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RINNAI WORK ORDER

Customer Acct #: 203537
Name PAUL SCHOFIELD
Address 1331 BELL RD
WATKINSVILLE GA 30677

Date: 4.22.25
Instructions: FINAL H/U
Order #: _____

DESCRIPTION OF WORK

COMMENTS: installed first stage connected to existing yard line customer
had to Long of a BiP so swapped out 2 inch for 1/2 by close with
90' performed leak test at 145psi for 10 minutes No leaks found
80% IN TANK All Appliances working correctly.

SERVED BY: MN

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
4.22.25	12:00 pm	1:30 pm	2.5	100.00/hr	\$250.00
	11:00 AM			100.00/hr	

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☐ No
Gas check attached ☒ Yes ☐ No
Leak check Initial MN

Start Pressure 145psi End Pressure 145psi Time Held 10 min System OK Yes

% in Tank 80%

AMOUNT REC'D

\$ _____

☐ CASH ☐ CHECK # _____

☐ 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 _____ year contract for discount.

Customer Not Home
CUSTOMER SIGNATURE

Emily Schofield

Retail Price

Contract Price

Rinnai \$

\$

Standard Vent Kit \$

\$

Standard Install \$

\$

Total \$

\$

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

\$8.14

Sub-Total

\$8.14

Sales Tax

8%

\$0.66

Tank Set Fee \$250

Tank Set Fee

Safety Inspection \$129.95

\$29.95

Total Labor

Total charges

Prepay Bal On Account

Safe Appliance Savings

\$200.00

TOTAL BALANCE DUE

\$258.80



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203537

Date 4.22.25

Name: PAUL SCHOFIELD

Instructions: FINAL H/U

Address: 1331 BELL RD

WATKINSVILLE GA 30677

Order #:

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	Cook stove	Water heater	Log lighter	Log set	Log lighter	
Manufacturer	Thermador		N/V	N/V	N/V	
Model #	PEL366WH/10	RX1991	N/V	NDV42361-B	N/V	
Serial #	3941102916500284	SLBA-198686	N/V	LL6378605	N/V	
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
325	M2313705	LA	ARC	2023	VIA	LA

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	MEC	1122	OSMAR24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	MEC	1222	28MAY24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11 12

Piping System Leak Test:**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
145 PSI	145 PSI	10 Mins	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> Yes
			<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: 80% IN TANK All Appliances Working Correctly

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)	Mason Nix	Service Technician (Signature)	Mason Nix	Date	4.22.25
Customer (Print)		Customer (Signature)	Paul Schofield	Date	