

Pest Control

538060

STATEMENT

DATE 11-1-11

TERMS 90-Day

TO TOM GRADY / GRAJTON

ADDRESS 569 LAUND ST PAUL MA

IN ACCOUNT WITH Quality Pest Control
13305 Shivers Ave S. 612
Beverly MA 01915 718-2237
John

Treatment for
Koches
Dust & Spray
Treatment
All Levels -

90-Day Guarantee

Cash ~~130.00~~

* Tempo dust
S-FORCE HPX
EPA 9444-217

Keith Tidwell



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

**SMOKE AND CARBON MONOXIDE DETECTOR
INSPECTION AFFIDAVIT**

** This affidavit must be completed and returned to the fire inspector upon inspection of the property. A certificate of occupancy cannot be issued/renewed without this completed affidavit. If all the units were not inspected by one person, signatures of all persons inspecting are required. More than one sheet may be used. **

569 Lafond Ave, St. Paul 2
Address Mn. 55103 # of Units C of O #

I affirm that I have given the occupant of each dwelling unit or guest room in the building at the above address a written explanation of the following:

1. The location and operation of each smoke detector and carbon monoxide detector.
2. Instructions describing the action to be taken when an alarm sounds.
3. The procedures for testing the detectors.
4. Who to contact when a low-battery tone sounds or power light fails.
5. The penalties for disabling smoke detection or carbon monoxide detection.

Signature: Antonia Arjona Date: 11/7/11

I affirm that I personally inspected the smoke detectors and carbon monoxide detectors in the dwelling units and guest rooms in the building at the above address as follows and that all detectors were in place and good working order:

Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #
<u>1</u>	<u>2</u>	---	---	---	---
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Signature: Antonia Arjona Date: 11/7/11

Minnesota State Statutes 299F.362 requires smoke detectors and Minnesota State Statute 299F.50 requires carbon monoxide detectors and Saint Paul Ordinance 39.02 (c) requires that an affidavit stating that "all detectors are inspected and serviced when needed and are operational be filed before a Certificate of Occupancy can be issued or renewed."



EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections
Fire Prevention Division
375 Jackson Street – Suite 220
Saint Paul MN 55101
Fax: 651-266-8951

Address: 569 Lafond Avenue St. Paul, Mn. Date: 11/7/2011

Owner: Antonio ~~Graded~~ Grajeda

Type of Heat:

Gravity Air Forced Air Gravity Hot Water Forced Hot Water
Steam Unit Heater Space Heater Other

Type of Fuel: Gas Oil Other

Gas Design

Make of Burner Furnace
Model 6MT050
Serial 0708409047
Input 80,000

Conversion

Make _____
Model _____
Max. BTU Rating _____
Make of Furnace _____

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances per chimney: 80,000

Type of Chimney: Masonry Class B Other Pipe

Type of Liner: None Metal Clay Tile

Combustible Air Supply Required?: Yes No Installed?: Yes No

Safety & Operating Control Tests:

Pilot/Flame Safeguard Operating Properly Yes No
Limit(s) Operating Properly Yes No
Operator(s) Operating Properly Yes No
Low Water Cut-Off Operating Properly Yes No
All Controls Operating Properly Yes No

Fuel Analysis/Flue Gas Analysis:

Vents Properly without Spillage Yes No
Flame Stays Inside/Doesn't Roll Out Yes No
Burner Lights Smoothly Yes No

	Initial	Final	Visual Inspection	Yes	No
Stack Temperature	F/Net	<u>74.5</u> F/Net	Fuel Piping System – Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	%	<u>8.3</u> %	Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	%	<u>7.0</u> %	Heating Unit – Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	% / ppm	<u>72</u> % / ppm		<input type="checkbox"/>	<input type="checkbox"/>

Carbon Monoxide Detector (tube type) Positive Negative

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes No

COMMENTS: _____

Name of Licensed Contractor: Hirshing Co Address 915 W 7th St Phone # 651-225-1300

Person Doing Test (Print) Pat Case (signature) Pat Case

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 12473



HINDING COMPANY
HEATING & AIR
SINCE 1936

915 W. 7th Street
St. Paul, MN 55102
(651) 228-1303
www.hindingheating.com

JOB WORK ORDER

\$ 94292

CUSTOMER'S ORDER NO.	PHONE 649-9990 652-322-0134	MECHANIC	DATE OF ORDER	STARTING DATE
BILL TO	ADDRESS	CITY	HELPER	ORDER TAKEN BY
JOB NAME AND LOCATION			JOB PHONE	

MECHANIC: PAT
 DATE OF ORDER: 11/7/11
 STARTING DATE: 1/1
 BILL TO: Antonio Grajeda
 ADDRESS: 14399 Salem Ave
 CITY: Savage 55378
 JOB NAME AND LOCATION: 569 LAFORCE
 HELPER: ~~LOSA MARTIN~~
 ORDER TAKEN BY: [] DAY WORK, [] CONTRACT, [] EXTRA

DESCRIPTION OF WORK:
FURNACE / BOILER / AIR CONDITIONER

MODEL#	SERIAL#
MC	5121 0719 4410 2254
	EXP 11/12

	TOTAL MATERIALS		
	TOTAL LABOR		
	TAX		
DATE COMPLETED: 1/1	WORK ORDERED BY:	TOTAL AMOUNT	\$129 lol

Signature _____

No one home
 Total amount due for above work: or
 Total billing to be mailed after completion of work

I hereby acknowledge the satisfactory completion of the above described work.