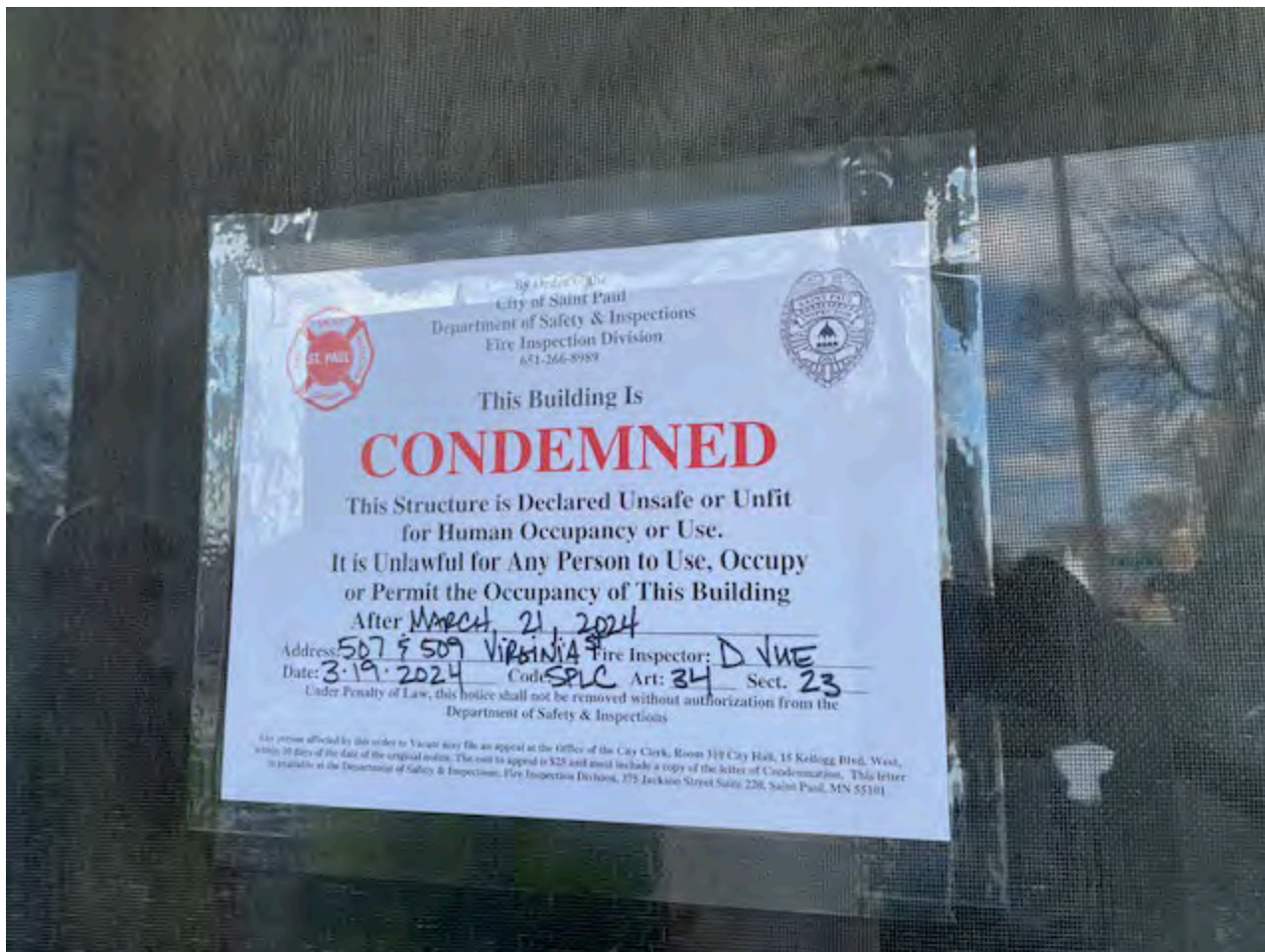


Date: March 21, 2024  
File #: 24 - 020864  
Folder Name: 507 VIRGINIA ST  
PIN: 362923130183



**Date:** March 21, 2024  
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**Unit 509**



**Date:** March 21, 2024  
**File #:** 24 - 020864  
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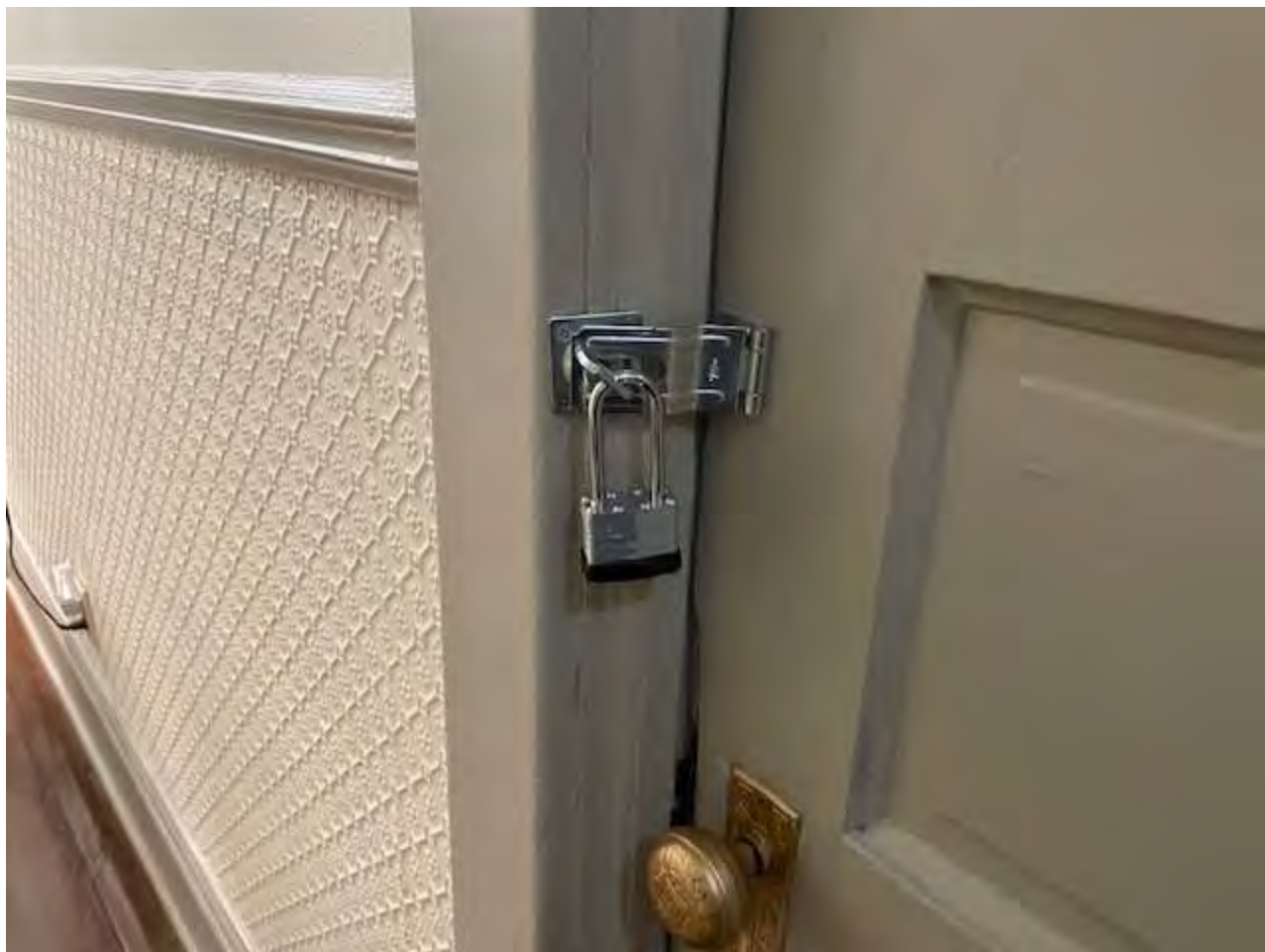
**Date:** March 21, 2024  
**File #:** 24 - 020864  
**Folder Name:** 507 VIRGINIA ST  
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**Date:** March 21, 2024  
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**Date:** March 21, 2024  
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**Folder Name:** 507 VIRGINIA ST  
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**Unit 507**



Date: March 21, 2024  
File #: 24 - 020864  
Folder Name: 507 VIRGINIA ST  
PIN: 362923130183

Unit 507 - Red-Tagged by Xcel on 1/29/2024



Date: March 21, 2024  
File #: 24 - 020864  
Folder Name: 507 VIRGINIA ST  
PIN: 362923130183

Unit 507 – new tags placed by Xcel

<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> NON-APPROVED APPLIANCE	<input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER
	<input type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Flare on AB Valve Condition  
Leaking Gas

NAME Dr. Cooper PHONE # \_\_\_\_\_

ADDRESS 507 Virginia 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 THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE \_\_\_\_\_ DATE 3/19/24

OWNER     TENANT     AGENT

**XCEL ENERGY**

Form 17-2652 (3-01)      SERVICE PERSON # 17



Date: March 21, 2024  
File #: 24 - 020864  
Folder Name: 507 VIRGINIA ST  
PIN: 362923130183



### WARNING 56015

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.

ON LOCATION:  KITCHEN  GARAGE/SHOP  PORCH  OTHER

FURTHER USE OF THE EQUIPMENT IN THE PRESENT CONDITION IS DANGEROUS! AND THEREFORE THE GAS SUPPLY HAS BEEN SHUT OFF!

- |                                                                                          |                                                                      |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> LEAK OR ODOR OF GAS PEE<br>GAS LEAK IN GAS APPLIANCE            | <input type="checkbox"/> APPLIANCE NOT INSTALLED TO<br>CODE          |
| <input type="checkbox"/> NO VENT PIPE                                                    | <input type="checkbox"/> CONTROLS DEFECTIVE OR<br>MISSING            |
| <input type="checkbox"/> DEFECTIVE VENT PIPE                                             | <input type="checkbox"/> NO SHUT-OFF VALVE OR IS<br>DEFECTIVE        |
| <input type="checkbox"/> NOT VENTED PROPERLY                                             | <input type="checkbox"/> FAULTY ELECTRIC WIRING                      |
| <input type="checkbox"/> VENT ON CHIMNEY                                                 | <input type="checkbox"/> NO RELIEF VALVE OR IS<br>DEFECTIVE          |
| <input type="checkbox"/> STOPPAGE                                                        | <input type="checkbox"/> IMPROPER GAS PIPING                         |
| <input type="checkbox"/> IMPROPER DRAFT ADJUSTER                                         | <input type="checkbox"/> CORRUPTION PRODUCTS<br>SPILLING AT OVERFLOW |
| <input type="checkbox"/> IMPROPER VENT SIZE                                              | <input type="checkbox"/> OTHER CONDITION WHICH IS<br>HAZARDOUS       |
| <input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE<br>PRODUCTS IN WARM AIR<br>CIRCULATION |                                                                      |
| <input type="checkbox"/> NON-APPROVED APPLIANCE                                          |                                                                      |

REMARKS: *See photo*

NAME: *John Doe* PHONE #: \_\_\_\_\_

ADDRESS: *507 Virginia St* APT #: \_\_\_\_\_

CITY: \_\_\_\_\_

REMEMBER YOU AND 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: \_\_\_\_\_ DATE: *3/21/24*

OWNER  TENANT  AGENT

**XCEL ENERGY**

Form 13-2602 (3-01)

SERVICE PERSON # \_\_\_\_\_

Date: March 21, 2024  
File #: 24 - 020864  
Folder Name: 507 VIRGINIA ST  
PIN: 362923130183

<input type="checkbox"/> IMPROPER DRAFT DIVERTER	<input type="checkbox"/> NO RELIEF VALVE OR IS DEFECTIVE
<input type="checkbox"/> IMPROPER VENT SIZE	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	<input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER
<input type="checkbox"/> NON-APPROVED APPLIANCE	<input checked="" type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS

REMARKS: Vent Box not attached

NAME: S. BAKER PHONE # \_\_\_\_\_  
ADDRESS: 507 Virginia 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 THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: 3/18/24

OWNER     TENANT     AGENT

**XCEL ENERGY**

Form 17-2652 (3-01)    SERVICE PERSON # 17





Date: March 21, 2024  
File #: 24 - 020864  
Folder Name: 507 VIRGINIA ST  
PIN: 362923130183

<input type="checkbox"/> IMPROPER DRAFT DIVERTER	<input type="checkbox"/> NO RELIEF VALVE OR IS DEFECTIVE
<input type="checkbox"/> IMPROPER VENT SIZE	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	<input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER
<input type="checkbox"/> NON-APPROVED APPLIANCE	<input type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Sense line @ AB Valve Back  
Leakage. Possibly update control

NAME S. Mueh PHONE # \_\_\_\_\_  
ADDRESS 509 Virginia 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 THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE \_\_\_\_\_ DATE 3/19/24

OWNER     TENANT     AGENT

**XCEL ENERGY**

Form 17-2552 (3-01) SERVICE PERSON # 17