

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

Date of Inspection:
 8 / 18/2010

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: Champlain Apartments / Gene Richards

Address of Inspected Unit: 286 Pearl Unit # 2

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: Heat NG10
 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)
 Dan Crossman

Licensure for plumbing & heating?

Yes License # :PM-3945

Certification for gas equipment?

Yes Cert #: GN-2081

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 08/17/10
 TIME 13:41:45

C. COMBUSTION

FUEL	NAT	GAS
O2 %		21.0
CO2 %		-0>-
CO ppm		01
FLUE %F		98.5
INLT %F		75.6
NETT %F		22.9
EFF (G)		-0>-
LOSSES		-0>-
XAIR %		-0>-
CO/CO2		0.0000
CO AIR FREE		-0>-
PRS hPA		0.01

Customer: _____
 Appliance: _____
 Ref.: _____
