Comments:_

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

Date of	f Inspection:	

12/9/12

	Heating and	d Venting	System	Docu	mentation Form	
	Name of Owner of Inspected Unit:_	GE	SE G	SAC	HERBS	
	,				v	1.15.44
	Address of Inspected Unit: 325	ON MAL	NESO			Unit #
	Heating System(s) Type: (Check all that Apply)	Fuel T	уре:		Venting System(s): (Check all that Apply)	
	Space Heater	X	Natural (Gas	→ Direct Vent	
	Warm Air Furnace		Oil		B-Vent	
	Wall Mount Furnace		Propane		Masonry *	
	Boiler				Other	
	Gas Fireplace				*All masonry chimneys lined	or unlined
-	Other				need to be inspected by qual	lified chimney sweet
	Model # of Boiler/Furnace/Fireplace	. 1012-1	1 me	2.7	MA CH-3	
	Location of Heating System:	- PARE	WED	4		
					poor 13 E 0 L 1 A	
	System Passed	System Faile	ed If S	ystem	Failed, Next Appt:	
	Company Conduction Inspection:					
	Benoure Plumbing & Heating, Inc	5				
	Person Conducting Inspection:					
	(Please Print)				<u> </u>	
-	Scott Gagnon				الله فالمنا المالية المالية - والمالية - المالية - الله فالمنا المالية - المالية	the first wind white white well-address, well-address, constraints, constraints,
-	Licensura for plumbing 9 heating?				PATE	
-	Licensure for plumbing & heating?				FUEL	
-	X Yes License #: PM-3563				COME	The same of the sa
					TTE LETT	ME
***************************************	Certification for gas equipment?				-96	A ST. THE ST. WHEN THE ST. B.
-	VV Cod # CD 022				e e e	
in the latest designation of the latest desi	XYes Cert #: GB-922					***
-	I have inspected the heating and ver	nting system	ı (s) and		AS TO	
and the party of t	certify that it is/they are installed pro					
-	operating safely at this time.					
-	Cianatura of					
***************************************	Signature of Inspector:	Morn				
ı	mopoulon	 		l		111

Benoure Plumbing & Heating, Inc.

Benoure Plumping & Heating, Inc. IAGH 1857

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

Date of Inspec	ction:		
12/	5	_/_	12

Heating an	d Venting System [Documentation Form				
Heating and Venting System Documentation Form Name of Owner of Inspected Unit:						
Name of Owner of Inspected Unit:_						
Address of Inspected Unit: 34	South Mi	Unit #				
Heating System(s) Type: (Check all that Apply) Space Heater Warm Air Furnace Wall Mount Furnace Boiler Gas Fireplace Other Model # of Boiler/Furnace/Fireplace	Fuel Type: X Natural G Oil Propane	B-Vent Masonry * Other *All masonry chimneys lined or unlined need to be inspected by qualified chimney sweep				
Location of Heating System:						
System Passed	System Failed If Sy	ystem Failed, Next Appt:/				
Company Conduction Inspection: Benoure Plumbing & Heating, Inc.						
Person Conducting Inspection: (Please Print) Scott Gagnon Licensure for plumbing & heating? X Yes License #: PM-3563 Certification for gas equipment? XYes Cert #: GB-922 I have inspected the heating and v certify that it is/they are installed properating safely at this time. Signature of Inspector: Comments:	DATE 12/05/12 TIME 12:46:20 FUEL Nat Gas COMBUSTION LOG 01 02 % 3.3 CO2 % 10.0 CO PPM 26 FLUE PF 121.0 INLT PF 62.3 EFF (G) 92.7 LOSSES 11.4 XAIR % 18.8 CO/CO2 0.0002 CO AIR FREE 30 PRS inH20 0.00 Customer					