



Community Action Partnership of Ramsey and Washington Counties

ERR COMPLETION CERTIFICATE

EAP

Household Name: <u>Bruce Magnuson</u>		Household # <u>302290</u>																
Address: <u>1271 Seminary Ave ST Paul</u>																		
Telephone: <u>651 646 1032</u>	Emergency Phone: _____																	
Contractor																		
I certify that the work authorized by <u>Community Action Partnership (CAPRW)</u> <u>Energy Assistance/Energy Related Repair</u> is complete. All work conforms to all standards and codes that apply. All work meets the agreements between this firm and the Energy Assistance Program Service Provider. All the work performed by this firm is subject to and follows manufacturer and contractor warranties.																		
Name of Firm: <u>KB Service</u>	On File																	
Authorized Signature of Firm: <u>Brian Nassi</u>	Contractor License Number: <u>2-21-17</u>																	
Number to call us, if problems: <u>(651) 645-6470</u>	Date Work Started: <u>2-21-17</u>																	
	Date Work Completed: _____																	
*FOR REPLACEMENTS ONLY: This section MUST be filled out completely.																		
Manufacturer: <u>Friedman</u>	Model Number: <u>GMEC96060</u>	Serial Number: <u>1609239045</u>																
Date of required pressure test (LP or Natural Gas): <u>2-21-17</u>	Pressure test results (after Gas or Manifold valve): <u>1.3" / 3.5" w/c</u>																	
<table border="1"><thead><tr><th>input BTU</th><th>O2</th><th>CO2</th><th>CO PPM</th><th>Draft</th><th>SSE</th><th>Stack Temp</th><th>Heat Blk</th></tr></thead><tbody><tr><td><u>69,000</u></td><td><u>8.36 %</u></td><td><u>6.75 %</u></td><td><u>9</u></td><td><u>Induced</u></td><td><u>—</u></td><td><u>101°</u></td><td><u>25°/55°</u> low high</td></tr></tbody></table>			input BTU	O2	CO2	CO PPM	Draft	SSE	Stack Temp	Heat Blk	<u>69,000</u>	<u>8.36 %</u>	<u>6.75 %</u>	<u>9</u>	<u>Induced</u>	<u>—</u>	<u>101°</u>	<u>25°/55°</u> low high
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Test Comment(s): _____																		
Homeowner																		
I certify that the contractor has delivered the materials and completed the work listed on the work order. I agree to allow work to be inspected. If inspection is not permitted, I may be required to pay for work completed. The EAP Service Provider may pay the contractor on my behalf.																		
Signature of Homeowner: <u>Bruce Magnuson</u>		Date: <u>Feb 21 2017</u>																
Inspector: When REPLACEMENT is selected for INSPECTION																		
I certify that the contractor has delivered the materials and completed the work listed on the work order. The EAP Service Provider may pay the contractor.																		
Signature of Inspector: _____		Date: _____																
Notes: _____																		

*Give a copy of this form to homeowner.

2/28/17 Exh 1

Registration Certificate

Thank you for registering your products with us. We appreciate your business and will work hard to ensure that all of our products will provide you with years of reliable service.

First Name: BRUCE
Last Name: MAGNUSON
Address 1: 1271 SEMINARY AVE
Address 2:
City: Saint Paul
Country: United States
State: MN
Zip: 55104
Email:
Phone #: 6516461032
Installing Dealer Name: KB SERVICE CO
Installing Dealer Phone#: 6514819155

[Start New Registration](#)[Register Another Unit](#)[PDF](#)[Print](#)

Serial#: 1609239045
Model: GMEC960603BN
Model Desc: 96% EEM UPFLOW FUR
Install Date: 2/21/2017
Register Date: 2/27/2017

* Registered Standard Coverage			
Coverage Type	Description	Effective Start	End Date
All Parts	10 YEARS PARTS	02/21/2017	02/21/2027
Heat Exchanger	LIFETIME PARTS (HEAT EXCHANGER)	02/21/2017	02/21/2116
Unit Exchange	10 YEAR UNIT REPLACEMENT (HEAT EXCHANGER)	02/21/2017	02/21/2027