

FURNACE PROCEED NOTICE

Northeast Iowa Community Action Corporation
PO Box 487

CLIENT'S NAME _____

CLIENT'S ADDR _____

CLIENT'S CITY _____

CLIENT'S PHONE NUMBER _____

JOB NUMBER: _____

EVALUATOR'S NAME: TC

OWNER RENTER TUNE & CLEAN REPLACEMENT REPAIR

FURNACE TYPES: BOILER FORCED AIR STOVE SPACE HEATERS

APPROXIMATE AGE 40 FUEL TYPE Nat. gas

COMMENTS: Replaced w/ 92% FA NG

CONTRACTOR CERTIFICATION

I certify that I have:

- Tuned and Cleaned this system in accordance with A.N.S.I A223.1 appendix #.
- Replaced the furnace per bid
- Repaired the furnace per bid

Contractor's Certification Signature _____

Date 6-11-14

REPLACEMENT INFORMATION

AFUE 92%
MAKE RUUD
MODEL R92PA061317MSA

Pre-Test Results:

Furnace Stats	Reading	Pass	Fail
Draft	-9		
CO (ppm)	2		
S/A Temp.	171		
R/A Temp.	69		
Temp. Rise	102		
S/A Pressure	19		
R/A Pressure	-17		
Gas Leak	No		
Efficiency Test	78		<input checked="" type="checkbox"/>
Termination Side/Direction: <u>EAST</u>			
New Thermostat Needed: <input checked="" type="radio"/> Y or N			
Condensate Pump Needed: Y or <input checked="" type="radio"/> N			

EVALUATOR CERTIFICATION

I certify that I have inspected this system, and on this date, the system functions properly and passes all standards according to the Iowa Weatherization Assistance Program.

Evaluator's Certification Signature _____

Date _____

OFFICE USE ONLY

Inspector Certification _____
Date of Inspection 6/23/14
Make/Model RUUD R92PA061317MSA
Serial Number W081429302

*See reverse side for Iowa Weatherization Assistance Program standards.