

DATE: 5/10/2021

Page: 6

BID NO.: 50-00134538

**BID FORM**  
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF \_\_\_\_\_.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

10-12 weeks

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

35350

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Beacon Air Conditioning, Heating & Refrigeration, Inc.

ADDRESS: 315 E. 3rd Street

CITY, STATE: Kenner, LA

ZIP: 70062

TELEPHONE: (504) 467-8698

FAX: (504) 466-4996

EMAIL ADDRESS: Wendy@beaconac.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1 w.c.

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 642,622.00

AUTHORIZED

SIGNATURE: Wendy Chatelain

Wendy Chatelain

Printed Name

TITLE: Owner / Secretary-Treasurer

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 5/10/2021

Page 7

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00134538

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR &amp; MATERIALS NEEDED TO REMOVE OLD, SUPPLY &amp; INSTALL TWO NEW AIR COOLED HELICAL ROTARY WATER CHILLERS FOR THE JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, DELIVERY, EQUIPMENT AND ALL OTHER INCIDENTALS NEEDED TO REMOVE TWO (2) EXISTING TRANE AIR COOLED CHILLER SYSTEMS AND SUPPLY AND INSTALL TWO (2) NEW 250 TON TRANE AIR COOLED HELICAL ROTARY WATER CHILLER SYSTEMS MODEL NUMBER #RTAC2504UNU AT THE JEFFERSON PARISH EMERGENCY OPERATIONS AND COMMUNICATIONS CENTER LOCATED AT 910 3RD STREET, GRETN, LA 70053.</p> <p>***PLEASE SEE ATTACHED SPECIFICATIONS***</p>	642,622.00	642,622.00



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

June 4, 2021

### ADDENDUM # 1

Bid Number: 50-00134538

Receipt Date: June 10, 2021  
Postponed to Date: N/A

Description of Bid **LABOR & MATERIALS NEEDED TO REMOVE OLD, SUPPLY & INSTALL TWO NEW AIR COOLED HELICAL ROTARY WATER CHILLERS FOR THE JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT**

**QUESTIONS & ANSWERS:** BELOW ARE VENDOR QUESTIONS WITH THE ANSWERS IN RED. PLEASE BE ADVISED THAT THE DEADLINE FOR QUESTIONS HAS BEEN MET.

- 1) **Q-Section 14.0:** LDs in the amount of \$300/day will be assessed commencing on the 4<sup>th</sup> day following the notice to proceed. This isn't typically how LDs are assessed. Can you please give more clarification on how the LD's are assessed? **A-**If the project is not substantially complete after the 4<sup>th</sup> day "Notice to Proceed" is given liquidated damages can be assessed.
- 2) **Q-Is Trane allowed to bid this job?** **A-**For installation? If so, they would have had to be present at the pre-bid
- 3) **Q-Are other Equipment Manufacturers acceptable?** **A-** Refer to Section 6.0

Sincerely,

***Shanna Folse***

Shanna Folse, Buyer II  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form by indicating the addendum number listed above. Failure to list each addenda number on the bid form will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**

GENERAL GOVERNMENT BLDG. — 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053  
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. — 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123  
OFFICE 504.364.2678  
EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET

## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Beacon Air Conditioning, Heating & Refrigeration, Inc.  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Beacon A/C, Htg & Refrig., Inc.  
INCORPORATED, DULY NOTICED AND HELD ON June 1, 2021,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Wendy Chatelain, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.



I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.

Wendy Chatelain  
SECRETARY-TREASURER

6/1/2021

DATE



Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

Wendy Chatelain, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Owner/Officer of Beacon A/C, Htg & ReFrig., Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00134538, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

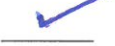
Choice A ☒ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ☐ there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

**Choice B**  \_\_\_\_\_ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Wendy Chatelain  
Signature of Affiant

Wendy Chatelain  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 3 DAY OF JUNE, 20 21

[Signature]  
Notary Public

Kim J. Lord  
Printed Name of Notary

58462  
Notary/Bar Roll Number

My commission expires AT MY DEATH





June 1, 2021

To Whom It May Concern:

Below is a listing of Beacon Air Conditioning's contributions for Jefferson Parish campaigns:

<u>Campaign For</u>	<u>Check No.</u>	<u>Check Dated</u>	<u>Amount</u>
Dominick Impastato	32363	7/05/2017	\$300.00
Dominick Impastato	34304	9/04/2019	\$200.00
Jennifer Van Vrancken	34301	8/30/2019	\$200.00

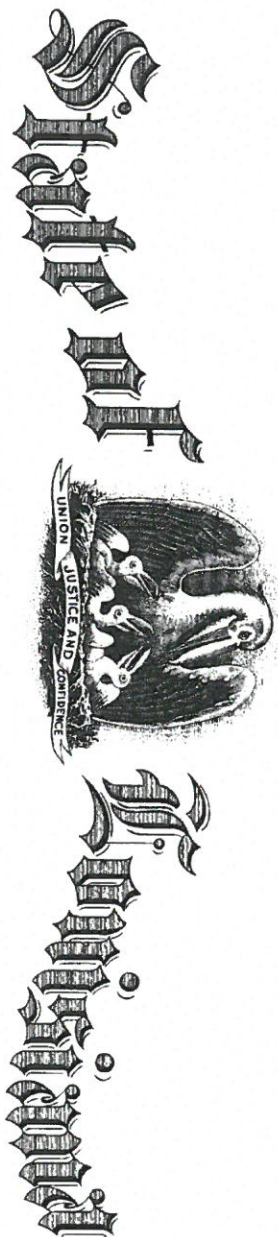
Should you have any questions or require additional information, please do not hesitate to contact the undersigned.

Regards,

**Beacon Air Conditioning, Heating & Refrigeration, Inc.**

Wendy Chatelain  
Owner/Secretary-Treasurer





## State Licensing Board for Contractors

This is to Certify that:

BEACON AIR CONDITIONING, HEATING AND REFRIGERATION,  
INC.  
315 E. 3rd Street  
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

MECHANICAL WORK (STATEWIDE)



Expiration Date: July 15, 2023

License No: 35350

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 16th day of July 2020

*W. S. MacP*  
Director

*Joe M. Mott*  
Chairman

This License Is Not Transferable

*Andy D. D.*  
Treasurer



**STATE PLUMBING BOARD  
OF LOUISIANA**

MASTER NATURAL GAS FITTER

This is to certify that

Lic/ID #: LMNGFB415

CHATELAIN, DANIEL D II

**2021**

317 E. 3RD ST.

KENNER, LA 70062

SEACON AIR CONDITIONING, HEATING & REFRIGERATION, LLC

HAS BEEN ENDORSED BY THE STATE PLUMBING BOARD OF LOUISIANA AS BEING QUALIFIED TO  
PERFORM THE WORK OF A MASTER NATURAL GAS FITTER FOR THE YEAR 2021.  
THIS CERTIFICATE IS VALID THROUGH JANUARY 31, 2021. FOR FURTHER INFORMATION, VISIT US AT  
WWW.LOUISIANA-PLUMBING.COM OR CALL 504-386-6600.

CPE

TRAVELER, 10/20/2020, 10/20/2020

**Refrigerant Transition And Recovery Program**

**Program approval by U.S. EPA: 11/21/00**

**Daniel Chatelain, II**

**Universal**

**technician as required by 40 CFR Part 82, Subpart F**

**Certification Number**

**101126218**

**Date Certified**

**1/14/03**

**Pennsylvania College  
of Technology**



**Certifications**

Type I - Small Appliances

Type II - High Pressure and Very High  
Pressure Appliances

Type III - Low Pressure Appliances

Universal - Type I, II, and III

This card issued by  
Pennsylvania College of Technology  
One College Avenue  
Williamsport, PA 17701  
570-327-4775

**Jefferson Parish**

Inspection and Code Enforcement  
Regulatory Inspection's Division

**Active Mechanical # 60662**

This is to certify that **DANIEL CHATELAIN II**  
having qualified in accordance with Jefferson Parish Ordinances is hereby granted  
authorization to engage in the above field as authorized by law.

Issue Date: 1/1/2021

Expiration Date: 12/31/2021



Mechanical Section Chief

**THIS LICENSE IS NOT TRANSFERABLE**



**Jefferson Parish**  
Inspection and Code Enforcement  
Regulatory Inspection's Division

**Active Gas # 60663**

This is to certify that **DANIEL CHATELAIN II**  
having qualified in accordance with Jefferson Parish Ordinances is hereby granted  
authorization to engage in the above field as authorized by law.

Issue Date: 1/1/2021

Expiration Date: 12/31/2021



Gasfitter Section Chief

**THIS LICENSE IS NOT TRANSFERABLE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068	<b>CONTACT NAME:</b> Kayla Landry, CISR <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>FAX (A/C, No):</b> (985) 652-4039 <b>E-MAIL ADDRESS:</b> klandry@rivins.com																					
<b>INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street  Kenner LA 70062	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Milford Casualty Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td>Wesco Insurance Company</td><td>25011</td></tr><tr><td>INSURER C:</td><td>Technology Insurance Co, Inc.</td><td>42376</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Milford Casualty Insurance Company		INSURER B:	Wesco Insurance Company	25011	INSURER C:	Technology Insurance Co, Inc.	42376	INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** 20-21**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPP1026781	10/29/2020	10/29/2021	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Employee Benefits</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Employee Benefits	\$ 1,000,000
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			WUM1849930	10/29/2020	10/29/2021	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
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	\$																				
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A		TWC3923710	10/29/2020	10/29/2021	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																					
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E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bid # 50-00134538

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Emergency Operations&Communication  
910 3rd Street

Gretna

LA 70053

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: 00029524

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Riverlands Insurance Services Inc.		<b>NAMED INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, Inc.
<b>POLICY NUMBER</b> 		
<b>CARRIER</b> 	<b>NAIC CODE</b> 	<b>EFFECTIVE DATE:</b> 

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Full Certificate Holder:  
THE JEFFERSON PARISH, ITS DISTRICTS DEPARTMENTS AND AGENCIES  
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

and

Jefferson Parish Emergency Operations & Communications Center  
910 3rd Street  
Gretna, LA 70053  
Bid # 50-00134538




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	<b>CONTACT NAME:</b> Hylton S Petit Jr <b>PHONE (A/C, No, Ext):</b> 504-461-0171 <b>FAX (A/C, No):</b> 504-461-0289 <b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <input type="checkbox"/> <b>INSURER C:</b> <input type="checkbox"/> <b>INSURER D:</b> <input type="checkbox"/> <b>INSURER E:</b> <input type="checkbox"/> <b>INSURER F:</b> <input type="checkbox"/>
<b>INSURED</b> Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	<b>NAIC #</b> 25178

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	More Help
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> More Help					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> AUTOS <input type="checkbox"/> More Help	N N	383 6773-B28-18C	02/28/2021	08/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) <input type="checkbox"/> More Help \$ 1,000,000 \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

Jefferson Parish Emergency Operations &  
Communications Center  
910 3rd Street  
Gretna, La 70053  
Bid # 50-00134538

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Electronic Signature Not Available. Please Print and Sign.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062		<b>CONTACT</b> NAME: Hylton S Petit Jr PHONE (A/C, No, Ext): 504-461-0171 FAX (A/C, No): 504-461-0289 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com	
<b>INSURED</b> Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: <input type="checkbox"/> INSURER C: <input type="checkbox"/> INSURER D: <input type="checkbox"/> INSURER E: <input type="checkbox"/> INSURER F: <input type="checkbox"/>	
		<b>NAIC #</b> 25178	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	More Help
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> More Help						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> More Help	Y	Y	383 6773-B28-18B	02/28/2021	08/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) <input type="checkbox"/> More Help \$ 1,000,000 \$	
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,  
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION  
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL  
200 Derbigny St.  
Gretna, La 70053

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Electronic Signature Not Available. Please Print and Sign.

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## Submittal

**Prepared For:**  
Mr Chris Frazier

**Date:** March 22, 2021

**Customer P.O. Number:**  
**Customer Project Number:**

**Sold To:**  
JP EOCC Chiller Replacement 21

**Job Number:** Oppy 2820300

**Job Name:**  
JP EOCC 20  
100 Dolhonde Street

GRETNA, LA 70054

---

Trane U.S. Inc. dba Trane is pleased to provide the enclosed submittal for your review and approval.

### Product Summary

Qty	Product
1	Air-Cooled Helical Rotary Water Chillers
1	Premium Startup

---

**Michael Barbot**  
Trane U.S. Inc. dba Trane  
530 Elmwood Park Blvd.  
New Orleans, LA 70123  
Phone: (504) 733-6789  
Fax: (504) 731-0833

*The attached information describes the equipment we propose to furnish for this project, and is submitted for your approval.*

*Product performance and submittal data is valid for a period of 6 months from the date of submittal generation. If six months or more has elapsed between submittal generation and equipment release, the product performance and submittal data will need to be verified. It is the customer's responsibility to obtain such verification.*

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**Tag Data - Air-Cooled Helical Rotary Water Chillers (Qty: 1)**

Item	Tag(s)	Qty	Description	Model Number
A1	CH-1	1	Air-Cooled Series R(TM) ( RTAC )	RTAC2504U**NUAFNL4TY1TDLNN5TN11CR CE

**Product Data - Air-Cooled Helical Rotary Water Chillers****Item: A1 Qty: 1 Tag(s): CH-1**

Air cooled Series R(TM) model RTAC

Startup Included - Trane Service must start equipment for warranty to be honored

250 nominal tons

460v/60 hz/3 ph

Standard configuration

Single Speed Screw Compressor

AHRI certified

Test at AHRI conditions

Standard 40-60F leaving, with evaporator heaters

2 pass arrangement, 0.75" insulation

Aluminum slit fins

Terminals only

Lon Communication Option

Wye-delta closed transition starter

Elastomeric isolators (Fld)

**Factory Training Included****Factory Witness Test with report- (must be performed in AHRI certified facility)****Low ambient capability****Complete Coat Condenser Environmental Coil Coatings****Condenser fans with TEAO motors****Single point connection main line unit power-ancillary items require other power****Factory installed flow switch****Refrigerant isolation valves****Factory installed sound attenuator****Coil protection louvers****Chiller to be identical match to existing footprint – no steel changes needed.****Chiller to be identical match to existing electrical – no electrical feed changes needed.**

Year 2-10 parts warranty whole unit

1st Year Labor Warranty Whole Unit

2-10th Year Labor Warranty Whole Unit

1st Year Refrigerant Warranty

2nd-10th Year Refrigerant Warranty



**Mechanical Specifications - Air-Cooled Helical Rotary Water Chillers****Item: A1 Qty: 1 Tag(s): CH-1****Foundation**

Provide rigid, non-warping mounting pads or a concrete foundation of sufficient strength and mass to support the applicable operating weight (i.e. including completed piping, and full operating charges of refrigerant, oil and water). Once in place, the unit must be level within 1/4" across the length and width of the unit. The Trane Company is not responsible for equipment problems resulting from an improperly designed or constructed foundation.

**Center of Gravity**

Different unit configurations and options may cause a variation in the center of gravity from what is listed in the submittal. Refer to the Installation, Operating and Maintenance manual for specific lifting instructions.

**General**

Units are leak and pressure tested at 390 psig (2689 kPa) high side, 250 psig (1724 kPa) low side, then evacuated and charged. All Air-cooled Series R(TM) chillers are factory tested to confirm operation prior to shipment. Packaged units ship with full operating charge of oil and refrigerant.

Unit panels, structural elements and control boxes are constructed of galvanized steel and mounted on a welded structural steel base. Unit panels and control boxes are finished with a baked-on powder paint, and the structural base with an air dry paint. All baked-on powder paint meet the requirement for outdoor equipment of the U.S. Navy and other Federal Government Agencies and meets ASTM B117 500 hours salt spray fog test.

Anytime water only is present in the evaporator, the Trane CH530 must have flow control of the chilled water system. Flow control can be done either directly or through an input to a building automation system to conduct an action resulting in minimum flow through the chiller evaporator barrel to avoid potentially catastrophic damage to the evaporator due to freezing. If the system has sufficient glycol to protect down to the lowest expected ambient, flow control is optional.

**Evaporator**

The evaporator is a tube-in-shell heat exchanger design with internally and externally finned copper tubes roller expanded into the tube sheet. The evaporator is designed, tested and stamped in accordance with ASME Pressure Vessel Code Section VIII for a refrigerant side working pressure of 200 psig (1379 kPa). The evaporator is designed for a water side working pressure of 150 psig (1034 kPa). Water connections are grooved pipe. Each shell includes a vent, a drain and fittings for temperature control sensors and is insulated with UV resistant 0.75 inch Armaflex II or equal insulation (K=0.28). Insulation also covers the suction line and evaporator heads. Heaters, with thermostat, are provided to help protect the evaporator from freezing at ambient temperatures down to -20 F (-29 C), depending on application.

Note: A separate field supplied low voltage power source is required to power the freeze protection.

**Operating Temperature**

Unit is designed for operation in standard leaving evaporator temperature (equal to or greater than 40 F, 4 C) modes.

**Chilled Water Reset**

Provides the control logic and factory-installed sensors to reset leaving chilled water temperature. The setpoint can be reset based on ambient temperature or return evaporator water temperature.

**Pressure Vessel Code**

Chiller complies with ASME Pressure Vessel Code Section VIII. ASME nameplates are attached to applicable pressure vessels including oil separators.

**Condenser and Fans**

Air-cooled condenser coils have lanced aluminum fins mechanically bonded to internally finned copper tubes. Completely assembled coils are then dipped and baked in an electro-mechanically bonded flexible epoxy coating. Coating covers all condenser coil surfaces with uniform coating to protect against corrosion with negligible performance loss. Coil with coating successfully passed 6,000 hour salt spray test. The condenser coil has an integral subcooling circuit. Condensers are factory proof and leak tested at 506 psig (3489 kPa).

Direct drive vertical discharge condenser fans are dynamically balanced. Three phase condenser fan motors with permanently lubricated ball bearing and internal thermal protection are provided. Units will start and operate down to 0 F (-18 C) ambient.

Totally Enclosed Air-Over (TEAO) motors completely seal motor windings, preventing exposure to ambient conditions. TEAO fan motor insulation class F.

Unit is also designed to start and operate in upper ambient conditions, up to 115 degrees F (46 C).

#### **Coil Protection**

Architecturally pleasing, 1/2" engineered composite material, louvered panels cover the complete condensing coil, providing coil protection from outside objects and louvered profile for coils.

#### **Low Ambient Option**

The factory installed low ambient option consists of special control logic and variable frequency drive fans to permit low temperature start-up and operation to 0 F (-18 C).

#### **Compressor Starter - Y delta**

Starter is a wye-delta closed transition configuration. The wye-delta closed transition starter reduces inrush current (Locked Rotor Amps) by 66%. The starter is factory mounted and completely prewired to the compressor motor. Starters are housed in a weathertight enclosure per UL 1995.

#### **Compressor and Lube Oil System**

The rotary screw compressor is semi-hermetic, direct drive, 3600 rpm, with step and variable load and unloader valves for capacity control, rolling element bearings, differential refrigerant pressure oil pump and oil heater. The motor is a suction gas cooled, hermetically sealed, two pole squirrel cage induction motor.

Oil separation is provided separate from the compressor. Automatically controlled valves are provided on the compressor discharge and lube oil system. A solenoid valve in the lube oil return system is also provided. Oil filtration is accomplished by an integral oil filter located within the compressor.

#### **Refrigerant Circuits**

Each unit has two refrigerant circuits, with one or two rotary screw compressor per circuit. Each refrigerant circuit includes discharge service valve, liquid line shutoff valve (except remote evap), removable core filter, liquid line sight glass, charging port, one electronic expansion valve per circuit and optional compressor suction service valve. Fully modulating compressors and electronic expansion valves provide variable capacity modulation over the entire operating range.

#### **Unit Controls**

All unit controls are housed in a outdoor rated enclosure per UL 1995 with removable plates to allow for customer connection of power wiring and remote interlocks. All controls, including sensors, are factory mounted and tested prior to shipment.

Microcomputer controls provide all control functions including start up and shutdown, leaving chilled water temperature control, compressor and electronic expansion valve modulation, fan sequencing, anti-recycle logic, automatic lead/lag compressor starting, load limiting and chilled water pump control.

The unit control module with Rapid Restart (TM), utilizing Adaptive Control (TM) microprocessor automatically takes action to avoid unit shutdown due to abnormal operating conditions associated with low refrigerant pressure, high condensing pressure and motor current overload. Should the abnormal operating condition continue until a protective limit is violated, the unit will be shut down.

A control power transformer is factory installed and wired.

#### **Controls Function Data**

Unit protective functions include loss of chilled water flow, evaporator freezing, loss of refrigerant, low refrigerant pressure, high refrigerant pressure, compressor starting and running over current, phase loss, phase imbalance, phase reversal, under/over voltage protection and loss of oil flow.

A menu driven digital display indicates over 20 operating data points including chilled water set point, current limit set point, entering and leaving chilled water temperature, evaporator and condenser refrigerant pressures and temperatures. Over 60 diagnostic checks are made and displayed when a problem is detected. The digital display can be read and advanced on the unit without opening any control panel doors. Touch screen LCD, allows for easy access of all important chiller operating information.

#### **Short Circuit Current Rating (SCCR)**

A short circuit current rating offers a measure of safety for what the starter panel enclosure is able to withstand in the event of an explosion caused by a short circuit.

**Power Connection**

Power connections include main three-phase power and one separate 115V, 15 amp field provided single phase power connection to power the evaporator heaters (if used for freeze protection). Field wiring connection point will be on the bottom right corner of the electrical panel..

**LonTalk LCI-C Interface**

Provides the LonMark chiller profile inputs/outputs for use with a generic building automation system or Tracer ES (TM).

**Compressor Sound Enhancement**

Provides a weatherproof compressor enclosure to reduce compressor sound levels.

**Flow Switch**

There is a factory installed flow switch with a velocity setpoint of 35 cm/sec included on this chiller.

**Unit Isolation**

Elastomeric isolators are provided for structure isolation from unit.

**Witness Test**

A 1 point witness test will be conducted in the presence of the customer's designated witness at customer specified ambient and water temperature conditions to certify chiller performance before shipment. A test report showing actual performance at specified parameters is provided. Testing will be performed in accordance with AHRI Standard 550/590. Upon test completion, the customer and factory witness will sign the report and a copy will be provided to the customer.

**Warranty**

A First Year Parts Warranty is included, covering the whole unit. The warranty is valid for 12 months after start-up or 18 months after shipment.

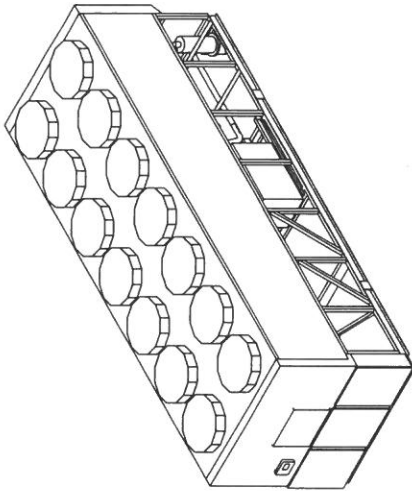
Unit Dimensions - Air-Cooled Helical Rotary Water Chillers

Item: A1 Qty: 1 Tag(s): CH-1

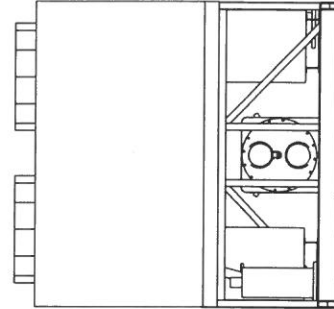
43 GAL (163 LITERS)

WATER VOLUME STORAGE

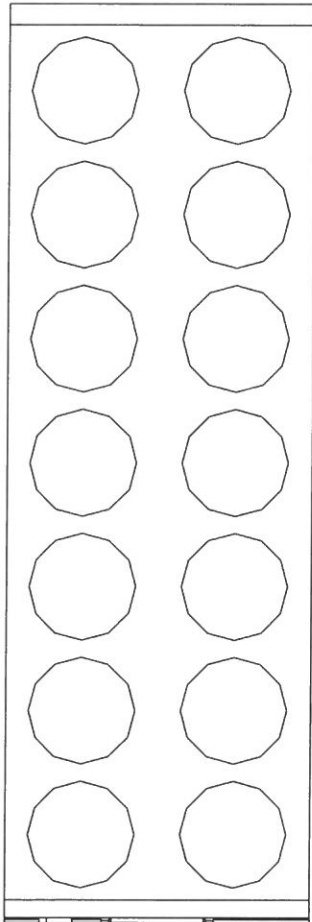
MOUNTING HOLE DIAMETER 11/16"  
WATER CONNECTION DIAMETER 6 in (152.4 mm) NPS  
LIFTING PLATE DIMENSIONS 6" x 5 1/2"



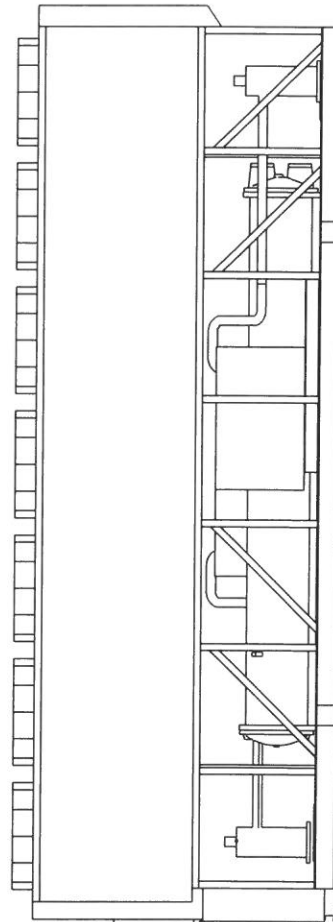
ISOMETRIC VIEW



END VIEW



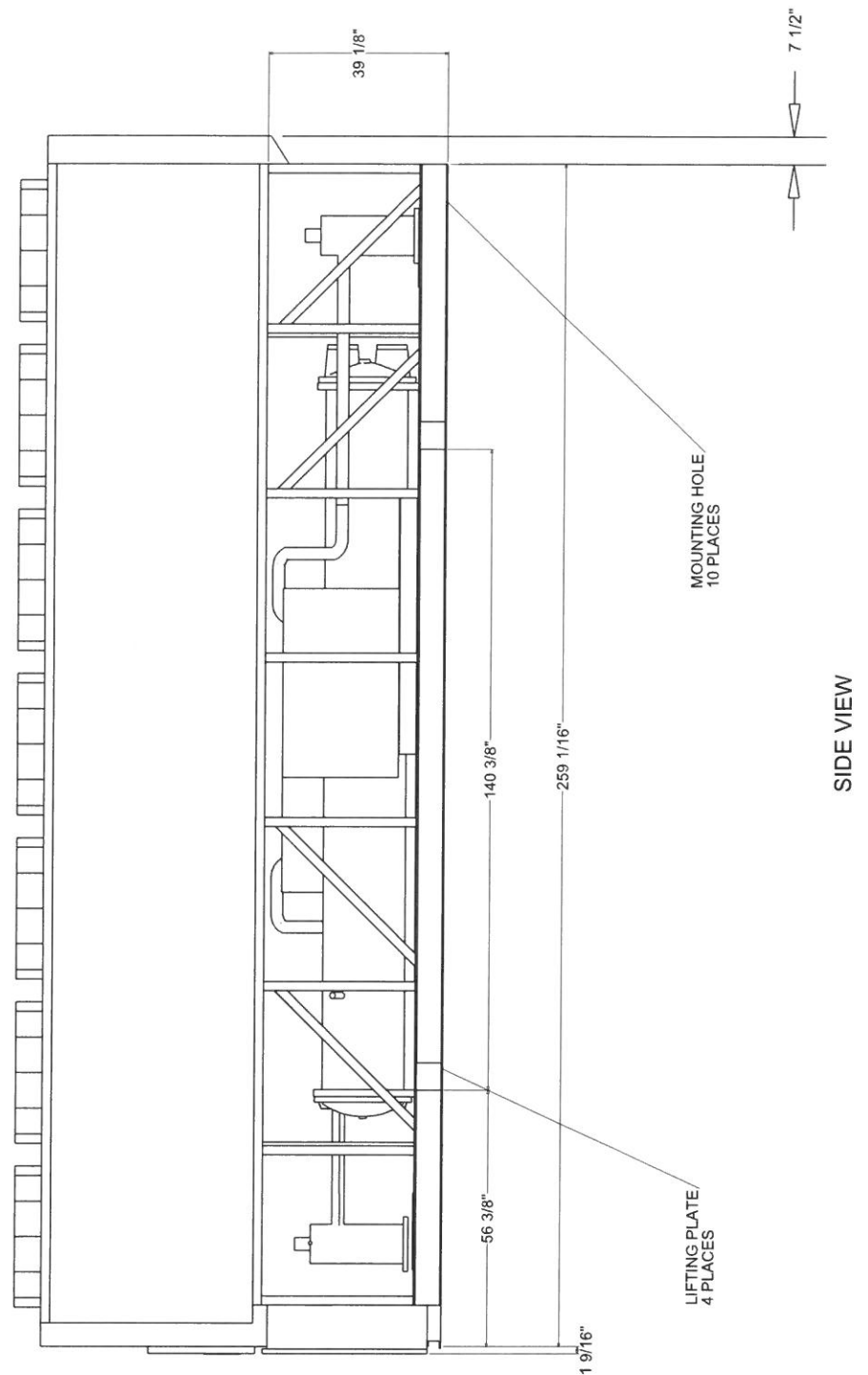
TOP (PLAN) VIEW



SIDE VIEW

## Unit Dimensions - Air-Cooled Helical Rotary Water Chillers

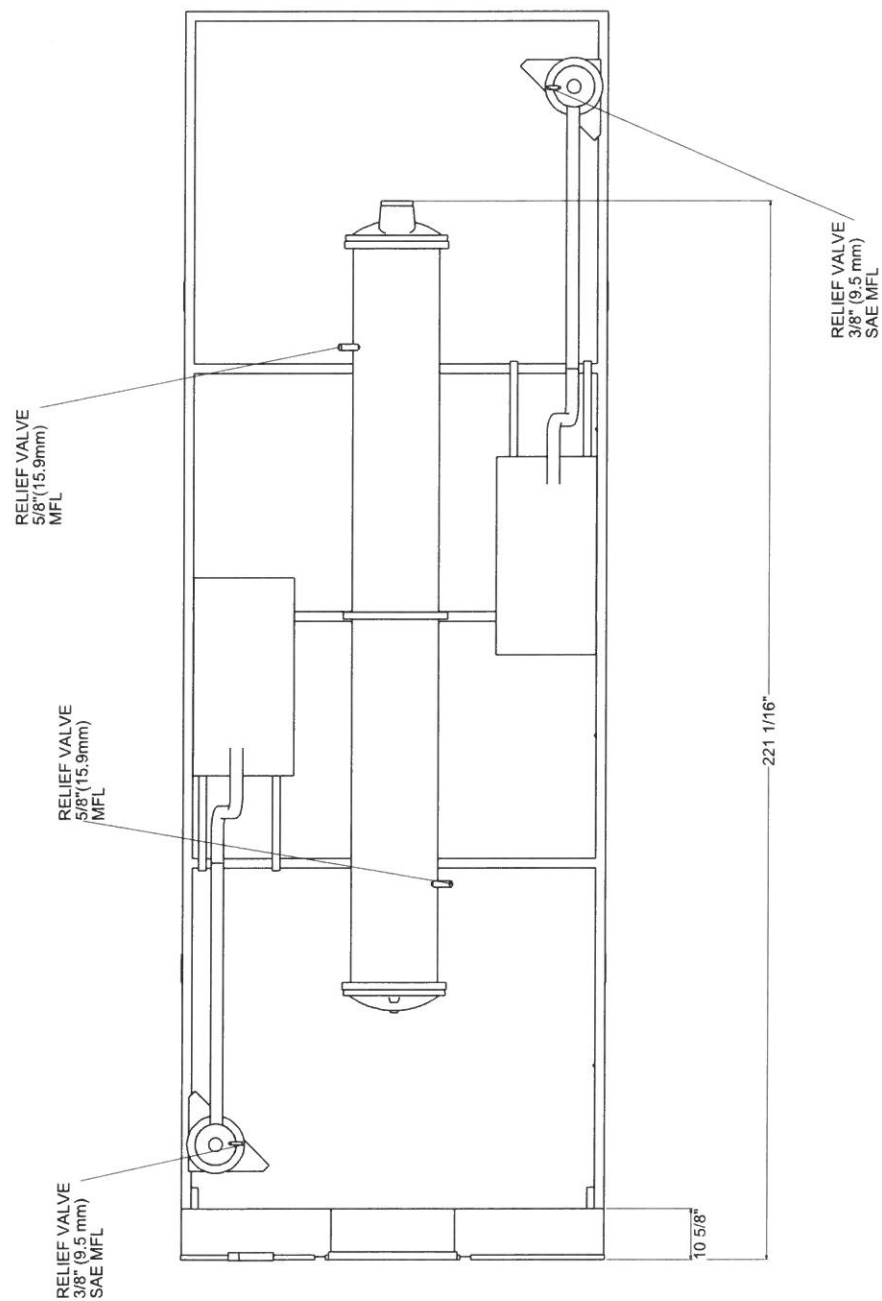
Item: A1 Qty: 1 Tag(s): CH-1





## Unit Dimensions - Air-Cooled Helical Rotary Water Chillers

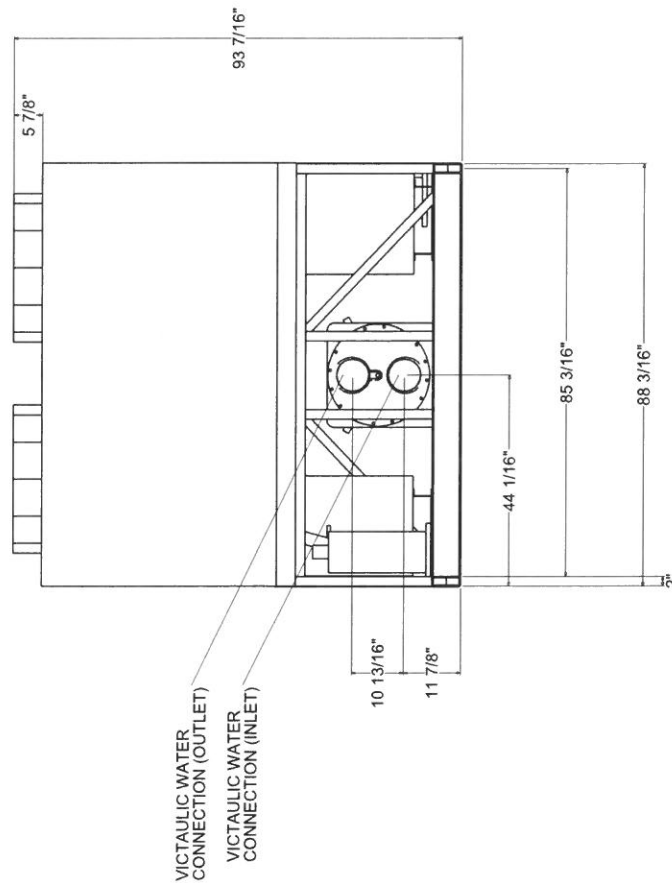
Item: A1 Qty: 1 Tag(s): CH-1



**Unit Dimensions - Air-Cooled Helical Rotary Water Chillers**

Item: A1 Qty: 1 Tag(s): CH-1

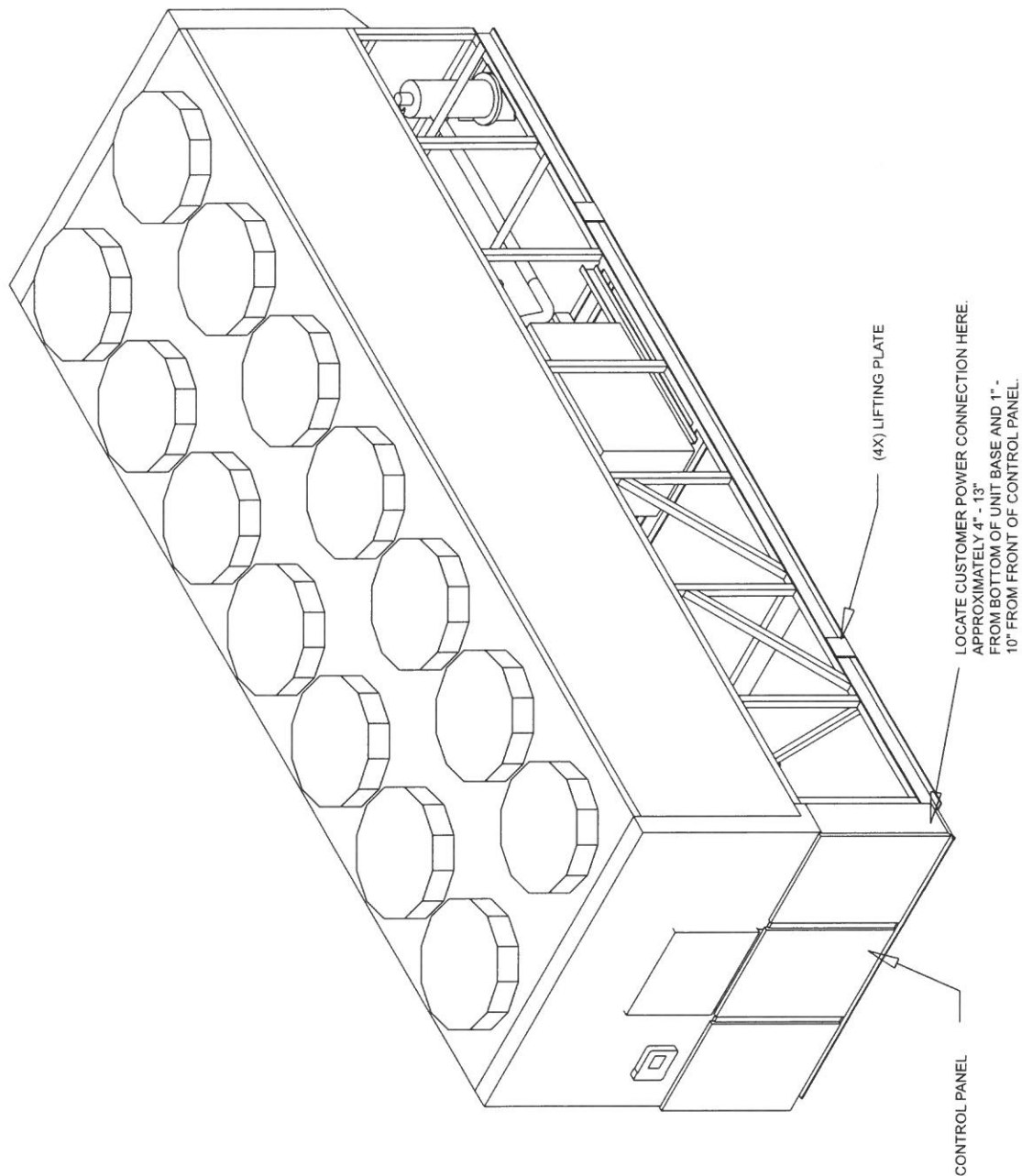
Note: 2" to overall width for louvered panels and coil protection.



END VIEW

**Unit Dimensions - Air-Cooled Helical Rotary Water Chillers**

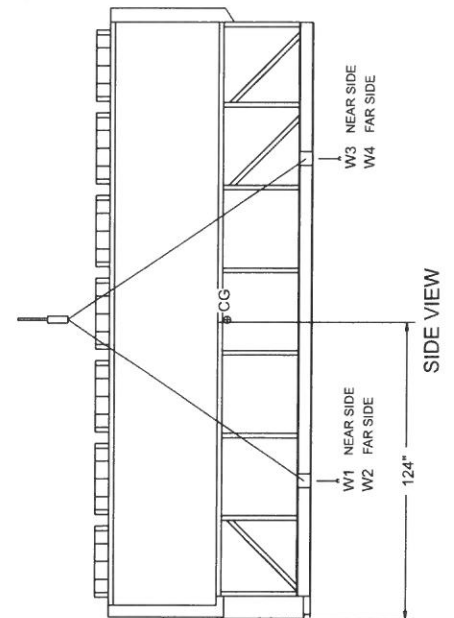
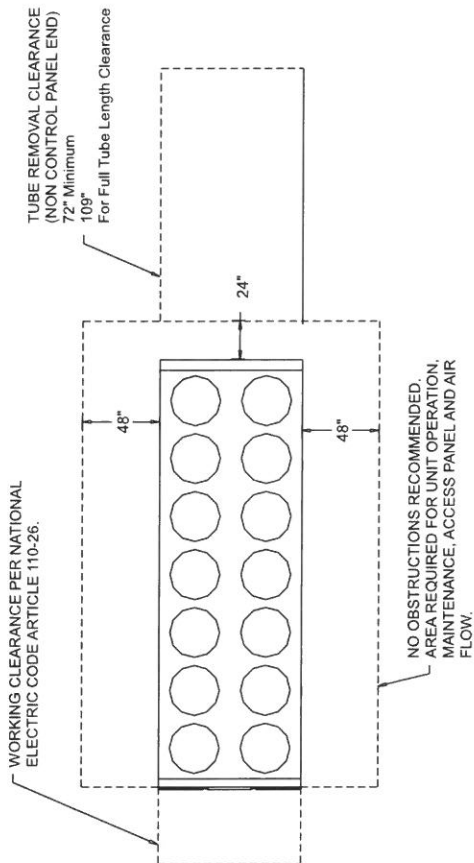
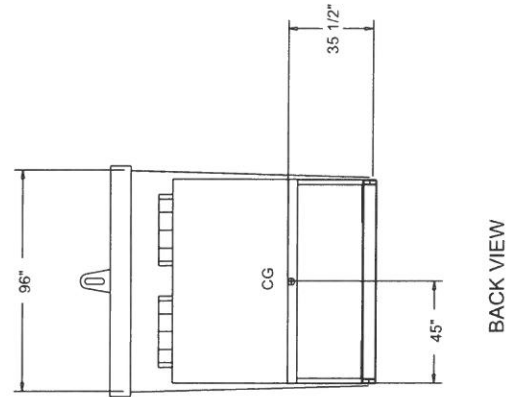
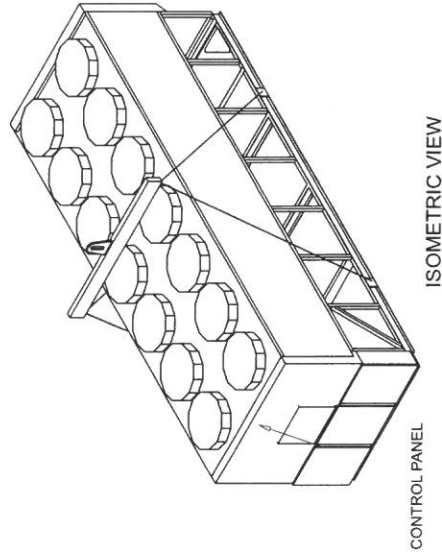
Item: A1 Qty: 1 Tag(s): CH-1



**Weight, Clearance & Rigging Diagram - Air-Cooled Helical Rotary Water Chillers**

Item: A1 Qty: 1 Tag(s): CH-1

LIFTING WEIGHTS				TOTAL WEIGHT
W1	W2	W3	W4	
3943.0 lb	4177.0 lb	3183.0 lb	3332.0 lb	14916 lb



FOR OBSTRUCTIONS OR MULTIPLE UNITS, REFER TO THE CLOSE SPACING BULLETIN.  
NO OBSTRUCTIONS ABOVE THE CONDENSER  
DO NOT ALLOW STRAPS TO TOUCH UNIT DURING LIFT.

Different unit configurations and options may cause a variation in the center of gravity from what is listed. Refer to the Installation, Operating and Maintenance manual for specific lifting instructions.

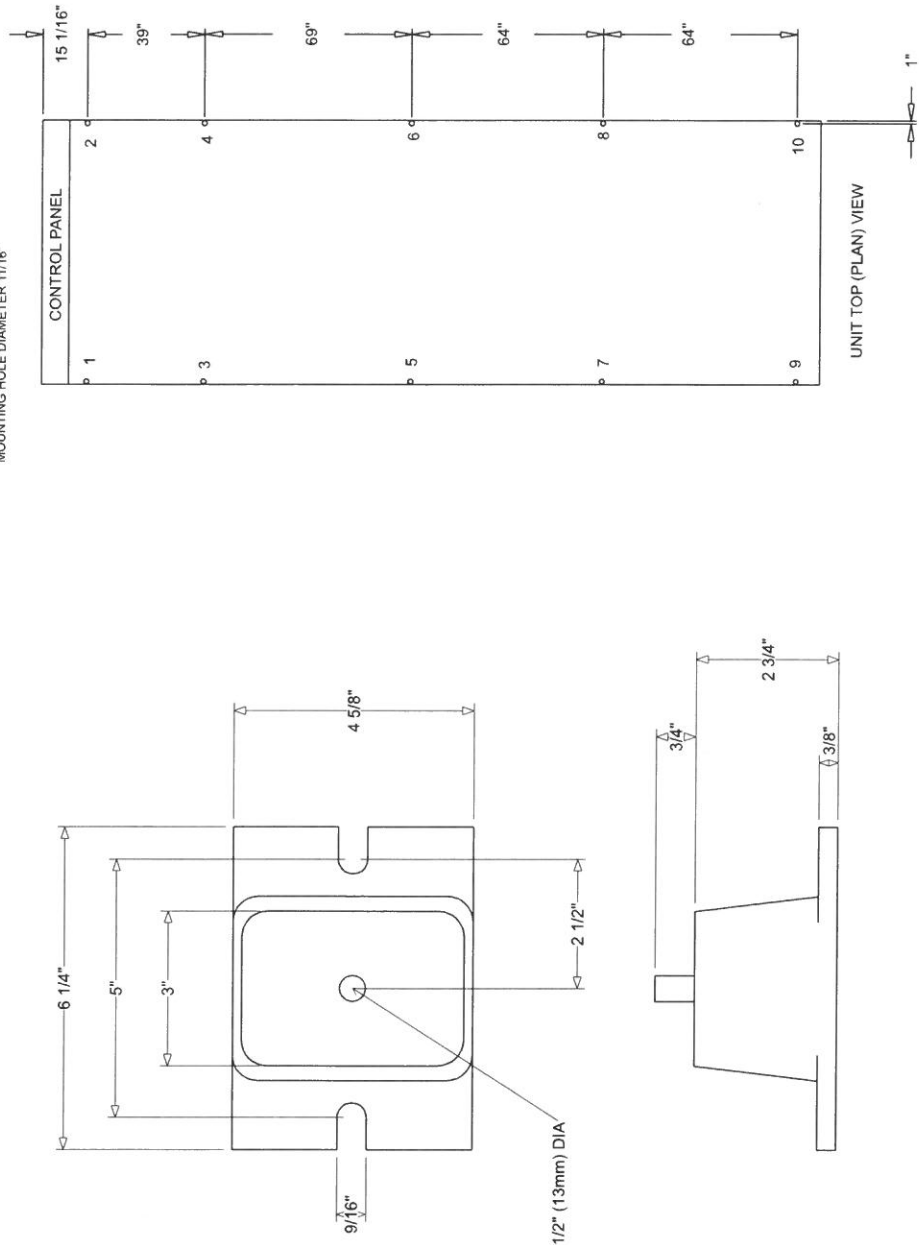
## Accessory - Air-Cooled Helical Rotary Water Chillers

Item: A1 Qty: 1 Tag(s): CH-1

UNIT SIZE	MOUNTING LOCATIONS AND POINT LOAD WEIGHTS										TOTAL OPERATING WEIGHT
	1	2	3	4	5	6	7	8	9	10	
250 TON	1521.0 lb	1571.0 lb	1503.0 lb	1554.0 lb	1472.0 lb	1522.0 lb	1443.0 lb	1494.0 lb	1413.0 lb	1473.0 lb	15191 lb

UNIT SIZE	MOUNTING LOCATIONS AND ISOLATOR PART NUMBER										MAX LOAD
	1	2	3	4	5	6	7	8	9	10	
250 TON	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	RDP4-WR RED	2250.0 lb

MOUNTING LOCATION 1 IS DIMENSIONED FROM THE EDGE OF THE  
UNIT BASE (NOT THE EDGE OF THE CONTROL PANEL)  
MOUNTING HOLE DIAMETER 11/16"





**CAUTION**  
USE COPPER CONDUCTORS ONLY

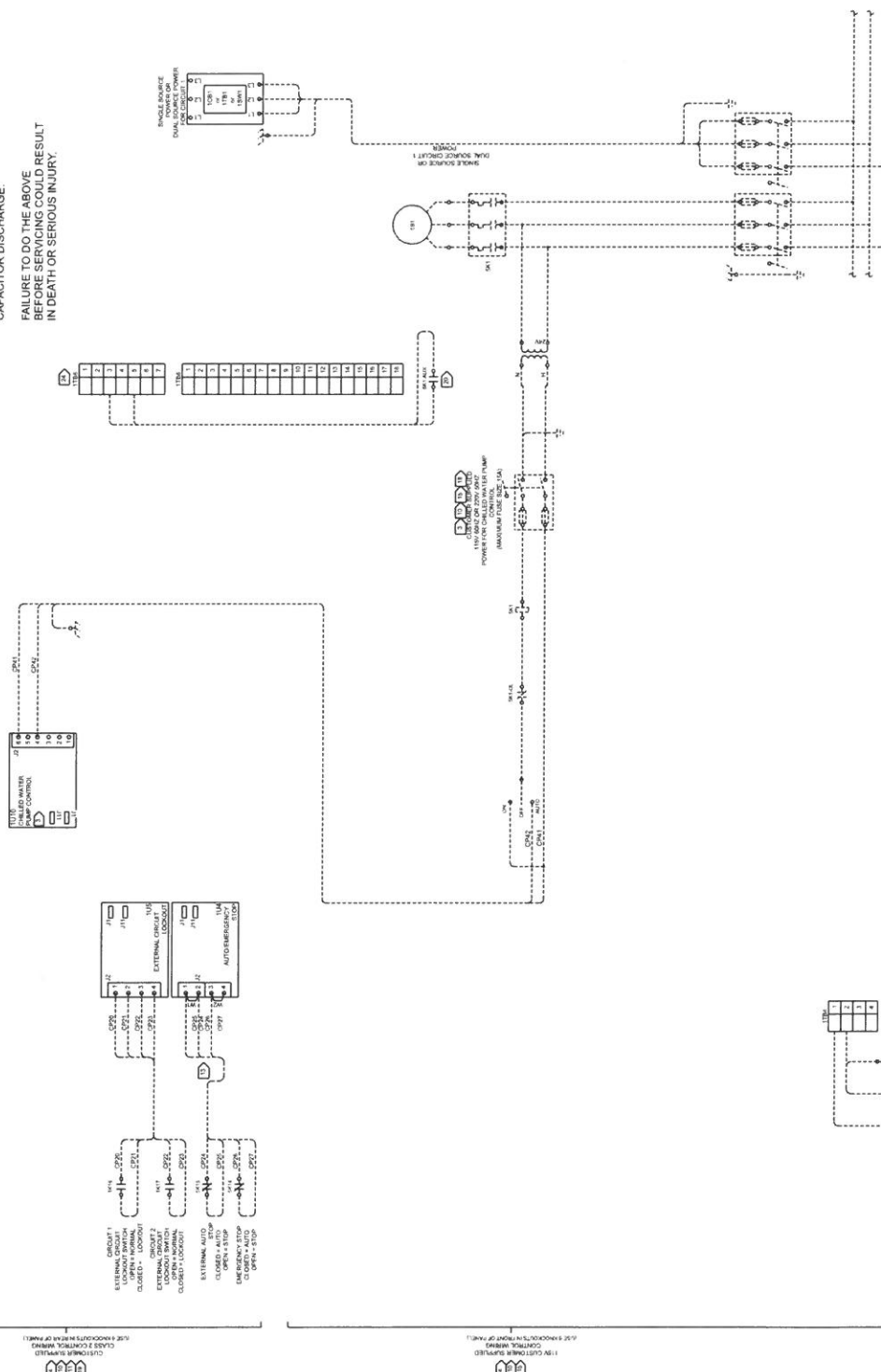
UNIT TERMINALS ARE NOT DESIGNED TO ACCEPT OTHER TYPES OF CONDUCTORS.

FAILURE TO DO SO MAY CAUSE DAMAGE TO THE EQUIPMENT.

**WARNING**

DISCONNECT ALL ELECTRIC POWER INCLUDING REMOTE DISCONNECTS AND FOLLOW LOCK OUT AND TAG PROCEDURES BEFORE SERVICING. ENSURE THAT ALL MOTOR CAPACITORS HAVE DISCHARGED STORED VOLTAGE. UNITS WITH VARIABLE SPEED DRIVE. REFER TO DRIVE INSTRUCTIONS FOR CAPACITOR DISCHARGE.

FAILURE TO DO THE ABOVE BEFORE SERVICING COULD RESULT IN DEATH OR SERIOUS INJURY



FIELD WIRING PAGE 1 OF 2

# Field Wiring - Air-Cooled Helical Rotary Water Chillers

Item: A1 Qty: 1 Tag(s): CH-1

FIELD WIRING PAGE 2 OF 2

CUSTOMER WIRE SELECTION TABLE		SHORT CIRCUIT WITHSTAND RATING
POWER WIRE SELECTION TO TERMINAL BLOCK (1TB1)		10000.00 A
UNIT SIZE	250	LUG WIRE SIZE RANGE (PER PHASE)
UNIT VOLTAGE	460A	CIRC 1 & 2 (SNGL PT PWR)
		(2) #4 - 500 kcmil

## GENERAL NOTES:

1. CAUTION-DO NOT ENERGIZE THE UNIT UNTIL CHECK OUT AND STARTUP PROCEDURES HAVE BEEN COMPLETED.
2. ALL MOTORS ARE PROTECTED FROM PRIMARY SINGLE PHASE FAILURES.

3. CAUTION-TRANE PUMP CONTROL MUST BE USED TO PROVIDE PUMP CONTROL. EVAPORATOR CHILLED WATER PUMP MUST BE CONTROLLED BY THE CHILLER OUTPUT. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN DAMAGE TO THE UNIT.

4. THE FOLLOWING FEATURES ARE OPTIONAL AND MAY OR MAY NOT BE PROVIDED. CUSTOMER PROVIDED WIRING FOR ALL STANDARD FEATURES AND OPTIONS IS SHOWN ON THIS DIAGRAM. OPTIONAL FEATURES ARE SO NOTED.

## LOW VOLTAGE OPTIONS (CLASS 2)

TRACER COMMUNICATION INTERFACE OR OTHER BUILDING AUTOMATION SYSTEM COMMUNICATION INTERFACE  
ICE MAKING START/STOP  
EXTERNAL CURRENT LIMIT AND EXTERNAL CHILLED WATER SETPOINT

115 VOLT OPTIONS FOR 60HZ UNITS OR 220 VOLT OPTIONS FOR 50HZ UNITS.

ICE MAKING STATUS  
UNIT OPERATING STATUS MODULE

EVAPORATOR HEATER (FREEZE PROTECTION). STANDARD WITH UNIT-MOUNTED EVAPORATOR. NOT USED WITH REMOTE EVAPORATOR OPTION.

## LINE VOLTAGE OPTIONS

UNIT MOUNTED TERMINAL BLOCK, DISCONNECT SWITCH OR HACR CIRCUIT BREAKER (TB, SW OR CB)

## WIRING REQUIREMENTS

6. RECOMMENDED FIELD WIRING CONNECTIONS ARE SHOWN BY DOTTED LINES.
7. ALL FIELD WIRING MUST BE IN ACCORDANCE WITH THE NATIONAL ELECTRIC CODE AND STATE AND LOCAL REQUIREMENTS. EXPORT UNIT WIRING MUST COMPLY WITH LOCAL APPLICABLE CODES.
9. POWER FOR THE EVAPORATOR HEATER AND/OR OPTIONAL CONVENIENCE OUTLET IS SUPPLIED BY A COMMON CUSTOMER PROVIDED POWER SUPPLY. WHEN POWERED, THE HEAT TAPE WILL USE 1640 VA OF THE TOTAL AVAILABLE SUPPLY ON 60 HZ UNITS AND APPROXIMATELY 1390 VA ON 50 HZ UNITS. EVAPORATOR HEATERS ARE NOT PROVIDED WITH REMOTE EVAPORATOR UNITS.
10. ALL CUSTOMER CONTROL CIRCUIT WIRING MUST BE COPPER CONDUCTORS ONLY AND HAVE A MINIMUM INSULATION RATING OF 300 VOLTS. EXCEPT AS NOTED ALL CUSTOMER WIRING CONNECTIONS ARE MADE TO CIRCUIT BOARD MOUNTED BOX LUGS WITH A WIRE RANGE OF 14 TO 18 AWG. THE HEAT TAPE AND/OR CONVENIENCE OUTLET AND THE GROUND SIDE OF THE FLOW SWITCH GO TO TERMINAL STRIPS WITH A #10 SET SCREW WHICH WILL ACCEPT RING OR FORK TERMINALS OR STRIPPED WIRE LEADS.
11. DO NOT RUN LOW VOLTAGE CONTROL WIRING (30 VOLTS OR LESS) IN CONDUIT WITH 110 VOLT OR HIGHER WIRING. DO NOT EXCEED THE FOLLOWING MAXIMUM RUN LENGTHS FOR A GIVEN SIZE: 14 AWG, 5000 FT; 16 AWG, 2000 FT; 18 AWG, 1000 FT.
13. THE CONTACTS FOR THESE FEATURES ARE JUMPERED AT THE FACTORY BY JUMPERS W1 & W2 TO ENABLE UNIT OPERATION. IF REMOTE CONTROL IS DESIRED REMOVE THE JUMPERS AND CONNECT TO THE DESIRED CONTROL CIRCUIT.
14. AS SHIPPED THE NORMAL 400 VOLT UNIT CONTROL POWER TRANSFORMERS ARE WIRED ON THE 400 VOLT TAP (H3). TRANSFORMER LEADS 126A & 126B SHOULD BE RECONNECTED TO THE APPROPRIATE TAP FOR THE 380 (H2) OR 415 (H4) VOLT POWER SUPPLIES.
15. GROUND ALL CUSTOMER PROVIDED 115 VOLT POWER SUPPLIES AS REQUIRED BY CODES. GREEN GROUND SCREWS ARE PROVIDED IN THE UNIT CONTROL PANEL.

## CONTACT RATINGS AND REQUIREMENTS:

18. UNIT PROVIDED DRY CONTACTS FOR THE EVAPORATOR PUMP CONTROL, THE UNIT OPERATING STATUS RELAYS & THE ICE MAKING STATUS RELAY (1U10, 1U12 & 1U13) ARE RATED FOR 7.2 AMPS RESISTIVE, 2.88 AMPS PILOT DUTY, OR 1/3 HP, 7.2 FLA AT 120 VOLTS 60 HZ. CONTACTS ARE RATED FOR 5 AMPS GENERAL PURPOSE DUTY AT 240 VOLTS. THE MAX FUSE SIZE FOR ANY OF THESE CIRCUITS IS 15 AMPS.
19. CUSTOMER SUPPLIED CONTACTS FOR ALL LOW VOLTAGE CONNECTIONS MUST BE COMPATIBLE WITH DRY CIRCUIT 24 VOLTS DC FOR A 12 MA RESISTIVE LOAD. SILVER OR GOLD PLATED CONTACTS ARE RECOMMENDED.
20. FLOW SWITCH AND INTERLOCK CONTACTS MUST BE ACCEPTABLE FOR USE IN A 24 VOLT 12mA CIRCUIT. REMOVE JUMPER BETWEEN 1TB6-5 AND 1TB6-3 WHEN SK1 AUX CONTACT IS USED.

24. THE FUNCTIONS OF THE OPERATING STATUS MODULE RELAYS ARE PROGRAMMABLE. DEFAULT FUNCTIONS ARE SHOWN. SEE IOM FOR DETAILS.

**Tag Data - Premium Startup (Qty: 1)**

Item	Tag(s)	Qty
B1	No Tag	1

**Product Data - Premium Startup**

Item: B1 Qty: 1



**Field Installed Options - Part/Order Number Summary**

This is a report to help you locate field installed options that arrive at the jobsite. This report provides part or order numbers for each field installed option, and references it to a specific product tag. It is NOT intended as a bill of material for the job.

**Product Family - Air-Cooled Helical Rotary Water Chillers**

Item	Tag(s)	Qty	Description	Model Number
A1	CH-1	1	Air-Cooled Series R(TM) ( RTAC )	RTAC2504U**NUA FNL4TY1TDLNN5 TN11CRCE

Field Installed Option Description	Part/Ordering Number
Elastomeric isolators	