

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

Date of Inspection:
12 / 6 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 302 COLCHESTER AVE 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 _____
 *All masonry chimneys lined or unlined
 need to be inspected by qualified chimney sweep

Model # of Boiler/Furnace/Fireplace: WEIL MCLAIN GU-4
 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: _____

C125 1.3

DATE	12/06/12
TIME	06:06:05
FUEL	Nat Gas
COMBUSTION	
LOG	93
CO2 %	4.5
CO %	9.3
WTCO PPM	12
WFLUE °F	132.3
WHLT °F	25.6
WETT °F	106.7
WFF (G)	87.4
WLOSSES	12.6
WRAIR %	27.4
WCO/CO2	0.0001
WCO AIR FREE	15
WRS inH2O	0.00

Customer: _____
 Appliance: _____
 Ref.: _____
