

Inspection & Consulting

Michael Rousseau

**W.E.T.T. #390 Certified Master Technician/Master Sweep/
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Re: WETT Inspection report



Location of inspection: 1462 County Rd 8, Delta, ON K0E 1G0



5 June 2021

To whom it may concern,

This is to confirm that I have inspected the wood stove and venting installation at the above-described residential property (1462 County Rd 8, Delta, ON K0E 1G0). The scope, purpose and process” of a Level 1 Inspection are defined in the accompanying document provided by WETT INC.

All clearances and specifications of the ULC S627 approved Enviro model Kodiak 1700 FS wood stove meet or exceed those required by the Manufacturer’s listed installation instructions as per the certification label affixed to the rear of the appliance. The stove is connected to an approved Factory Built chimney Standard S 629 with listed double wall flue pipe requiring 6” clearance. See photos and inspection checklist connected to this report for details of appliance and venting. The entire report comprises 3 PDF documents and 8 photographs. All 11 elements are required to the complete report.

There are no deficiencies that can be ascertained using Level 1 inspection criteria.




Any questions concerning this installation may be directed to me using the contact information in the letterhead.

Michael Rousseau
WETT #390

This report is the result of a general visual inspection to determine compliance with C.S.A. B365-17. This Level 1 inspection is non-destructive and does not include inaccessible places or attics. Any recommendations are based on apparent and obvious conditions found as of this date. The report is intended only as a record of this inspection and no warranty of safety or function is implied since deterioration and use are beyond my control.



WETT RECOMMENDED INSPECTION CHECKLIST

Requested by: 	Inspection location: <input checked="" type="radio"/> Same as requested or:
Address: Location of inspection: 1462 County Rd 8 Delta, ON K0E 1G0	Address:
Email: 	Email:
Phone No.: 	Phone No.:
Inspector's name: Michael Rousseau	WETT No.: 390
Reason(s) for inspection: Condition of Sale	
Level of inspection requested: <input checked="" type="radio"/> Level 1 <input type="radio"/> Level 2 <input type="radio"/> Level 3	
Date of request:	Date of inspection: 5 June 2010

Note: inspection results shown are what was present/noted at time of inspection.

This report documents findings at the time of the inspection. Compliance is referenced to currently published applicable codes and standards.



WETT RECOMMENDED INSPECTION CHECKLIST

WOOD STOVE AND FLUE PIPE

Certification Standard: ULC S627 EPA CSA B415 Uncertified Unknown

Listing Agency: ULC CSA WH/ETL OTL Other: _____

Make: Enviro **Model:** Kodiak 1700FS **Serial #:** 127462

Installation manual available: Yes No **Flue Collar Size:** 6"

Alcove approved: N/A Yes No UTI

Mobile home approved: N/A Yes No UTI

Installed by: Hearth products store brockville **Date:** _____ Unknown: 2006

Installed in: Residence Mobile Home Combustible Alcove
 Garage Other: _____

Appliance location: Basement Main Floor Other (specify): _____

Connected to: Masonry chimney Masonry chimney with stainless steel liner
 Factory-built chimney Other (specify): _____

Does the unit share a venting system with another appliance: Yes No

Inspection Results: Indicate inspection results for each component. Code compliance includes proper use of listed components. N/A = Not Applicable UTI = Unable To Inspect.

All non-compliance ratings should be considered for comment.

An inspection at any level can be expected to include some components marked UTI.

CLEARANCES	REQUIRED	ACTUAL(S)	CODE COMPLIANCE			
1. Combustible side wall			<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
2. Combustible rear wall			<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
3. Combustible corner	8.5"	>9"	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
4. Top / ceiling	84"	>84"	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
5. Shielding rear			<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
6. Shielding right side			<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI

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7. Shielding left side			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
8. Shielding corner			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
9. Ember pad / material	per B365	grouted brick	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
10. Ember pad / front	18"	20"	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
11. Ember pad / rear	8"	>8"	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
12. Ember pad / right side	8"	>8"	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
13. Ember pad / left side	8"	>8"	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
14. Ember pad / corner	18/8/8		<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
15. Radiant heat protection / material			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
16.			
17.			
Flue Pipe Type: <input type="radio"/> Single-wall <input type="radio"/> Double-wall <input checked="" type="radio"/> ULC S641 Diameter: 6" _____			
18. Clearances	6"	>15"	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
19. Total length	<20'	<5'	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
20. Elbows	180	0	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
21. Fastening	per B365	per B365	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
22. Allowance for expansion	telescopic	telescopic	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
23. Flue pipe orientation	condensate down	condensate down	<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
24. Flue pipe slope			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
25. Material			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
26. Pipe shielding			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
27. Support			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
28.			
29.			
30.			
31. Connection to masonry chimney			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
32. Connection to factory-built chimney			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI

OTHER CONSIDERATIONS	COMMENTS
33. Outdoor air connection	not required
34. Carbon monoxide alarm	yes
35. Smoke alarm	yes

Additional information:

All clearances and specifications that can be ascertained using level 1 inspection criteria meet or exceed manufacturer's listed instructions.

There are no deficiencies that can be ascertained using "Level 1" inspection criteria.

Date: _____

File Reference #:  5 June 2021

File reference No.: _____

Photos taken: Yes No

This checklist contains 5 pages in total. This report contains 7 pages in total.

Comments and Observations:

All non-compliance ratings should be considered for comment.

Please attach additional page(s) for this section.

<i>Customer Signature:</i>	<i>Inspector Signature:</i> <i>Digital Signature:</i> Michael Rousseau <small>Digitally signed by Michael Rousseau Date: 2021.06.06 17:27:49 -04'00'</small>
<i>Date:</i>	<i>Date:</i>