

Benoure Plumbing & Heating, Inc.

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

Date of Inspection:

7, 26, 10

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: Gene Richards
Address of Inspected Unit: 302 Colch. Ave 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: _____
Location of Heating System: WMA 6V4

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

Company Conduction Inspection:
Benoure Plumbing & Heating, Inc.

Person Conducting Inspection:
(Please Print) David Wallace

Licensure for plumbing & heating?
 Yes No License #: Pm 4084

Certification for gas equipment?
 Yes No Cert #: GN 2057

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: David Wallace

Comments: _____

Certification Tag #: 10568

TEST 61
DATE 07/26/10
TIME 10:27:17

COMBUSTION

FUEL	NAT	GAS
O2 %		20.0
CO2 %		12.7
CO ppm		10
FLUE %		11.7
WBT %		70.1
WBT %		4.0
EFF (G)		80.0
LOSS %		11.0
XAIR %		11.0
CO/CO2		0.0001
CO AIR FREE		1.4
PRG	NPA	0.00

Customer: _____
Appliance: _____