

Date: February 07, 2022
File #: 18 - 035791
Folder Name: 16 ACKER ST W
PIN: 302922340070



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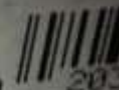
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SERIAL NO. Q012224016 MFG. DATE: 04JAN2022
Model No: 6G40S - 34F3 Cap. U.S. Gals. 40
Input BTUH 34,000 TYPE GAS - NATURAL
Gas PRESS. IN. W.C. -- Manifold - 4.0 Max. Inlet - 10.5 Min. Inlet - 5.0
CSA/ANSI Z21.10.1 • CSA 4.1-2019 CATEGORY I NATURAL DRA
COMPLIES WITH JURISDICTIONS HAVING 40ng/J NOx REGULATIONS
MINIMUM CLEARANCES FROM COMBUSTIBLE OR NONCOMBUSTIBLE
CONSTRUCTION: 1" Sides and 0" rear in a closet - 0" Sides and rear in an
alcove, 3" front of control to closet door
12" from top pan to ceiling
May be installed in an alcove or closet and on
combustible flooring

CERTIFIED FOR INSTALLATIONS
UP TO 5999 FT. ALTITUDE

MAX WORKING PRESSURE 150 PSI

Heim Company, Inc.
Water Heating Division
Montgomery, Alabama 36117 USA



Manufacturer



ALDI CE

ASSEMBLED IN MEX

⚠ WARNING



FIRE AND EXPLOSION HAZARD

Do not store or use gasoline or other flammable vapors and liquids
in the vicinity of this or any other appliance. Storage or use of gasoline
or other flammable vapors or liquids in the vicinity of this or any other
appliance can result in serious injury or death.

⚠ DANGER

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WARNING

56992

AN UNSAFE CONDITION HAS BEEN DETECTED IN YOUR GAS EQUIPMENT
CORRECTIONS MUST BE MADE BY A QUALIFIED PERSON OR AGENCY
IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS
AND IN CONFORMITY WITH LOCAL REGULATIONS.

TAG PLACED ON: ☐ RANGE ☐ WATER HEATER ☒ FURNACE ☐ OTHER

FURTHER USE OF THE EQUIPMENT IN ITS PRESENT CONDITION IS
DANGEROUS AND THEREFORE THE GAS SUPPLY HAS BEEN SHUT OFF.

- | | |
|--|--|
| <input type="checkbox"/> LEAK OR DEFECT IN GAS PIPE | <input type="checkbox"/> APPLIANCE NOT INSTALLED TO CODE |
| <input type="checkbox"/> GAS LEAK IN GAS APPLIANCE | <input type="checkbox"/> CONTROLS DEFECTIVE OR MISSING |
| <input type="checkbox"/> NO VENT PIPE | <input type="checkbox"/> NO SAFETY PILOT OR IS DEFECTIVE |
| <input checked="" type="checkbox"/> DEFECTIVE VENT PIPE | <input type="checkbox"/> FAULTY ELECTRIC WIRING |
| <input type="checkbox"/> NOT VENTED PROPERLY | <input type="checkbox"/> NO RELIEF VALVE OR IS DEFECTIVE |
| <input type="checkbox"/> VENT OR CHIMNEY STOPPAGE | <input type="checkbox"/> IMPROPER GAS PIPING |
| <input type="checkbox"/> IMPROPER DRAFT DIVERTER | <input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER |
| <input type="checkbox"/> IMPROPER VENT SIZE | <input checked="" type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS |
| <input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION | |
| <input type="checkbox"/> NON-APPROVED APPLIANCE | |

REMARKS

NAME

ADDRESS

CITY

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

OWNER SIGNATURE

DATE

☐ OWNER

☐ TENANT

☒ AGENT

XCEL ENERGY

Form 17-2652 (3-01)

SERVICE PERSON #

85

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* Gas meter
is off + locked

WARNING

* Needs inspect
for unlock

SEE

OTHER

SIDE

* Furnace is
Bad - High CO with
soot

* ~~B~~ All B-venting
Furnace + WH full of soot

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