

**Benoure Plumbing & Heating, Inc.** 10707

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

Date of Inspection:  
8 / 18 / 10

**Heating and Venting System Documentation Form**

Name of Owner of Inspected Unit: Gene Richards

Address of Inspected Unit: 343 College St #1 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: W M Ultra 80  
 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) Daniel Crossman

Licensure for plumbing & heating?  
 Yes      No License #: PM 3945

Certification for gas equipment?  
 Yes      No 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: [Signature]

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C125 1.3**

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TEST            44

DATE            08/17/10

TIME            12:39:48

**C. COMBUSTION**

FUEL	NAT	GAS
O2 %		5.4
CO2 %		8.8
CO PPM		26
FLUE °F	149.2	
INLT °F	87.3	
NETT °F	61.9	
EFF (G)	88.4	
LOSSES	11.6	
XAIR %	34.8	
CO/CO2	0.0002	
CO AIR FREE	35	
PRS hPA	-0.05	

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 Customer  
 .....  
 Appliance  
 .....  
 Ref.  
 .....