

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

Date of Inspection:

12 / 9 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GERE RICHARDS

Address of Inspected Unit: 32 SOUTH UNION 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 GV-3
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 TAG

C125 1.3

DATE TIME: 12/9/12

FUEL: NAT

COMBUSTION

LOG

DOOR

WALL

CEILING

FLOOR

BASEMENT

ATTIC

CHIMNEY

ROOF

EXTERIOR

INTERIOR

ADDITIONAL COMMENTS

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C125 1.3	
DATE	12/05/12
TIME	12:46:20
FUEL	Nat Gas
COMBUSTION	
LOG	01
O2 %	3.3
CO2 %	10.0
CO PPM	26
FLUE °F	121.0
INLT °F	58.7
NETT °F	62.3
EFF (G)	92.7
LOSSES	11.4
XAIR %	18.8
CO/CO2	0.0002
CO AIR FREE	30
PRS inH2O	0.00
Customer	_____
Appliance	_____
Ref.	_____