

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

Date of Inspection:
2 / 20 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: Main Street Property Services, Inc

Address of Inspected Unit: 900 ROBERT S. 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: TRAMS 36 DW L-323802
 Location of Heating System: LIVING ROOM

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 02/20/12
 TIME 14:33:12
 FUEL Nat Gas

COMBUSTION

LDG 01
 O2 % 21.0
 CO2 % -0>-
 CO PPM 00
 FLUE °F 120.6
 INLT °F 65.4
 NETT °F 55.2

EFF (G) -0>-
 LOSSES -0>-
 XAIR % -0>-

CO/CO2 0.0000
 CO AIR FREE -0>-
 PRS inH2O 0.00

.....
 Customer |

 Appliance |

 Ref. |

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

Date of Inspection:
2 / 20 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: Mum Street Property Services, Inc.

Address of Inspected Unit: 900 NORSET STREET S. BURLINGTON

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: BURNHAM RU 3 NSP

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 02/20/12
 TIME 13:33:42

FUEL Nat Gas

COMBUSTION

LOG 02
 O2 % 6.1
 CO2 % 8.4
 CO ppm 21
 FLUE °F 181.1
 INLT °F 80.8
 NETT °F 100.3

EFF (G) 87.3
 LOSSES 12.7
 XAIR % 41.2

CO/CO2 0.0002
 CO AIR FREE 29

PRS inH2O 0.00

.....
 Customer

.....
 Appliance

.....
 Ref.

.....