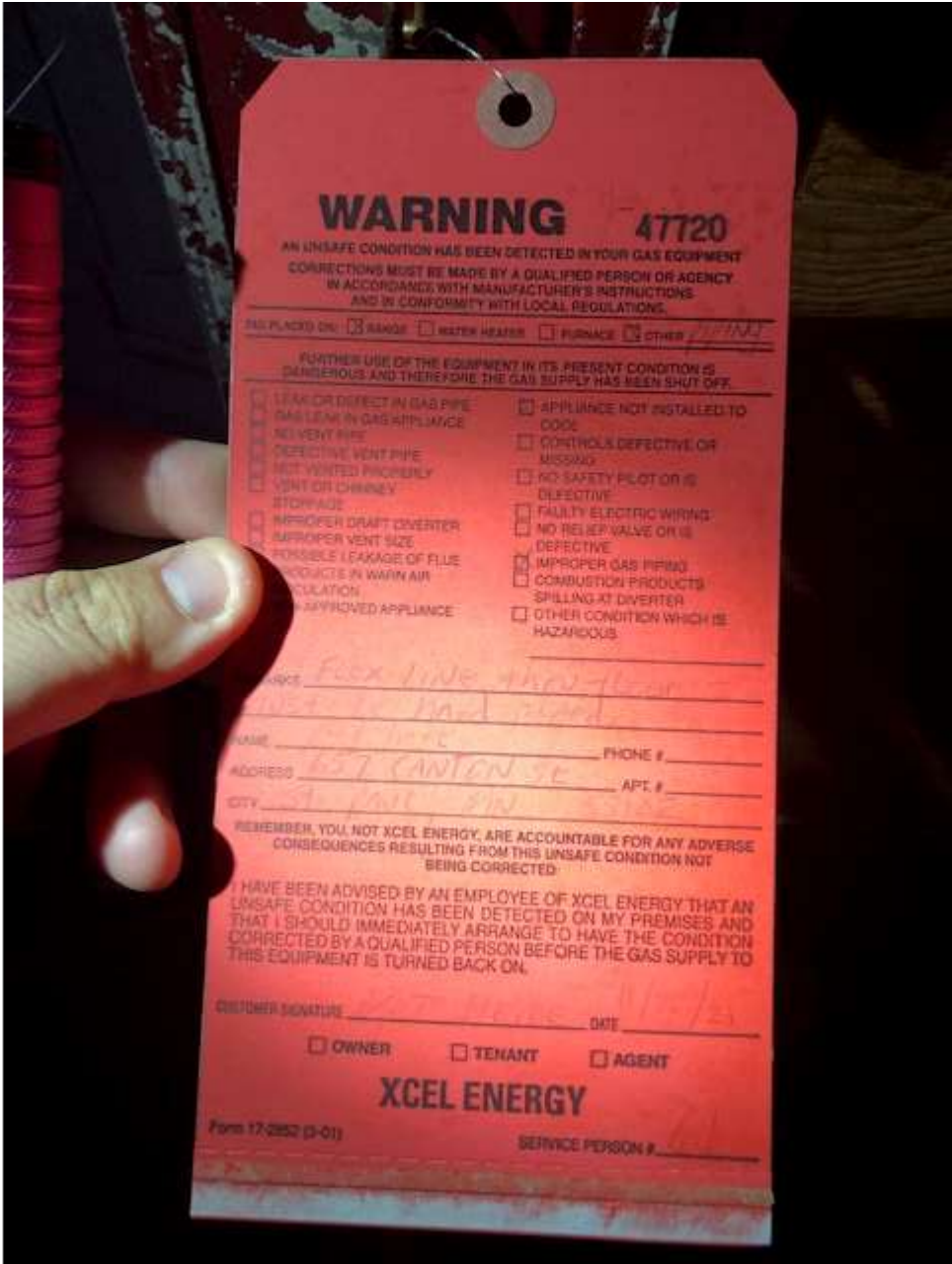


Date: December 14, 2021
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WARNING 47720

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.

TYPE PLACED ON: RANGE WATER HEATER FURNACE OTHER WATER

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

APPLIANCE FLEX LINE THROUGH
WATER
NAME XXXXXX PHONE # _____
ADDRESS 657 CANTON ST APT. # _____
CITY ST LOUIS MO

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.

CUSTOMER SIGNATURE [Signature] DATE 12/14/21

OWNER TENANT AGENT

XCEL ENERGY

Form 17-2852 (3-01) SERVICE PERSON # _____

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