

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



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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



Weber Sauer Company, Inc.  
Water Heating Division  
Montgomery, Alabama 36117 USA



**WARNING**

 **FLAMMABLES**

 **Flammable Vapors**

**FIRE AND EXPLOSION HAZARD**  
Can result in serious injury or death

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: High CO, Black soot packed in entire B. common vent ~~the~~ into chimney  
NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: 16 Ackers St W APT. # \_\_\_\_\_  
CITY: St. Paul

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 HIS EQUIPMENT IS TURNED BACK ON.

OWNER SIGNATURE \_\_\_\_\_ DATE 2/7/22  
 OWNER  TENANT  AGENT

**XCEL ENERGY**  
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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