**FAX COVER SHEET****DATE:** 02/24/2012**TO:** Amy Westerlund
Keller Williams**FAX:** 651-379-5263**FROM:** Alice Knutson**PHONE:** (651) 457-8781**FAX:** (651) 457-7116**TOTAL PAGES SENT:** 2 (including fax cover sheet)**Comments:**

Following is Existing Fuel Burning Equipment Safety Test Report for 1245 5th Street E. in St. Paul.

Thank you,
Alice

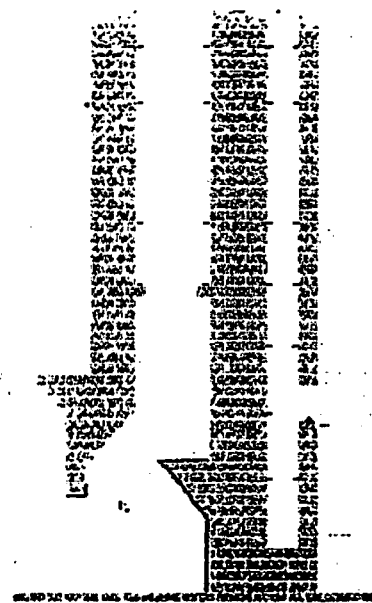
Alice Knutson
Binder Heating & Air Conditioning, Inc.
222 Hardman Avenue North
South St. Paul, MN 55075
alice@binderheating.com

The Chimney Guys, Inc.

1472 Woodhill Dr Woodbury MN 55125
 (651) 770-0933 * (952) 888-0933 * FAX (651) 501-7782

Date: 02-9-12 INVOICE _____
 Customer STR Repair Address 1245 E 5th St
 City ST. PAUL St. MN Zip _____ Phone: 402-7084
 Inspection Type: level 1 2 3 Last Cleaning _____ Type of Burning Unit Masonry
 Insert Y N Heat Blowing Device Y N Flue Type AL ST CBRK OTHER _____ Ladder Size 32'
 2nd ladder _____ Flue Size(s) UP 13x13 DN _____ Wood Type HD SFT CONST GAS House type _____
 Adv LPB STPB MPB INT REF: OTHER: _____ Roof Pitch 6 Type A

Weather	Notes:		
FIREPLACE/CHIMNEY REPORT	PASS	FAIL	NOTES
Creosote condition 1 st 2 nd 3 rd stage			
Flue sections Clay/ Metal/ Other			
Joints in Flues or Connections			
Damper			
Draft			
Smoke Chamber			
Fire Bricks/Box/Grate			
Height of Chimney			
Outside Bricks/Mortar Joints/Chase			
Chimney Crown/Wash/ Chase top			
Flashing /Sealant			
Spark Arrestor/ Rain Cap			
Doors/Screen			
Hearth Protection/Clearances			
STOVE/APPLIANCE			
Unit condition			
Flue Size Correct			
Stove Has Own Flue			
Liner Secured			
MISC:			



Please Note: This sheet is the result of a visual inspection done at the time of cleaning. It is entered as a convenience to our customers, not as a certification of fire worthiness or safety. Since safety is always a matter of degree, since not all parts of the chimney are accessible for visual inspection and since condition of use are beyond our control, we make no warranty of the safety, function, Or fire worthiness of any appliance or chimney, and none is to be implied.

Next Recommended Service Inspection Cleaning Repair
 Customer Verification
 I have read this report and also the note of disclaimer. I now understand which areas of my system appear to be satisfactory and which areas are not.

Customer Signature _____ Date: _____
 Technician Wyatt Assistant Anthony

COMPLETED OPERATION:	CHARGE
WORK PERFORMED	SUBTOTAL
<u>INSTALLED CHIM-A-LATES</u>	<u>\$450.00</u>
	TAX %
	<u>\$</u>
	TOTAL
	<u>\$450.00</u>
	DISC/DN PAY
	<u>\$</u>
	PAID
	<u>\$</u>
	BAL DUE
	<u>\$450.00</u>

CHECK# _____ CC VS MC # _____ EXP _____
 IF A BALANCE IS DUE, PLEASE RETURN 'COPY' ALONG WITH PAYMENT TO THE CHIMNEY GUYS, 1472 WOODHILL DR WOODBURY MN 55125



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: 1245 5th St E

Date: 2/16/12

Owner: Stan Whiting

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 Coleman Make
Model KG6RC 080C 168 Model
Serial 903046K Max. BTU Rating
Input 80,000 BTU Make of Furnace

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances per chimney: 30,000 water heater

Type of Chimney: Masonry Class B Other PVC Furnace

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 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>89</u> F/Nct	<u>89</u> F/Nct	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	<u>8.1</u> %	<u>8.1</u> %	Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	<u>7.4</u> %	<u>7.4</u> %	Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<u>51</u> % / ppm	<u>51</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: Binder Heating Address 222 Henderson Phone # 651 457 8781

Person Doing Test (Print) Steven Brisson (signature)

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 20050900262

Sent to Wayne 2/22



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. **

1245 5th St E Single family
Address # 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: [Signature] Date: 2-10-12

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. #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature: [Signature] Date: 2-10-12

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."

Revised 12/09

Sent to wayne 2/22