

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

Date of Inspection:  
12 / 5 / 12

**Heating and Venting System Documentation Form**

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 70 BUELL STREET 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: OLSON ULTRA MAX III  
 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: 2 - 16 & 24 x 1  
AIR FILTERS  
1 - VENT BAG

C 1 2 5 1 3

DATE	12/05/12
TIME	06:42:24
FUEL	Nat Gas
<b>COMBUSTION</b>	
LOG	02
O2 %	11.4
CO2 %	5.4
CO ppm	22
FLUE °F	81.4
INLT °F	54.2
NETT °F	27.2
EFF (G)	96.5
LOSSES	11.0
XAIR %	120.0
CO/CO2	0.0004
CO AIR FREE	48
PRS inH2O	0.00
Customer	_____
Appliance	_____
Ref.	_____

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**Heating and Venting System Documentation Form**

Name of Owner of Inspected Unit: GENE RICHARD

Address of Inspected Unit: 72 BUEL STREET 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: AMERICAN STANDARD

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: 2. 16x20x1  
AIR FILTERED  
HAD TO CLEAN BURNERS  
TO GET CO LEVELS DOWN  
BELOW 200 PPM    1. VENT YAC

C125 1.3

DATE 12/05/12  
 TIME 10:23:04

FUEL Nat Gas

COMBUSTION

LOG 01  
 O2 % 10.0  
 CO2 % 6.2  
 CO PPM 22  
 FLUE °F 71.1  
 INLT °F 54.2  
 NETT °F 16.9

EFF (G) 98.8  
 LOSSES 10.4  
 XAIR % 91.7

CO/CO2 0.0003  
 CO AIR FREE 42

PRS inH2O -0.04

.....  
 Customer

.....  
 Appliance

.....  
 Ref.