

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

Date of Inspection:

12 / 5 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 15 HUNGERFORD TERRACE Unit # _____

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

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

Fuel Type:

- Natural Gas
- Oil
- Propane

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

- Direct Vent
 - B-Vent
 - Masonry *
 - Other METAL DECK
- *All masonry chimneys lined or unlined need to be inspected by qualified chimney sweep

Model # of Boiler/Furnace/Fireplace: SLANT FIN L 30 PT
 Location of Heating System: BASEMENT

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

Company Conduction Inspection:
Benoure Plumbing & Heating, Inc.

Person Conducting Inspection:
 (Please Print)
 Scott Gagnon

Licensure for plumbing & heating?

Yes License #: PM-3563

Certification for gas equipment?

Yes Cert #: GB-922

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: Scott Gagnon

Comments: 1. VENT PERMITS
TAG FOR GAS HOT
WATER HEATER

C125 1.3

DATE 12/05/12
 TIME 05:58:49

FUEL Nat Gas

COMBUSTION

LOG 02
 O2 % 5.1
 CO2 % 9.0
 CO PPM 28
 FLUE °F 295.4
 INLT °F 60.5
 NETT °F 234.9

EFF (G) 83.8
 LOSSES 16.2
 XAIR % 32.3

CO/CO2 0.0003
 CO AIR FREE 37

PRS inH2O 0.00

Customer

Appliance

Ref.