



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

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

FUEL BURNING EQUIPMENT TEST RECORD

(Use separate form for each appliance)

Address: 328 9th St. Rooftop Date of Test: 1-9-14

Owner: SCHURMEIER (Schurmeier Lewis)

TYPE OF FUEL: Gas Oil Other

Make of Furnace/Boiler CARRIER Model # 580FJ V060115413

Serial # 022049-001-214 Max BTU Input: 200,000

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances into common chimney: _____

Type of Chimney: Masonry Class B Other Vent straight to outside

Type of Liner: None Metal Clay Tile Combustion Air Supply Required? Yes No

Safety & Operating Control Tests:	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vents Properly Without Spillage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burner Lights Smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Water Cut-Off Operating Properly	<input type="checkbox"/>	<input type="checkbox"/>	All Controls Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Initial	Final	Visual Inspection:	Yes	No
Stack Temperature	____ °F/Net	<u>305</u> °F/Net	Fuel Piping System - OK?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	____ %	<u>5.4</u> %	Vent Draft Hood - OK?	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	____ %	<u>6.9</u> %	Vent Connector and Chimney - OK?	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	____ %/ppm	<u>0</u> %/ppm	Metal Chimney Liner Installed - OK?	<input type="checkbox"/>	<input type="checkbox"/>

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes No

COMMENTS: TESTED FOR CO IN UNITS ZERO

Readings - 0-

Replaced heat exchanger prior to testing

Name of Licensed Contractor: DRAKE MECHANICAL Phone # (612) 325-2855

Address: 2317 S. COON CREEK DR ANDOVER MN 55304

Person Conducting Test: Brian Johnson (Print Name) [Signature] (Signature)

City of Saint Paul Certificate of Competency card number for appropriate fuel: 20090000312



EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

Department of Safety & Inspections

Fire Prevention Division

375 Jackson Street - Suite 220

Saint Paul MN 55101

Fax: 651-266-8951

(Use separate form for each Appliance)

Address: 328/330 East 9th St

Date: 4-16-13

Owner: M. T. Owner

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

Common

Conversion

Make of Burner

Make

Model

580 ES V0601K A03 Model

Serial

5022408644

Max. BTU Rating

11576

Input

115000

Make of Furnace

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances per chimney: 11576

Type of Chimney: Masonry Class B Other Direct

Type of Liner: Nonmetal Metal Clay Tile

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

Safety & Operating Control Tests:

Yes No

Fuel Analysis/Flue Gas Analysis:

Yes No

Pilot/Flame Safeguard Operating Properly

Vents Properly without Spillage

Limit(s) Operating Properly

Flame Stays Inside/Doesn't Roll Out

Operator(s) Operating Properly

Burner Lights Smoothly

Low Water Cut-Off Operating Properly

All Controls Operating Properly

Initial

Final

Visual Inspection

Yes

No

Stack Temperature

F/Net

F/Net

Fuel Piping System - Okay

Oxygen

%

%

Vent Systems - Draft Hood, Connector, Vent Chimney - Okay

Carbon Dioxide

%

%

Heating Unit - Okay

Carbon Monoxide

% / ppm

% / ppm

Carbon Monoxide Detector (tube type) Positive Negative

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes No

COMMENTS: Heat exchanger Rusted out

Name of

Contractor: Team Mech

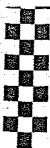
Address 3508 Snelling Minneapolis

Phone # 612729-5646

Person Doing Test (Print) Dennis Hodges

(signature) [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: MS 000212



SAINT PAUL



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: 328/330 East 7th St Date: 4-16-13

Owner: M. V. H.

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 Conversion
Make of Burner _____ Make _____
Model _____ Model _____
Serial _____ Max. BTU Rating _____
Input _____ Make of Furnace _____

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances per chimney: _____

Type of Chimney: Masonry Class B Other

Type of Liner: None Metal Clay Tile

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

Safety & Operating Control Tests: Yes No Fuel Analysis/Flue Gas Analysis: Yes No

Pilot/Flame Safeguard Operating Properly Vents Properly without Spillage
Limit(s) Operating Properly Flame Stays Inside/Doesn't Roll Out
Operator(s) Operating Properly Burner Lights Smoothly
Low Water Cut-Off Operating Properly
All Controls Operating Properly

	Initial	F/Net	Final	F/Net	Visual Inspection	Yes	No
Stack Temperature	_____	F/Net	_____	F/Net	Fuel Piping System - Okay	_____	_____
Oxygen	_____	%	_____	%	Vent Systems - Draft Hood, Connector, Vent Chimney - Okay	_____	_____
Carbon Dioxide	_____	%	_____	%		_____	_____
Carbon Monoxide	_____	% / ppm	_____	% / ppm	Heating Unit - Okay	_____	_____

Carbon Monoxide Detector (tube type) Positive Negative

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes No

COMMENTS: Doors off + missing P-Flue Return from mechanical Rm.

Name of Licensed Contractor: Team Mech Address: 3508 Sulliv Ave Minneapolis Phone # 612-729-5646

Person Doing Test (Print) Dennis Hadjan (signature) [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 000212

#1



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: 328/330 E 9th ST

Date: 4-16-13

Owner: Multi owners

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 Slant Fin
 Model GC-300 EC
 Serial 818259
 Input 300K

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: 1123000 BTU

Type of Chimney: Masonry Class B Other

Type of Liner: None Metal Clay Tile

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

Safety & Operating Control Tests:	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vents Properly without Spillage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burner Lights Smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
All Controls Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

	Initial		Final		Visual Inspection	Yes	No
Stack Temperature	<u>456</u> F/Net		<u>459</u> 480 F/Net		Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	<u>8.4</u> %		<u>8.0</u> %		Vent Systems—Drafhood, Connector, Vent Chimney-- Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	<u>6.9</u> %		<u>7.3</u> %		Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<u>20</u> % / ppm		<u>14</u> % / ppm				

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: Team Mechanical Address 3508 Shelving Way Phone # 612-729-5646

Person Doing Test (Print) Dennis Hagedorn (signature) [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 000 212

3



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: 328/330 E 9th ST Date: 4-16-13

Owner: Multi owners

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 Slant Fin Conversion
Make of Burner Slant Fin Make
Model GG300 EC Model
Serial 631231 Max. BTU Rating
Input 300K Make of Furnace

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances per chimney: 1123000 BTU

Type of Chimney: Masonry Class B Other

Type of Liner: None Metal Clay Tile

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

Safety & Operating Control Tests:

	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vents Properly without Spillage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burner Lights Smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
All Controls Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

	Initial	Final	Visual Inspection	Yes	No
Stack Temperature	<u>490</u> F/Net	<u>492</u> F/Net	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	<u>9.2</u> %	<u>7.5</u> %	Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	<u>6.5</u> %	<u>7.6</u> %	Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<u>30</u> % / ppm	<u>15</u> % / ppm			

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: Team Mechanical Address: 3508 Snelling Way Phone #: 612-729-5646
Person Doing Test (Print): Dennis Hodge (signature): [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: MS 000212

2



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: 328/330 E 9th ST Date: 4-16-13
Owner: Multi owners

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 Conversion
Make of Burner Slant Fin Make
Model GG300 EC Model
Serial 786933 Max. BTU Rating
Input 300K Make of Furnace

Equipment venting type: Atmospheric Induced Fan Other
Total BTU input of all vented gas appliances per chimney: 1123000 BTU
Type of Chimney: Masonry Class B Other
Type of Liner: None Metal Clay Tile
Combustible Air Supply Required?: Yes No Installed?: Yes No

Safety & Operating Control Tests:	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vents Properly without Spillage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burner Lights Smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
All Controls Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

	Initial		Final		Visual Inspection	Yes	No
Stack Temperature	<u>463</u>	F/Net	<u>479</u>	F/Net	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	<u>6.9</u>	%	<u>21.3</u>	%	Vent Systems - Draft Hood, Connector, Vent Chimney - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	<u>8.3</u>	%	<u>7.7</u>	%	Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<u>20</u>	% / ppm	<u>14</u>	% / ppm		<input checked="" 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: Team Mechanical Address: 3508 Snelling W. Minneapolis Phone #: 612-729-5646

Person Doing Test (Print): Dennis Hagedorn (signature): [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: MS 000212