

Benoure Plumbing & Heating, Inc. TAG#20004

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

Date of Inspection:
10 / 3 / 13

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: DEISE VIGNOE Unit # 1
Address of Inspected Unit: 62 HENRY STREET Unit # DOWN

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 - STEAM
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
Cert # OS-2

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 10/03/13
TIME 13:45:10

FUEL Nat Gas

COMBUSTION

LOG 02
O2 % 8.0
CO2 % 7.3
CO PPM 20
FLUE °F 281.5
INLT °F 72.0
NETT °F 209.5

EFF (G) 83.4
LOSSES 18.6
XAIR % 62.0

CO/CO2 0.0002
CO AIR FREE 32

PRS hPa 0.00

Customer _____

Appliance _____

Ref. _____

Benoure Plumbing & Heating, Inc. TAG#20861

34 Commerce Avenue
S. Burlington, VT 05403
Phone 802-864-7156
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Date of Inspection:

10 / 3 / 13

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: DENISE MAGNOE

Unit 2

Address of Inspected Unit: 82 HENRY

Unit # 4P STAIRS

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 - STEAM

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
Cert # OS-2

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 10/03/13
TIME 13:47:50

FUEL Nat Gas

COMBUSTION

LOG 03

O2 % 8.3
CO2 % 7.2
CO PPM 20
FLUE °F 268.6
INLT °F 72.0
NETT °F 196.6

EFF (G) 83.8
LOSSES 16.2
XAIR % 65.9

CO/CO2 0.0002
CO AIR FREE 33

PRS hPa 0.00

Customer

Appliance

Ref.