

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

Date of Inspection:
3 / 29 / 13

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 325 COLLEGE STREET Unit # 10

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: _____

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: _____

0125 1.6

DATE 03/29/13
 TIME 09:59:34

FUEL Nat Gas

COMBUSTION

LOG 00

O2 % 5.3
 CO2 % 8.9
 CO PPM 16
 FLUE °F 38.8
 INLT °F 53.1
 NETT °F 35.7

EFF (G) 97.1
 LOSSES 10.8
 XAIR % 34.0

CO/CO2 0.0001
 CO AIR FREE 21

PR3 hPa -0.01

Customer

Appliance

Ref. 20018

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Date of Inspection:
3, 29, 13

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: GENE RICHARDS

Address of Inspected Unit: 325 COLLEGE 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: TRIANGLE TUBE EXCELLENCE
Location of Heating System: BASEMENT

System Passed System Failed If System Failed, Next Appt: 1 / 1

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	03/29/13
TIME	09:54:59
FUEL	Nat Gas
COMBUSTION	
LOG	02
O2 %	5.4
CO2 %	8.8
CO ppm	16
FLUE °F	88.6
INLT °F	53.1
NETT °F	35.5
EFF (G)	97.1
LOSSES	10.8
XAIR %	34.8
CO/CO2	0.0001
CO AIR FREE	21
PRS hPa	0.00
Customer	_____
Appliance	_____
Ref.	_____
	20017