

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

Date of Inspection:

12 / 8 / 12

**Heating and Venting System Documentation Form**

Name of Owner of Inspected Unit: GEFF RICHARDS

Address of Inspected Unit: 18 NORTH UNION Unit # 1

**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

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

Model # of Boiler/Furnace/Fireplace: WELL McLAIN CGS

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: oil motor

C125 1.3

DATE 12/06/12  
 TIME 06:21:42

FUEL Nat Gas

COMBUSTION

LOG 04  
 O2 % 9.0  
 CO2 % 6.8  
 CO PPM 22  
 FLUE °F 166.5  
 INLT °F 25.6  
 NETT °F 140.9

EFF (G) 85.4  
 LOSSES 14.6  
 XAIR % 75.6

CO/CO2 0.0003  
 CO AIR FREE 38

PRS inH2O 0.13

Customer  
 Appliance  
 Ref.

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Date of Inspection:  
12 / 6 / 12

**Heating and Venting System Documentation Form**

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 18 NORTH UNION Unit # 2

**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

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

Model # of Boiler/Furnace/Fireplace: WEIL MCLAINCS

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: OK MOTOR

<u>C 125 1.3</u>	
-----	
DATE	12/06/12
TIME	00:20:58
FUEL	Nat Gas
CARI	
COMBUSTION	
LOG	03
O2 %	9.1
CO2 %	6.7
CO PPM	23
FLUE °F	172.3
INLT °F	25.6
NETT °F	146.7
EFF (G)	85.1
LOSSES	14.9
XAIR %	77.1
CO/CO2	0.0003
CO AIR FREE	40
PRS inH2O	0.13
Customer	.....
Appliance	.....
Ref.	.....

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Date of Inspection:  
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**Heating and Venting System Documentation Form**

Name of Owner of Inspected Unit: GERE RICHARD

Address of Inspected Unit: 20 NORTH UNION Unit # 1

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

Model # of Boiler/Furnace/Fireplace: WEIL MCLAIN CGS  
 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

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Certification for gas equipment?  
 Yes    Cert #: GB-922

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Signature of Inspector: Scott Gagnon

Comments: OIL MOTOR  
1 - TACO AIR VENT

C125 1.3

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DATE	12/06/12
TIME	08:20:28
FUEL	Nat Gas
COMBUSTION	
.....	
LOG	02
O2 %	12.0
CO2 %	5.1
CO PPM	22
FLUE °F	196.6
INLT °F	25.6
NETT °F	171.0
EFF (G)	82.7
LOSSES	17.3
XAIR %	134.8
CO/CO2	0.0004
CO AIR FREE	51
PRS inH2O	0.14
.....	
Customer	.....
.....	
Appliance	.....
.....	
Ref.	.....
.....	

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**Heating and Venting System Documentation Form**

Name of Owner of Inspected Unit: GENE RICHARD

Address of Inspected Unit: 20 NORTH UNION Unit # 2

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

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- Other

**Fuel Type:**

- Natural Gas
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Model # of Boiler/Furnace/Fireplace: WELL MCLAIN CBS  
 Location of Heating System: BASEMENT

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Yes    Cert #: GB-922

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Signature of Inspector: Scott Gagnon

Comments: OIL MOTOR

C125 1.3

DATE 12/06/12  
 TIME 06:19:59

FUEL Nat Gas

COMBUSTION

C .....

LOG 01  
 O2 % 9.3  
 CO2 % 6.6  
 CO PPM 23  
 FLUE °F 117.7  
 INLT °F 25.6  
 NETT °F 32.1

EFF (G) 87.0  
 LOSSES 13.0  
 XAIR % 80.2

CO/CO2 0.0003  
 CO AIR FREE 41

PRS inH2O 0.14

Customer .....

Appliance .....

Ref. ....