

Benoure Plumbing & Heating, Inc.

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

Date of Inspection:

3, 26, 14

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: Gene Richards

Address of Inspected Unit: 430 Shelburne Rd Burlington 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: W Weil Mclan G0-5

Location of Heating System: _____

System Passed System Failed If System Failed, Next Appt: ___/___/___

Company Conduction Inspection:
Benoure Plumbing & Heating, Inc.

Person Conducting Inspection:
(Please Print) Ernie Benouas

Licensure for plumbing & heating?

Yes No License #: _____

Certification for gas equipment?

Yes No Cert #: _____

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: [Signature]

Comments: _____

.....
C125 1.3

DATE 09/03/13
TIME 06121111

COMBUSTION

| FUEL | NAT | GPS |
|---------|------|------|
| O2 % | | 20.0 |
| CO2 % | | 0.0 |
| CO ppm | | 0.0 |
| FLUE %F | 35.7 | 0.0 |
| INLT %F | 0.0 | 0.0 |
| NETT %F | 0.0 | 0.0 |

EFF (e) *
Appliance

.....

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- 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: York Hot Air Furnace

Location of Heating System: _____

System Passed System Failed If System Failed, Next Appt: _____

Company Conduction Inspection:
Benoure Plumbing & Heating, Inc.

Person Conducting Inspection:
(Please Print) Ernie Emmons

Licensure for plumbing & heating?
 Yes No License #: _____

Certification for gas equipment?
 Yes No Cert #: _____

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: [Signature]

Comments: _____

0125 1.13

DATE 09/03/13
TIME 0611128

COMBUSTION

FUEL NAT GAS

| | |
|---------|------|
| O2 % | 7.1 |
| CO2 % | 7.1 |
| CO ppm | 10.0 |
| FLUE %F | 59.0 |
| INLT %F | 59.0 |
| NETT %F | 59.0 |

| | |
|---------|------|
| EFF (%) | 89.0 |
| LOSSES | 10.0 |
| XAIR % | 59.0 |

| | |
|-------------|--------|
| CO/CO2 | 0.0001 |
| CO AIR FREE | 00 |

| | |
|-----------|------|
| OBS INH2O | 0.00 |
|-----------|------|

Customer: _____

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- 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 Rensage 110

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) Ernie Emmons

Licensure for plumbing & heating?
 Yes No License #: _____

Certification for gas equipment?
 Yes No Cert #: _____

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: [Signature]

Comments: _____

0125 1.3

DATE 09/03/14
TIME 05:30:40

COMBUSTION

| | |
|---------|----------|
| FUEL | NAT. GAS |
| CO % | 4.9 |
| CO2 % | 9.4 |
| CO ppm | 27 |
| FLUE %F | 150.6 |
| INLT %F | |

Def.