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Sub-Slab and Sub-Membrane Depressurization Systems - O&M Inspection Form

Property Address: 146 S. Marquette
Tenant's Name: _____
Owner's Name: Kathleen McHugh
Owners Address (if Different from Property): _____

Temperature (Ambient): 37 °F
Temperature (House): Normal °F
Barometric Pressure: 30.1 "Hg
Weather Conditions: Clear/Warming

Inspector Name: Tony Hendricks
Date: 2/1/16
Time: 2 pm

System Inspection

- Is Fan Operating? Yes No NA
- Any Unusual Fan Noises? Yes No
- Are Vent Piping and Piping Joints Intact? Yes No
- Any Caulking Required Around Piping Penetrations? Yes No
- Is System Padlock Intact (System ON/OFF Switch)? Yes No NA
- Is O&M Manual Present? Yes No
- Any Areas in Need of Additional Sealing? Yes No

List Areas to be Sealed: _____

List Any Necessary System Repairs: _____

Tenant Observations

- Any Change in Fan Noise or Vibration? Yes No
- Have you Turned the Fan OFF for Any Period of Time? Yes No NA
- Reason? _____

Is Differential Pressure in the Manometer Outside of Normal Operating Range? Yes No NA

Is the System Manometer Steady? Yes No NA

Have You or the Owner Made any Changes to the Basement or Other Foundation? Yes No

Is So, What Were the Changes: _____

Measurements

| Sample Point ID | Post Install Pressure (in w.c.) | Inspection | | | Post Repair (if Necessary) | | |
|-----------------|---------------------------------|------------|------|--------------------|----------------------------|------|--------------------|
| | | Date | Time | Pressure (in w.c.) | Date | Time | Pressure (in w.c.) |
| Manometer | 1.25 | 2/1/16 | 2 pm | 1.25 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Comments (Any Repairs Made While Visiting, etc.): _____

Repairs

Additional Sealing Complete _____

System Installed by others

Sub-Slab and Sub-Membrane Depressurization Systems - O&M Inspection Form

Property Address: 1505. Marguerite Temperature (Ambient): 18 °F
 Tenant's Name: _____ Temperature (House): Normal °F
 Owner's Name: Denise Schneider Barometric Pressure: 30.4 "Hg
 Owners Address (if Different from Property): _____ Weather Conditions: overcast

Inspector Name: Raf Canon
 Date: 1/21/16
 Time: 3:00

System Inspection

Is Fan Operating? Yes No NA
 Any Unusual Fan Noises? Yes No NA
 Are Vent Piping and Piping Joints Intact? Yes No NA
 Any Caulking Required Around Piping Penetrations? Yes No NA
 Is System Padlock Intact (System ON/OFF Switch)? Yes No NA
 Is O&M Manual Present? Yes No NA
 Any Areas in Need of Additional Sealing? Yes No NA
 List Areas to be Sealed: _____
 List Any Necessary System Repairs: _____

Tenant Observations

Any Change in Fan Noise or Vibration? Yes No NA
 Have you Turned the Fan OFF for Any Period of Time? Yes No NA
 Reason? _____
 Is Differential Pressure in the Manometer Outside of Normal Operating Range? Yes No NA (Foggy)
 Is the System Manometer Steady? Yes No NA
 Have You or the Owner Made any Changes to the Basement or Other Foundation? Yes No
 Is So, What Were the Changes: _____

Measurements

| Sample Point ID | Post Install Pressure (in w.c.) | Inspection | | | Post Repair (if Necessary) | | |
|-----------------|---------------------------------|------------|--------|--------------------|----------------------------|------|--------------------|
| | | Date | Time | Pressure (in w.c.) | Date | Time | Pressure (in w.c.) |
| Manometer | 3.1 | 1/21/16 | 3:00pm | 0 | | | |
| | | | | | | | |
| | | | | | | | |

Comments (Any Repairs Made While Visiting, etc.): Remove drain cap - 3.2 man reading

Repairs

Additional Sealing Complete: _____

* drain plug present

✓*

Sub-Slab and Sub-Membrane Depressurization Systems - O&M Inspection Form

Property Address: 1545. Marquette
Tenant's Name: _____
Owner's Name: Apertive Benga
Owners Address (if Different from Property): _____

Temperature (Ambient): 18 °F
Temperature (House): Normal °F
Barometric Pressure: 30.4 "Hg
Weather Conditions: Overcast

Inspector Name: Pat Pannon
Date: 1/21/16
Time: 3:30pm

System Inspection

Is Fan Operating? Yes No NA
Any Unusual Fan Noises? Yes No NA
Are Vent Piping and Piping Joints Intact? Yes No NA
Any Caulking Required Around Piping Penetrations? Yes No NA
Is System Padlock Intact (System ON/OFF Switch)? Yes No NA
Is O&M Manual Present? Yes No NA
Any Areas in Need of Additional Sealing? Yes No
List Areas to be Sealed: _____
List Any Necessary System Repairs: _____

Tenant Observations

Any Change in Fan Noise or Vibration? Yes No NA
Have you Turned the Fan OFF for Any Period of Time? Yes No NA
Reason? _____
Is Differential Pressure in the Manometer Outside of Normal Operating Range? Yes No NA
Is the System Manometer Steady? Yes No NA
Have You or the Owner Made any Changes to the Basement or Other Foundation? Yes No NA
Is So, What Were the Changes? _____

Measurements

| Sample Point ID | Post Install Pressure (in w.c.) | Inspection | | | Post Repair (if Necessary) | | |
|-----------------|---------------------------------|------------|--------|--------------------|----------------------------|------|--------------------|
| | | Date | Time | Pressure (in w.c.) | Date | Time | Pressure (in w.c.) |
| Manometer | 2.9 | 1/21/16 | 3:30pm | 2.9 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Comments (Any Repairs Made While Visiting, etc.): 2 systems - no manometer hook-up on sys under porch, though it is running.

Repairs

Additional Sealing Complete _____

* No drain plug present
System Done By Others



Sub-Slab and Sub-Membrane Depressurization Systems - O&M Inspection Form

Property Address: 162 S. Marquette
Tenant's Name: _____
Owner's Name: Peter Uttech
Owners Address (if Different from Property): _____

Temperature (Ambient): -4° F °F
Temperature (House): normal °F
Barometric Pressure: 30.3 "Hg
Weather Conditions: Clear, Very Cold

Inspector Name: P. + Cannon
Date: 11/18/16
Time: 9:30 AM

System Inspection

Is Fan Operating? _____
Any Unusual Fan Noises? _____
Are Vent Piping and Piping Joints Intact? _____
Any Caulking Required Around Piping Penetrations? _____
Is System Padlock Intact (System ON/OFF Switch)? _____
Is O&M Manual Present? _____
Any Areas in Need of Additional Sealing? _____
List Areas to be Sealed: _____
List Any Necessary System Repairs: _____

Yes No NA
 Yes No
 Yes No
 Yes No NA (no outside switch)
 Yes No - send one
 Yes No

Tenant Observations

Any Change in Fan Noise or Vibration? _____
Have you Turned the Fan OFF for Any Period of Time? _____
Reason? _____
Is Differential Pressure in the Manometer Outside of Normal Operating Range? _____
Is the System Manometer Steady? Yes No NA
Have You or the Owner Made any Changes to the Basement or Other Foundation? _____
Is So, What Were the Changes: _____

Yes No
Yes No NA

Yes No NA
Yes No

Measurements

| Sample Point ID | Post install Pressure (in w.c.) | Inspection | | | Post Repair (if Necessary) | | |
|-----------------|---------------------------------|------------|--------|--------------------|----------------------------|------|--------------------|
| | | Date | Time | Pressure (in w.c.) | Date | Time | Pressure (in w.c.) |
| Manometer | 2.2, 1.1 | 11/18/16 | 9:30am | 0.6 | | | |
| | | | | | | | |
| | | | | | | | |

Comments (Any Repairs Made While Visiting, etc.): 4" pipe, no ext. switch, ambig. initial vacuum reading ice forming on exhaust but operating - pipe reports some basement alterations made 6/11 (three mos. after system install)

Repairs
Additional Sealing Complete

Not our system. Installed by others.

Sub-Slab and Sub-Membrane Depressurization Systems - O&M Inspection Form

Property Address: 166 S. Marquette St.
 Tenant's Name: _____
 Owner's Name: Sharon Helmus
 Owners Address (if Different from Property): _____

Temperature (Ambient): 27 °F
 Temperature (House): Normal °F
 Barometric Pressure: 29.7 "Hg
 Weather Conditions: Warming clouds

Inspector Name: Tom Handwerker
 Date: 1/14/16 2016
 Time: 8:30 AM

System Inspection

- Is Fan Operating? Yes No NA
- Any Unusual Fan Noises? Yes No NA
- Are Vent Piping and Piping Joints Intact? Yes No NA
- Any Caulking Required Around Piping Penetrations? Yes No NA
- Is System Padlock Intact (System ON/OFF Switch)? Yes No NA
- Is O&M Manual Present? Yes No NA
- Any Areas in Need of Additional Sealing? Yes No NA

Yes No NA
 Yes No NA
 Yes No NA
 Yes No NA
 Yes No NA
 Yes No NA

List Areas to be Sealed: _____

List Any Necessary System Repairs: _____

Tenant Observations

- Any Change in Fan Noise or Vibration? Yes No
- Have you Turned the Fan OFF for Any Period of Time? Yes No NA

Reason? _____

- Is Differential Pressure in the Manometer Outside of Normal Operating Range? Yes No NA
 - Is the System Manometer Steady? Yes No NA
 - Have You or the Owner Made any Changes to the Basement or Other Foundation? Yes No
- Is So, What Were the Changes: _____

Measurements

| Sample Point ID | Post Install Pressure (in w.c.) | Inspection | | | Post Repair (if Necessary) | | |
|-----------------|---------------------------------|----------------|----------------|--------------------|----------------------------|------|--------------------|
| | | Date | Time | Pressure (in w.c.) | Date | Time | Pressure (in w.c.) |
| Manometer | <u>2.2</u> | <u>1/14/16</u> | <u>9:15 AM</u> | <u>2.2</u> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Comments (Any Repairs Made While Visiting, etc.): _____

Repairs

Additional Sealing Complete _____