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4/11/2025 2:38:03 PM

WORK ORDER

Daniel Kaylor DBA Trac 5

135 Arrow Ridge
McCaysville, GA 30555
(706) 455-7100

Customer #: 203783
Order #: 353473
Location #: 279383
Zone: B-002-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: Rough in 4 drops, Stove, FP, Furnace, W/H-T/I 7.5 Rinnai-Call
Daniel 706-455-7100 Invoice VM

4/15/25

Date Ordered: 4/11/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #203783

Name: DANIEL KAYLOR DBA TRAC 5

Address: 135 ARROW RIDGE

MCCAYSVILLE, GA 30555

Date: 4/15/25

Instructions: ROUGH IN 4 DROPS, W/H, STOVE, FP &
FURNACE T/I 7.5 RINNAI. CALL DANIEL 706-455-

Order #: 353473

7100 INVOICE VM

Disclaimer: This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

Appliance Check:

Appliance	RANGE		W/H					
Manufacturer	RHEEM		RINNAI					
Model #	RCF23617		RCU-VC 2528					
Serial #	W372452766		PH-CA 126998					
Burner/Combustion Chamber	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MFC	1622	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
____ PSI	____ PSI	____ Mins	<input type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
____ WC	____ WC	____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments:

Customer Acknowledgment: I acknowledge, by checking each of the following items, that:

- ☐ I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- ☐ I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- ☐ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas supply off at the tank or cylinder.
- ☐ I have smelled propane gas and can detect its odor.
- ☐ I have been told to consider installing one or more gas detectors.
- ☐ I have received safety information and told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

Service Technician (Print) Brian Bradley	Service Technician (Signature) Brian Bradley	Date 4-15-25
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 203783
Name DANIEL KAYLOR DBA TRAC 5
Address 135 ARROW RIDGE
MCCAYSVILLE, GA 30555

Date: 4/15/25
Instructions: T/I 7.5 RINNAI W3YR, ROUGHIN 4 DROPS
CALL DANIEL 706-455-7100 INVOICE VM
Order #: 353273

DESCRIPTION OF WORK
COMMENTS: <u>ROUGHED IN NEW BUILD FOR W/H-FURNACE, LOGSET</u> <u>AND COORPOR. ADJUSTED LABOR RATE FOR W/H PURCHASE</u> <u>TANK NOT ON SITE ATM</u>
SERVED BY: <u>BB/SL</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			1.5 HOUR	100.00/hr	INCLUDED IN
				100.00/hr	CONTRACTED
					PRICE

FOR OFFICE USE ONLY	
Performed leak check	Yes _____ No _____
Gas check attached	Yes _____ No _____
Leak check	Initial _____
Start Pressure	End Pressure Time Held System OK

% in Tank

AMOUNT REC'D
\$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/> CREDIT CARD

EXP. DATE _____
* I have received the Consumer Safety information & material.
* I am satisfied with the work performed.
* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.
* Signing agrees to <u>3</u> year contract for discount.
CUSTOMER SIGNATURE _____

Retail Price		Contract Price	
7.5 Rinnai	\$ 1673.00	\$ 1299.95	
Standard Vent Kit	\$ 426.95	\$ 0.00	
Standard Install	\$ 400.00	\$ 0.00	
Total	\$ 2499.95	\$ 1299.95	1299.95
Tank Set		New Cust Special	
L.P. Gas /Gal		L.P. Gas /Gal	
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total		Fuel Total	
Tank Lease/YR		1st yr Lease	
Total Materials			2735
Sub-Total			3798
Sales Tax			237.91
Tank Set Fee \$250		Tank Set Fee	
Safety Inspection \$129.95		\$29.95	
Total Labor			408
Total charges			4035.91
Prepay Bal On Account			
Safe Appliance Savings			1200.00
Safe Appliance Rebate			200.00
TOTAL BALANCE DUE			4035.91