

**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 St # 3 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: Travis Bed/Brattger
Location of Heating System: Kitchen

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

TEST 49

DATE 08/17/10

TIME 13:33:21

C/

COMBUSTION

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FUEL	NAT	GAS
O2 %		20.9
CO2 %		-0>-
CO PPM		01
FLUE °F		111.8
INLT °F		75.6
NETT °F		36.2
EFF (G)		-0>-
LOSSES		-0>-
XAIR %		-0>-
CO/CO2		0.0000
CO AIR FREE		-0>-
PRS	hPA	0.02

Customer: _____

Appliance: _____

Ref.: _____

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