

Benoure Plumbing & Heating, Inc.

34 Commerce Avenue
S. Burlington, VT 05403
Phone 802-864-7156
Fax 802-864-7167

Date of Inspection:
8/21/08

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GARY AND CHRISTINA KAMINSKY

Address of Inspected Unit: 125 Sisk Cove Rd BURLINGTON
Unit # _____

Heating System(s) Type:
(Check all that Apply)

- Space Heater
- Warm Air Furnace
- Wall Mount Furnace
- Boiler
- Gas Fireplace
- Other Roof Top

Fuel Type:

- Natural Gas
- Oil
- Propane

Venting System(s):
(Check all that Apply)

- Direct Vent
- B-Vent
- Masonry *
- Other outside

*All masonry chimneys lined or unlined need to be inspected by qualified chimney sweep

Model # of Boiler/Furnace/Fireplace: DINAC40N110062

Location of Heating System: North Side of Building

System Passed System Failed If System Failed, Next Appt: ___/___/___

Company Conduction Inspection:
Benoure Plumbing & Heating, Inc.

Person Conducting Inspection:
(Please Print) Deniel Crayman

Licensure for plumbing & heating?
 Yes No License #: PM 3945

Certification for gas equipment?
 Yes No Cert #: GN-2081

I have inspected the heating and venting system (s) and certify that it is/they are installed properly and is/are operating safely at this time.

Signature of Inspector: [Signature]

Comments: _____

DATE 08/21/08
TIME 14:35:50

125 S. Cove Rd
Burlington

COMBUSTION

| FUEL | NAT | GAS |
|--------|-----|-------|
| O2 % | | 18.5 |
| CO2 % | | 8.9 |
| CO PPM | | 14 |
| FLUE | TTT | 329.4 |
| INLT | TTT | 80.5 |
| NETT | TTT | 248.9 |

| | | |
|---------|--|-------|
| EFF (G) | | 88.6 |
| LOSSES | | 13.4 |
| XAIR % | | 101.0 |

| | | |
|-------------|--|--------|
| CO/CO2 | | 0.0002 |
| CO AIR FREE | | 28 |

| | | |
|-----|-----|------|
| PRS | hPA | 0.06 |
|-----|-----|------|

KAMINSKY
CUSTOMER
York Road Top
Appliance

Ref. _____
