

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: GENE RICHARDS

Address of Inspected Unit: 343 COLLEGE STREET 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 WATRA 80
 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 06:58:40

FUEL Nat Gas

COMBUSTION

LOG 01

O2 % 6.8

CO2 % 8.0

CO ppm 06

FLUE °F 117.9

INLT °F 25.6

NETT °F 92.3

EFF (G) 87.5

LOSSES 12.5

XAIR % 48.2

CO/CO2 0.0000

CO AIR FREE 08

PRS inH2O 0.23

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: 343 COLLEGE STREET 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: WELLMCLAIN WSTR-80
 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: _____

<u>C125 1.3</u>	
DATE	12/06/12
TIME	07:09:32
FUEL	Nat Gas
COMBUSTION	
LOG	02
O2 %	6.4
CO2 %	8.2
CO ppm	40
FLUE °F	78.7
INLT °F	25.6
NETT °F	53.1
EFF (G)	88.6
LOSSES	11.4
XAIR %	44.1
CO/CO2	0.0004
CO AIR FREE	57
PRS inH2O	0.19
Customer	_____
Appliance	_____
Ref.	_____