

Benoure Plumbing & Heating, Inc.

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

Date of Inspection:

7, 21, 10

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: Gene Richards

Address of Inspected Unit: 355 Pearl St Unit # 9

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: WM GV 4

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) David P. Sullivan

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

Certification for gas equipment?
 Yes No Cert #: 6N 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 P. Sullivan

Comments: TA 6# 10423

DATE: 07/21/10
TIME: 02:10:36

COMBUSTION

FUEL	NAT	GAS
O2 %		3.7
CO2 %		9.8
CO PPM		12
FLUE -F		142.0
INLT -F		85.7
NETT -F		56.3

EFF (G)	88.8
LOSSES	11.2
XAIR %	21.5

CO/CO2 0.0001
CO AIR FREE 14

PRS hPA 0.00

Gene Richards
Customer
355 Pearl # 9
Appliance

Ref: _____