi) In Out  
 EVAP 54.00 42.00 1200.00 20.90 WATER 2 .00010 150 C B  
 COND 85.00 94.29 1800.00 23.10 WATER 2 .00025 150 R S  
 Volts 460 Phase 3 Freq 60 KW 360.00 HP 456.00  
 FLA 512.00 LRA 3450.00 Inrush Amps 522.00 Oil Pump Volts 460  
 Condenser Ambient Temp (Design) .0 Oil Pump FLA 3.60  
 Starter Type VARIABLE SPEED DRIVE Motor # 02426514414  
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 Condensor Tube # 37546430019 Compressor # 36450757201  
 Unit # 37549338001 Cooler Nozzle Arngmnt # 37549698115  
 Oil Separator # Condensor Nozzle Arngmnt # 37549700115  
 Sys Wiring # 37549784001  
 Control Panel # 37104118103 Orifice Plate #  
 Sys Pipe # Hot Gas NOT LISTED

Entered Date: 20080501  
 Verified Date: 20080509

Record Entered By: JEG  
 Record Verified By: JG

TriHealth-Bethesda North Hospital-Chiller  
tune up Mercantile Self Direct Prescriptive  
Application Documents Not Attached Due  
To Size But Available Upon Request.

- York Specifications

There is one document available that totals  
15.2MB and can be sent separately if  
requested.

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**6/4/2013 5:07:45 PM**

**in**

**Case No(s). 13-1327-EL-EEC**

Summary: Application Application to Commit Energy

Efficiency/Peak Demand

Reduction Programs

(Mercantile Customers Only)- Tri Health Bethesda North Chiller Tune ups electronically filed by  
Carys Cochern on behalf of Duke Energy