

Date of Inspection:
12/6/12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RIC HARRIS

Address of Inspected Unit: 325 COLLEGE STREET Unit # 1

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: TRIANGLE TUBE EXCELLENCE
 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)
 Scott Gagnon

Licensure for plumbing & heating?

Yes License #: PM-3563

Certification for gas equipment?

Yes Cert #: GB-922

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: Scott Gagnon

Comments: _____

C125 1.3

DATE 12/06/12
 TIME 07:45:12

FUEL Nat Gas

COMBUSTION

LOG 01

O2 % 6.2
 CO2 % 8.4
 CO ppm 06
 FLUE °F 84.4
 INLT °F 25.6
 NETT °F 58.8

EFF (G) 88.4
 LOSSES 11.6
 XAIR % 42.2

CO/CO2 0.0000
 CO AIR FREE 08

PRS inH2O 0.23

Customer

Appliance

Ref.

Benoure Plumbing & Heating, Inc. TAG# 18410

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

Date of Inspection:
12, 6, 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 325 COLLEGE STREET 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: TRIANGLE TUBE EXCELLENCE

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)
Scott Gagnon

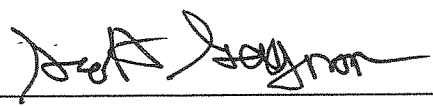
Licensure for plumbing & heating?

 Yes License #: PM-3563

Certification for gas equipment?

 Yes Cert #: GB-922

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	12/06/12
TIME	07:45:51
FUEL	Nat Gas
COMBUSTION	
.....	
LOG	02
O2 %	6.1
CO2 %	8.4
CO ppm	05
FLUE °F	86.2
INLT °F	25.6
NETT °F	60.6
EFF (G)	88.4
LOSSES	11.6
XAIR %	41.2
CO/CO2	0.0000
CO AIR FREE	07
PRS inH2O	0.23
Customer	}
Appliance	}
Ref.	}
	}

Benoure Plumbing & Heating, Inc. TAG# 18415

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

Date of Inspection:
12 / 6 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDSON

Address of Inspected Unit: 325 COLLEGE STREET Unit # 3

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: TRIANGLE TWO EXCELLENCE
 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)
 Scott Gagnon

Licensure for plumbing & heating?

Yes License #: PM-3563

Certification for gas equipment?

Yes Cert #: GB-922

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: Scott Gagnon

Comments: _____

C125 1-B

DATE 12/06/12
 TIME 08:25:03

FUEL Nat Gas

COMBUSTION

LOG 01

O2 % 5.3
 CO2 % 8.9
 CO PPM 33
 FLUE °F 157.0
 INLT °F 25.6
 NETT °F 131.4

EFF (G) 86.5
 LOSSES 13.5
 XAIR % 34.0

CO/CO2 0.0003
 CO AIR FREE 44

PRS inH2O 0.29

Customer: _____
 Appliance: _____
 Ref: _____

Benoure Plumbing & Heating, Inc. TAG# 18414
 34 Commerce Avenue
 S. Burlington, VT 05403
 Phone 802-864-7156
 Fax 802-864-7167

Date of Inspection:
12 / 6 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 325 COLLEGE STREET Unit # 4

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: TRIANGLE TUBE EXCELLENCE
 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)
 Scott Gagnon

Licensure for plumbing & heating?

Yes License #: PM-3563

Certification for gas equipment?

Yes Cert #: GB-922

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: Scott Gagnon

Comments: _____

C125 1.3

DATE 12/06/12
 TIME 08:18:43

FUEL Nat Gas

COMBUSTION

LOG 06
 O2 % 5.9
 CO2 % 8.5
 CO ppm 22
 FLUE °F 99.0
 INLT °F 25.6
 NETT °F 73.4

EFF (G) 88.1
 LOSSES 11.9
 XAIR % 39.3

CO/CO2 0.0002
 CO AIR FREE 30

PRS inH2O 0.30

Customer

Appliance

Ref.

Benoure Plumbing & Heating, Inc. TAG# 18715

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

Date of Inspection: <u>12 / 8 / 12</u>

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDSON

Address of Inspected Unit: 325 COLLEGE STREET Unit # 5

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: TRIANGLE TUBE EXCELLENCE

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)
Scott Gagnon

Licensure for plumbing & heating?

 Yes License #: PM-3563

Certification for gas equipment?

 Yes Cert #: GB-922

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: Scott Gagnon

Comments: _____

<u>C125 1.3</u>	
DATE	12/06/12
TIME	07:33:34
FUEL	Nat Gas
COMBUSTION	
.....	
LOG	05
O2 %	5.0
CO2 %	9.0
CO PPM	24
FLUE °F	164.2
INLT °F	25.6
NETT °F	138.6
EFF (G)	86.4
LOSSES	13.6
XAIR %	31.4
CO/CO2	0.0002
CO AIR FREE	31
PRS inH2O	0.25
.....	
Customer	
.....	
Appliance	
.....	
Ref.	
.....	

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

Date of Inspection:

12 / 6 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 325 COLLEGE STREET Unit # 6

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: TRIANGLE TUBE EXCELLENCE
 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)
 Scott Gagnon

Licensure for plumbing & heating?
 Yes License #: PM-3563

Certification for gas equipment?
 Yes Cert #: GB-922

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: Scott Gagnon

Comments: _____

C125 1 | 3

DATE 12/06/12
 TIME 07:34:35

FUEL Nat Gas

COMBUSTION	
LOG	03
O2 %	51.1
CO2 %	9.0
CO ppm	32
FLUE °F	171.2
INLT °F	25.6
NETT °F	145.6

EFF (G)	86.3
LOSSES	13.7
XAIR %	32.3

CO/CO2 0.0003
 CO AIR FREE 42

PRS inH2O 0.19

Customer _____
 Appliance _____
 Ref. _____

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

Date of Inspection:
12 / 6 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 325 COLLEGE STREET Unit # 7

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: TRIANGLE WBE EXCELLENCE

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)
 Scott Gagnon

Licensure for plumbing & heating?

Yes License #: PM-3563

Certification for gas equipment?

Yes Cert #: GB-922

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: *Scott Gagnon*

Comments: _____

C125 1.3

DATE 12/06/12
 TIME 07:52:48

FUEL Nat Gas

COMBUSTION

LOG 04

O2 % 5.3

CO2 % 8.9

CO ppm 29

FLUE °F 163.8

INLT °F 25.6

NETT °F 138.2

EFF (G) 86.4

LOSSES 13.6

XAIR % 34.0

CO/CO2 0.0003

CO AIR FREE 38

PRS inH2O 0.25

Customer

Appliance

Ref.

Benoure Plumbing & Heating, Inc. IAG# 1811
 34 Commerce Avenue
 S. Burlington, VT 05403
 Phone 802-864-7156
 Fax 802-864-7167

Date of Inspection:
12 / 6 / 12

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 325 COLWEE STREET Unit # 8

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: TRIANGLE TUBE EXCELLENCE
 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)
 Scott Gagnon

Licensure for plumbing & heating?
 Yes License #: PM-3563

Certification for gas equipment?
 Yes Cert #: GB-922

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: Scott Gagnon

Comments: _____

C125 1.3

DATE	12/06/12
TIME	07:51:52
FUEL	Nat Gas
COMBUSTION
LOG	03
O2 %	5.0
CO2 %	9.0
CO ppm	33
FLUE °F	166.5
INLT °F	25.6
NETT °F	140.9
EFF (G)	86.4
LOSSES	13.6
XAIR %	31.4
CO/CO2	0.0004
CO AIR FREE	51
PRS inH2O	0.24

Customer: _____

Appliance: _____

Ref.: _____

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