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Business Custom Rebate Post-Installation Report (POR)

Please complete and submit one (1) hardcopy of this report for each completed project to the Program Administrator at the address listed below. You will be informed of project approval or denial no later than 30 days after receipt of this application by the Program Administrator. Review of the POR will be delayed for incomplete applications. Please refer to the Program Manual for descriptions of the necessary information required in the POR and direct any questions to the Program Administrator.

ThermWise Business Custom Rebates Program Administrator
P.O. Box 45360
Salt Lake City, UT 84145-0360
1 (800) 867-2044
E-mail: business@thermwise.com

Customer Information

Business Name: _____

Contact Name: _____

Address: _____

Contact Phone: _____ **Contact Fax:** _____

Contact E-mail: _____

Federal Tax ID: ____ - ____ - ____ - ____ - ____ - ____ - ____

Business Classification (check one):

- Corporation Partnership Sole Proprietorship/Individual
 Limited Liability Co. Other Exempt

Under penalties of perjury, by checking this box you are confirming the following: 1) I am providing a correct tax ID, 2) I am not subject to backup withholding, and 3) I am a US person (including a US Resident Alien).



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Customer Acknowledgement

By signing this document, you, the Customer, acknowledge the implementation of demand side management (DSM) measures within your facility or facilities in conjunction with the Business Custom Rebate Program offered by Questar Gas. Your signature also indicates that:

- Your company has completed installation of these measures.
- You agree to assist Questar gas as required in its efforts to review this report and provide access for an inspection at your facility by Questar Gas to verify existing equipment and operation. Questar Gas’s review or inspection of any DSM measures does not constitute any representation as to the technical or economic quality of the DSM measures. Questar Gas, its officers, employees, and contractors will not be liable for the performance of these measures. Questar Gas will not release any propriety information about your business without your permission.

If you have any questions, please contact the Business Custom Rebate Program Administrator at (800) 867-2044.

Name (printed): _____

Signature: _____ **Date:** _____

Title: _____

Facility(s) Address: _____

Was this a New Construction Project? _____



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Project Summary

In the table below, please summarize the annual natural gas usage of the existing system, the estimated usage after installation of the energy saving measure, estimated energy savings and incurred costs. Calculations and methodology should be detailed in later sections of this application.

Measure Name	Baseline Annual Usage (Dth)	Proposed Annual Usage (Dth)	Annual Savings (Dth)	Estimated Cost (\$)
Totals				



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Measure Description

Attach the measure description from the PIR report and note any changes to the measure that occurred during installation in the space below. Attach additional copies of this sheet as necessary to describe multiple measures. The revised description should include the following information:

- Any changes to the measure from the description provided in the PIR that occurred during installation (i.e. size of equipment, control strategy, operating set points, etc.)

System Baseline

Please check the appropriate box to indicate the type of project:

- Elective retrofit to upgrade existing operable equipment or add functionality
- Retrofit to replace/upgrade inoperable or failed equipment
- New equipment added as part of a facility expansion/renovation
- New construction project



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Commissioning Summary

Commissioning procedures will vary in detail and rigor, depending on the measures installed, and are subject to approval by Questar Gas. Please reference the Program Manual for additional guidance defining the scope and type of commissioning required for each measure.

For each installed measure, summarize the commissioning tasks performed, state any deficiencies and how they were addressed, and describe the final operating characteristics of the commissioned system. Attach additional sheets as necessary to show data trended, results of functional testing, and deficiency reporting. Measures requiring commissioning will not be approved for rebates unless the system was sufficiently commissioned and determined to be operating as intended to achieve natural gas savings. The commissioning summary should include the following:

- Data collected to verify system operation,
- Period of time data was collected,
- List of deficiencies and how they were addressed,
- Final operating parameters and set points of the commissioned system, and
- Any measure-specific commissioning results.

Commissioning Method

Please check the appropriate box to indicate the commissioning method approved in the PIR:

- No commissioning required
- Deemed savings approach
- Simple Monitoring & Verification
- Full Monitoring & Verification



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Estimated Natural Gas Savings

Include a separate sheet for each measure. Describe the methodology used to estimate the natural gas consumption of the proposed system. Attach additional sheets as necessary to justify assumptions used in the analysis (i.e. equipment specification sheets, trended or measured data, equipment schematics) and provide copies of any spreadsheets used. Natural gas savings should be calculated using operational characteristics verified when the system was commissioned. The reviewer should be able to understand and replicate the calculations given the data provided in this report. The description should summarize:

- The calculation algorithm, including formulas and data values used
- Operational characteristics of the fully commissioned system
- Major assumptions (i.e. operating hours, average heating load, etc.)

Measure Baseline Annual Natural Gas Consumption from PIR (Dth/yr): _____

Proposed Measure Annual Natural Gas Consumption (Dth/yr): _____



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Measure Costs

Provide a summary of the actual incurred costs for each measure. Attach additional copies of this sheet as necessary to describe multiple measures. Attach copies of any material/labor estimates, purchase order requests and bid estimates for each measure. The cost summary should include any or all the following depending on the project:

- Material/equipment invoices
- Labor/installation invoices, internal labor tracking sheet or other equivalent documentation
- Invoices for any commissioning work
- Invoices for any energy engineering analysis
- Documentation of other estimated costs (i.e. contingency, shipping, taxes) as necessary

Actual Measure Costs (\$): _____



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Other Information

Please list here and attach any additional information necessary to describe the proposed measures, calculation methodologies, commissioning plans or cost estimates. Additional information may include:

- Building or system schematics
- Equipment specification sheets
- System operation manuals
- Sequence of Operations or control strategies