

**Benoure Plumbing & Heating, Inc. TAG# 18416**

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: 355 PEARL 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 GV-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**

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DATE	12/06/12
TIME	11:38:43
FUEL	Nat Gas
<b>COMBUSTION</b>	
.....	
LOG	01
O2 %	4.9
CO2 %	9.1
CO PPM	11
FLUE °F	132.0
INLT °F	71.5
NETT °F	60.5
EFF (G)	89.9
LOSSES	11.5
XAIR %	30.6
CO/CO2	0.0001
CO AIR FREE	14
PRS inH2O	0.02

Customer: \_\_\_\_\_

Appliance: \_\_\_\_\_

Ref.: \_\_\_\_\_

.....

# Benoure Plumbing & Heating, Inc. TAG# 18417

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: 355 PEARL 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: WEILMCLAIN G1-4

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

0125 10	
DATE	12-06-12
TIME	11:39:28
FUEL	Nat. Gas
COMBUSTION	
LOG	02
CO	0.7
CO2	9.2
CF	11
PLUM	AF 14.2
INLET	AF 71.5
RET	AF 77.7
EFF (G)	
LOG	89.1
CO	11.9
CF	11.9
PLUM	AF 14.2
INLET	AF 71.5
RET	AF 77.7
CO2	9.2
CF	11
PLUM	AF 14.2
INLET	AF 71.5
RET	AF 77.7
LOG	02
CO	0.7
CO2	9.2
CF	11
PLUM	AF 14.2
INLET	AF 71.5
RET	AF 77.7
LOG	02
CO	0.7
CO2	9.2
CF	11
PLUM	AF 14.2
INLET	AF 71.5
RET	AF 77.7

# Benoure Plumbing & Heating, Inc. TAG# 18418

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: 355 GENE RICHARDS

Address of Inspected Unit: 355 PEARL Unit # 3

**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: WEILMCLAIN GV-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	11:44:57
FUEL	Nat Gas
<b>C. COMBUSTION</b>	
LOG	03
O2 %	3.4
CO2 %	10.0
CO ppm	21
FLUE °F	130.0
INLT °F	71.5
NETT °F	58.5
EFF (G)	91.4
LOSSES	11.3
XAIR %	19.4
CO/CO2	0.0002
CO AIR FREE	25
PRS inH2O	0.05
Customer	_____
Appliance	_____
Ref.	_____

# Benoure Plumbing & Heating, Inc. TAG# 18382

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 RICHARD

Address of Inspected Unit: 355 PEARL Unit # 4

**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: TRIANGLE TUBE EXCELLENCE

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

0125 1.3

DATE      12/06/12  
TIME      12:26:55

FUEL      Nat Gas

COMBUSTION

LOG      01

O<sub>2</sub> %      5.3  
CO<sub>2</sub> %      8.9  
CO PPM      36  
FLUE °F      88.6  
INLT °F      71.5  
NETT °F      17.1

EFF (G)      98.1  
LOSSES      10.3  
AIR %      34.0

CO/CO<sub>2</sub>      0.0004  
CO AIR FREE      48

PRS inH<sub>2</sub>O      0.18

Customer: \_\_\_\_\_

Appliance: \_\_\_\_\_

Ref: \_\_\_\_\_

# Benoure Plumbing & Heating, Inc. TAG# 18385

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 RICHARD

Address of Inspected Unit: 355 PEARL Unit # 5

**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: TRIANGLE TUBE EXCELLENCE  
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: 

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>C125 1.3</u>	
DATE	12/06/12
TIME	12:27:49
FUEL	Nat Gas
<b>COMBUSTION</b>	
LOG	02
O2 %	4.7
CO2 %	9.2
CO PPM	12
FLUE °F	106.6
INLT °F	71.5
NETT °F	35.1
EFF (G)	95.6
LOSSES	10.7
XAIR %	29.0
CO/CO2	0.0001
CO AIR FREE	15
PRS inH2O	0.19
Customer	_____
Appliance	_____
Ref.	_____

# Benoure Plumbing & Heating, Inc. TAG# 18414

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: 355 PEARL Unit # 6

**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 GV-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: SECURE CONDENSATE

HOSE OFF BOILER

WAS DRIPPIN OUT VENT

WAS DRIPPIN OUT VENT

<u>C125 1.3</u>	
DATE	12/06/12
TIME	11:51:24
FUEL	Nat Gas
COMBUSTION	
LOG	06
O2 %	4.3
CO2 %	9.4
CO ppm	13
FLUE °F	127.5
INLT °F	71.5
NETT °F	56.0
EFF (G)	91.2
LOSSES	11.3
XAIR %	25.9
CO/CO2	0.0001
CO AIR FREE	16
PRS inH2O	0.07
Customer	
Appliance	
Ref.	

# Benoure Plumbing & Heating, Inc. TAG# 18420

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 RICHARD

Address of Inspected Unit: 355 PEARL Unit # 7

**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 GI-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: SECURE COMBUSTION  
OFF BOILER  
1 1/2 SS HOSE CLAMP

C125 1.3

DATE            12/06/12  
TIME            11:51:49  
FUEL            Nat Gas

COMBUSTION

LOG                            07  
O2 %                            3.6  
CO2 %                            9.8  
CO ppm                            18  
FLUE °F                            131.6  
INLT °F                            71.5  
NETT °F                            60.1

EFF (G)                            90.8  
LOSSES                            11.4  
XAIR %                            20.8

CO/CO2                            0.0001  
CO AIR FREE                            21

PRS inH2O                            0.07

Customer

Appliance

Ref.

# Benoure Plumbing & Heating, Inc. TAG# 18384

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 RICHMOND  
 Address of Inspected Unit: 355 PEARL Unit # 8

**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: TRIANGLE TUBE EXCELLENCE  
 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C 125 1.3

DATE 12/06/12  
 TIME 12:28:59

FUEL Nat Gas

**COMBUSTION**

LOG 03

CO2 % 4.4

CO % 9.4

PPM 55

WTLUE =F 150.5

WNLTL =F 71.5

WETT =F 79.0

EFF (G) 88.1

LOSSES 11.9

AIR % 26.7

CO/CO2 0.0005

CO AIR FREE 69

DRS inH2O 0.19

Customer \_\_\_\_\_

Appliance \_\_\_\_\_

Ref. \_\_\_\_\_



# Benoure Plumbing & Heating, Inc. TAG# 18301

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

Date of Inspection: <u>12 / 6 / 12</u>
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## Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 355 PEARL Unit # 9

**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 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: 

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C125 1.3

DATE	12/06/12
TIME	11:53:10
FUEL	Nat Gas
COMBUSTION	
.....	
LOG	09
O2 %	3.9
CO2 %	3.7
CO PPM	16
FLUE °F	134.3
INLT °F	71.5
NETT °F	62.8
EFF (G)	90.0
LOSSES	11.5
XAIR %	22.9

CO/CO2	0.0001
CO AIR FREE	19
PR5 inH2O	0.07

.....  
Customer

.....  
Appliance

.....  
Ref.

.....

# Benoure Plumbing & Heating, Inc. TAG# 19385

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: 355 PEARL Unit # 10

**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: TRIANGLE TUBE EXCELLENCE  
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            12:30:18

FUEL            Nat Gas

COMBUSTION  
.....

LOG                            04  
O2 %                            4.2  
CO2 %                            9.5  
CO ppm                            60  
FLUE °F                            167.4  
INLT °F                            71.5  
NETT °F                            95.9

EFF (G)                            87.6  
LOSSES                            12.4  
XAIR %                            25.1

CO/CO2                            0.0006  
CO AIR FREE                            75

PRS    inH2O                            0.19

.....  
Customer

.....  
Appliance

.....  
Ref.

.....