AIR LIQUIDE™

Etienne Lepoutre
PRESIDENT

VIA CERTIFIED MAIL

September 21, 2007

Mr. Adam Kushner
Headquarters US EPA, OECA Air Enforcement Division
USEPA Headquarters
Ariel Rios Building
1200 Pennsylvania Avenue, N. W.
Mail Code: 2242A
Washington, DC 20460

CFC Coordinator
Air Enforcement
U.S. EPA Region 1
JFK Federal Building
One Congress St., Suite 1100
Boston, MA 02114-2023

CFC Coordinator
Air Enforcement
U.S. EPA Region 3
Wheeling Office
1060 Chapline Street
Wheeling, WV 26003

CFC Coordinator
U.S. EPA Region 5
77 W. Jackson Blvd.
Chicago, IL 60604-3507

CFC Coordinator
Air Enforcement Branch
U.S. EPA Region 4 – 12th Floor
61 Forsyth Street S.W.
Atlanta, GA 30303-3104

CFC Coordinator
6EN-AA
U.S. EPA Region 6
1445 Ross Ave., Suite 1200
Dallas, TX 75202-2733

CFC Coordinator
U.S. EPA Region 8
999 18th Street, Suite 500
Denver, CO 80202-2466

CFC Coordinator
Air-5
U.S. EPA Region 9
75 Hawthorne Street
San Francisco, CA 94105

CFC Coordinator
Idaho Operations Office
U.S. EPA Region 10
1435 N. Orchard St.
Boise, ID 83706

Re: United States of America v. Air Liquide America Corporation
Consent Decree / Clean Air Act Subpart F Refrigerant Regulations
Civil Action No. 01-2073
U.S. District Court for the Southern District of Texas

Ladies and Gentlemen:

As required by Section 23 of the above-referenced Consent Decree, Air Liquide Industrial U.S. LP ("Air Liquide") hereby submits the following semiannual reports or statements to EPA Headquarters and EPA regions where an Air Liquide regulated refrigerant unit is located:

AIR LIQUIDE INDUSTRIAL U.S. LP • 2700 Post Oak Boulevard, Suite 1800, Houston, TX 77056-8229
P.O. Box 460229, Houston, TX 77056-8229
Phone: 713-624-8780 • Fax: 713-402-2056
Cell: 713-256-0338

a. Attachment A is a status report regarding all work required under Paragraphs 5, 6, 9 and 19 of the Consent Decree during this reporting period: January 1, 2007 through July 31, 2007.

b. Attachment B is an affirmative statement of change in regulatory status, as required by Section 23 of the Consent Decree, for units that were replaced or converted, or that were shutdown or mothballed, during prior reporting periods. Section 23 provides that after a system has been converted to use a Non-Ozone Depleting Refrigerant, as defined by the Consent Decree, or is permanently shut-down or Mothballed, as defined by the Consent Decree, *Air Liquide need not submit Refrigerant Fill Records (found at Attachment C) for such units during subsequent reporting periods*, but shall affirmatively state in reports to EPA whether there has been any change in the regulatory status of the system.

c. Attachment C includes two documents: (1) a copy of the completed Refrigerant Fill Record form, a sample of which is found at Appendix G to the Consent Decree, and (2) an affirmative statement regarding Air Liquide's compliance or noncompliance with EPA's Subpart F regulations. Documents at Attachment C are provided for each Industrial Process Refrigeration System, as defined in the Consent Decree, listed on Attachments B or C to the Consent Decree which used R-22 or any other class I or class II refrigerant during the period from January 1, 2007 through July 31, 2007.

As required by the Consent Decree, I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Please call me at 713-624-8780 if you have any questions.

Respectfully submitted,

Etienne Lepoutre
President

Enc.

Attachment A:

Air Liquide Industrial U.S. LP

Status Report of All Work Required Under Paragraphs 5, 6, 9 and 19 of the Consent Decree

Section 5:
Air Liquide completed all skid replacements required under Section 5 of the Consent Decree before the Decree's deadline of December 31, 2003; consequently, there is nothing to report under Section 5 of the Consent Decree for this reporting period.

Section 6:
The chiller at Orange, TX was converted to non-ODS in November 2004, significantly ahead of the deadline of December 31, 2009.

The two chillers at Madison, MI were converted to non-ODS in December 2004, significantly ahead of the deadline of December 31, 2009.

The chiller at Ft. Meade, FL was converted to non-ODS in March 2005, significantly ahead of the deadline of December 31, 2009.

Section 9:
Air Liquide completed its Section 9 requirements, as described in our report submitted October 1, 2001. A copy of the recorded, fully executed, act of donation was enclosed with a prior semi-annual report.

Section 19:
Air Liquide completed its Section 19 requirements, as described in our report submitted October 1, 2001. A copy of the recorded, fully executed, act of donation was enclosed with a prior semiannual report. On October 2, 2001, Air Liquide deposited $54,000 into a special account established by the Carlyss Fire Protection District, as required by Section 19.

Attachment B:

Statement of Change in Status for Units Converted, Replaced, Shut Down or Mothballed During a Prior Reporting Period

Air Liquide Industrial U.S. LP

Location	Status During Prior Reporting Period	Change In Status During Current Period
Etiwanda, CA	Shutdown	No change
Jeffersonville, IL	Shutdown	No change
Baton Rouge, LA	Converted to non-ODS	No change
Cartersville, GA	Converted to non-ODS	No change
Orlando, FL	Replaced with non-ODS skid	No change
Tucson, AZ	Replaced with non-ODS skid	No change
Denver, CO (old unit)	Demolished and removed	No change
Borger, TX	Converted to non-ODS	No change
Carpentersville, IL	Converted to non-ODS	No change
North Kingston, RI (APSA chiller)	Converted to non-ODS	No change
Portland, OR	Converted to non-ODS	No change
Denver, CO (FES 100 hp skid)	Converted to non-ODS	No change
Denver, CO (FES 400 hp skid)	Converted to non-ODS	No change
McMinnville, OR (FES liquefier skid)	Converted to non-ODS	No change
Spartanburg, SC	Replaced with non-ODS skid	No change
Spartanburg, SC	Replaced with non-ODS skid	No change
Spartanburg, SC	Converted to non-ODS	Compliant
Madison, MI	Converted to non-ODS	No change
Madison, MI	Converted to non-ODS	No change
Ft. Meade, FL	Converted to non-ODS	No change
Orange, TX	Converted to non-ODS	No change
East Helena, MT	Shutdown	

Attachment C:

Affirmative Statement of Compliance or Noncompliance and Refrigerant Fill Record Forms

Air Liquide Industrial U.S. LP

Location	Equipment	Replace by the end of:	Semiannual statement of compliance or noncompliance
Coatesville, PA*	R-22 500 lbs	2009	Compliant
Coatesville, PA*	R-22 140 lbs	2009	Compliant
Coatesville, PA*	R-22 140 lbs	2009	Compliant
Kent, WA	Frick Liquefier Chiller	2009	Compliant
Kent, WA	Frick Air Chiller	2009	Compliant
McMinnville, OR	FES ASU Chiller	2009	Compliant
Cleburne, TX	FES Chiller	2009	Compliant
East Helena, MT	R-22 650 lbs	Presume 2009 – no deadline set in Consent Decree	This unit experienced a leak of greater than 35%. The unit has been shutdown. A rental unit is currently in place. A permanent replacement chiller will be installed in the 1st qtr of 2008.
North Kingston, RI	HPN chiller	2009	Compliant
Burlington, WI	FES chiller	2009	Compliant
Covington, VA	FES chiller	2009	Compliant
Reading, PA	R-22	2009	Compliant
Reading, PA	R-502	2009	Compliant.
St. Mary's, PA	R-22	2009	Compliant.
West Point, VA	R-22	2009	Compliant
Spartanburg, SC	R-22	2009	Compliant
Mt. Vernon, IN	R-22	2009	Compliant
Mapleton, IL	R-22	2009	Compliant
Robinson, IL	R-22	2009	Compliant

***Coatesville PA is now owned by Air Liquide Industrial U.S. LP; previous reports listed Coatesville as belonging to Air Liquide Large Industries U.S. LP.**

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) West Point

Enter Type of Refrigerant Used in the System = R-22

Year 2006

Enter Capacity of Refrigerant System (pounds) = 3000

Enter amount purchased or used	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, Including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	----		----	----	----	----	----	----	----	----	----	----	----
500	500	na	na	277	#VALUE!	no		N/A	N/A	N/A	N/A	NA	NA
1000	250	11/08/06	1000	365	33.3%	yes	PSV lifted due to a PLC fault. The unit was repaired, recharged and leak checked.	11/08/06	David Elliott	3.688E+12			
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): 0

Date: 7-16-07

Signature:

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Hankison H34 CU

Unit location & number (if applicable) Toray Plastics

Enter Type of Refrigerant Used in the System = 22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 70

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
0	0												
			0	0		0	0		0	0		0	0
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Roger Corvasce

Date:

Signature:

Ozone Depleting Substance
ODS Leak Rate Calculation

Unit location & number (if applicable) [redacted]

Enter Type of Refrigerant Used in the System = [redacted]

Year [redacted]

Enter Capacity of Refrigerant System (pounds) = [redacted]

Enter amount purchased or used .	Refrigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? **(If applicable, including Initial Verification Test)**	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
		03/23/03		----	----	----	----	----	----	----	----	----	----
0	#VALUE!	03/23/05	30	731	7.5%	yes	Full Charge has not been established 30# of refrigerant was added to bring system up to operating pressure. Need to come back during 4/11/05 scheduled shutdown to complete full and establish full charge.	03/23/05	Greg Grubel / Burkhardt Mechanical, Inc.	113-44-6691			
0	0	04/11/05	60	0	25.0%	no	Evacuated unit to determine freon capacity - weighed refrigerant was at 130# - added another 70# to bring unit up to full capacity as per specifications - Replaced a 6 PRV's, Replaced flex joint ,repaired sweat connection and repaired hot-gas bypass."The amount of 70 pounds that was added is not related to the leak on found on March 23, 2005. This amount is being added to bring the unit to a revised baseline amount of 200 pounds. " FULL CHARGE ESTABLISHED	04/11/05	Greg Grubel / Burkhardt Mechanical, Inc.	113-44-6691	04/21/05	Michael L. Walb / Burkhardt Mechanical, Inc.	*6481001117
0	0	04/11/05	0	0	0.0%	no	ESTABLISHED FULL CHARGE OF UNIT. FULL UNIT CONTAINS @200 lbs refrigerant	N/A	Greg Grubel / Burkhardt Mechanical, Inc.	N/A	N/A	N/A	N/A
0	0	08/17/06	50	493	18.5%	no	N/A	N/A	N/A	N/A	N/A	N/A	NA
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

Ozone Depleting Substance
ODS Leak Rate Calculation

	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Date: 7/9/07

Facility Representative (print): Roy Stamm

Signature:

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) St Marys / 04.10 Vilter

Enter Type of Refrigerant Used in the System = R-22

Year 2006

Enter Capacity of Refrigerant System (pounds) = 2300

Enter amount purchased.	Refrigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
625	625	06/16/04	----	----	----	----	----	N/A	N/A	89410157	----	MM	89410157
0	250	12/31/04	375	198	30.1%	no	DISCHARGE SAFETY COMP C	12/30/04	MM	89410157	01/30/05	MM	89410157
0	250	01/20/05	0	20	0.0%	no	OIL FILTER COMP C	01/20/05	MM	89410157	02/20/05	MM	89410157
0	250	03/20/05	0	59	0.0%	no	N/A	N/A	N/A	89410157	N/A	N/A	89410157
0	250	06/30/05	0	161	0.0%	no	Replaced servo motor electrical circuit	09/30/05	9/30/2005	89410157	N/A	MM/RAS	89410157
0	0	**09/30/05**	**250**	194	20.5%	no	Replaced servo motor electrical circuit	09/30/05	9/30/2005	89410157	N/A	MM/RAS	89410157
625	625	12/28/05	0	89	0.0%	no	Purchased refrigerant no additions made	N/A	N/A	89410157	N/A	N/A	89410157
0	625	03/17/06	0	79	0.0%	no	Ther has been no reffigerant add since 09/30/05	N/A	N/A	89410157	N/A	N/A	89410157
0	625	06/17/06	0	92	0.0%	no	N/A	N/A	N/A	89410157	N/A	N/A	89410157
0	500	09/29/06	125	104	19.1%	no	Added 1 125# cyclinder	N/A	N/A	89410157	N/A	N/A	89410157
0	375	12/15/06	125	77	25.8%	no	Added 1 125# cyclinder	N/A	N/A	89410157	N/A	N/A	89410157
0	375	03/17/07	0	92	0.0%	no	N/A	N/A	N/A	89410157	N/A	N/A	89410157
0	251	06/08/07	124	83	23.7%	no	Maintain full charge	N/A	N/A	89410157	N/A	N/A	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	89410157	#VALUE!	#VALUE!	89410157

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter ▼ Facility Representative (print): Mike Mirtich / Richard Smith

7/10/2007 Signature: Mike Mirtich

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable)	Robinson, IL
Enter Type of Refrigerant Used in the System =	R-22
Year	2007
Enter Capacity of Refrigerant System (pounds) =	129

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	0	07/20/04			----	----	Beginning 1st Qtr 2005	----	----	----	----	----	----
43	0	02/22/07	43	947	12.8%	no	replaced leaking bypass valve, recharged system	02/22/07	Eric Lindenschmidt	313-84-6024	03/06/07	Eric Lindenschmidt	313-84-6024
	0			NA	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Date: 07/25/07

Facility Representative (print): Matt Gronseth

Signature: Matt Gro

Ozone Depleting Substance
ODS Leak Rate Calculation

Unit location & number (if applicable) [redacted]

Enter Type of Refrigerant Used in the System = [redacted]

Year [redacted]

Enter Capacity of Refrigerant System (pounds) = [redacted]

Enter amount purchased or used .	Refrigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? **(If applicable, including Initial Verification Test)**	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	'----	03/23/05	----	----	----	----	----	----	----	----	----	----	'----
0	490		618	NA	#VALUE!	#VALUE!	3/23/2005	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	366	04/14/06	124	38821	0.2%	no	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	242	07/09/07	124	451	16.2%	no	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Date: 10/11/2006

Facility Representative (print): Roy Stamm

Signature:

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable): Mt. Vernon, 61666

Enter Type of Refrigerant Used in the System = R-22

Year: 2007

Enter Capacity of Refrigerant System (pounds) = 2300

Enter amount purchased or used	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	375	08/05/04	----	----	----	----	----	----	----	----	----	----	'----
400	0	05/26/06	775	659	18.7%	no	added freon	05/26/06	B. Downs - York	1.451E+09	06/02/06	B. Downs - York	1.451E+09
				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Douglas O'Brien

Date: 07/23/07

Signature: Douglas O'Brien

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Mcminnville

Unit location & number (if applicable): N14/R10

Enter Type of Refrigerant Used in the System = R22

Year: 2007

Enter Capacity of Refrigerant System (pounds) = 1850

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Brian Keene

Date: 7/10/07

Signature: B Keene

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable): Mapleton 61664

Enter Type of Refrigerant Used in the System = r-22

Year: 2007

Enter Capacity of Refrigerant System (pounds) = 808

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, Including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
150	'----	10/25/04	808	0	----	----	initial charge	----	----	----	----	----	'----
250	0	04/18/06	250	540	20.9%	no	small leaks fixed	04/18/06	Toromont	490-74-5039	04/24/06	Scott Robinson	###########
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Jeff DeSanty

Date: 7-20-07

Signature:

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) Kent, WA R-1

Enter Type of Refrigerant Used in the System = R-22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 1650

Enter amount purchased or used	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	0	10/11/06	----	----	----	----	----	----	----	----	----	----	----
	0			#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
	#VALUE!			NA	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Brian Keene

Date: 7/10/07

Signature: B Keene

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) Kent, WA R-10

Enter Type of Refrigerant Used in the System = R-22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 4000

Enter amount purchased or used	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	0	04/14/05	----	----	----	----	----	----	----	----	----	----	----
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Brian Keene

Date: 7/10/07

Signature: B Keene

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable): 53004

Enter Type of Refrigerant Used in the System = R-22

Year: 2007

Enter Capacity of Refrigerant System (pounds) = 650

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
----	0	38328	----	----	----	----	----	----	----	----	----	----	----
540	0	05/25/07	540	899	33.7%	Yes	Chiller compressor failed and required replacement. When it failed it cracked a pipe joint which released freon. Crack was repaired.	05/24/07	Ted Leckner	39402879	05/25/07	Ted Leckner	39402879
240	0	06/29/07	240	35	385.1%	Yes	Freon level dropped. Discovered small pin hole leak in section of 1/4" tubing. Tubing section was replaced.	06/22/07	Ted Leckner	39402879	06/29/07	Ted Leckner	39402879
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter Facility Representative (print): John Riff

6/29/2007 Signature: John Riff

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable): Covington, Va. 53032

Enter Type of Refrigerant Used in the System = R 22

Year: 2007

Enter Capacity of Refrigerant System (pounds) = 1500

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	---		---	---	---	---	---	---	---	---	---	---	---
60	0	06/26/07	60	365	4.0%	yes	repaired leaks on valves and condenser cap	06/26/07	Zarhart Hanslett	226051939			
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Date: 6/26/07

Facility Representative (print): Alvin Williams

Signature:

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) COATESVILLE N14/R10

Enter Type of Refrigerant Used in the System = R-22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 500

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	Pounds of Refrigerant Recovered	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	0	4/31/00	500		----	----	----	Initial Charge	----	----	----	----	----	'----
60	0	4/24/2002	60	0	724	6.0%	no	Replaced Compressor Shaft Seal	4/24/2002	B.Weaver	196403526	5/7/2002	B.Weaver	196403526
169	0	5/13/2004	169	0	750	16.4%	yes	Tightened Discharge Flange	5/12/2004	G.Moore	182404589	6/14/2004	Defenderfer	09181957166487658
200	0	3/10/2006	200	0	666	21.9%	yes	Replaced Compressor	3/21/2006	M. Clay	202500101	3/24/2006	Defenderfer	09181957166487658
150	0	3/12/2007	150	0	367	29.8%	no	N/A	N/A	N/A	N/A	N/A	N/A	NA
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I.believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Ali Vaghari

Date: 5/14/07

Signature: Ali Vaghari

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) 301A

Enter Type of Refrigerant Used in the System = R-22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 140

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	Pounds of Refrigerant Recovered	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	'----	5/20/97	140		----	----	----	----	----	----	----	----	----	'----
	#VALUE!				-35570	0.0%	no	N/A	N/A	N/A	N/A	N/A	NA	NA
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Ali Vaghari

Date: 5/14/2007

Signature: Ali Vaghari

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) COATESVILLE DR-301

Enter Type of Refrigerant Used in the System = R-22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 140

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	Pounds of Refrigerant Recovered	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
	125	5/20/97	140		----	----	----	Full Charge after Repair	----	----	----	----	----	'----
60	45	3/7/2003	140	103	2117	4.6%	no	Compressor Replacement	3/12/2003	J.Sciascia	211568754	3/26/2003	M.Heist	164546958
150	0	7/9/2004	150	0	490	79.8%	yes	Repair Evaporator Piping	7/9/2004	J.Sciascia	211568754	8/9/2004	M.Heist	164546958
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!				#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Facility Representative (print): Ali Vaghari

Date: 5/14/07

Signature: ali vaghari

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) N14/R10

Enter Type of Refrigerant Used in the System = HCFC-22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 390

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
		03/01/97	390	----	----	----	----	----	----	----	----	----	----
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

7/2/2007

Facility Representative (print): Dennis H. Stark

Signature:

Ozone Depleting Substance
ODS Leak Rate Calcualtion

Unit location & number (if applicable) 61789

Enter Type of Refrigerant Used in the System = R22

Year 2007

Enter Capacity of Refrigerant System (pounds) = 800

Enter amount purchased or used .	Refigerant "Left In Stock" (pounds)	Date Refrigerant was added	Pounds of Refrigerant Added for Full System Charge	# days since last added (calculated)	Annualized leak rate (calculated)	Are Actions/ Repairs Required?	Detail Actions/ Repairs Performed? (If applicable, including Initial Verification Test)	Date of Repair	Repaired By:	Technician Certification Number	Date of Follow-up Verification Test	Tested By:	Technician Certification Number
450	200	08/03/00	250	638	0	----	----	----	----	----	----	----	'----
30	0	06/18/02	230	684	15.3%	no	N/A	N/A	N/A	N/A	N/A	NA	NA
150	0	08/28/04	150	802	8.5%	no	N/A	N/A	N/A	N/A	N/A	N/A	N/A
200	0	03/13/06	200	562	16.2%	no	N/A	N/A	N/A	N/A	N/A	N/A	N/A
250	0	03/15/07	250	367	31.1%	no	N/A	N/A	N/A	N/A	N/A	N/A	NA
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	#VALUE!			#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

I certify under penalty of law that I have examined and am familiar with information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate,and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

List Quarter: Second Quarter

Date:07-17-07

Facility Representative (print): Chris Chenoweth

Signature: