

4/23/2025 4:52:48 PM

WORK ORDER

Charlotte Randall dba Habitat for Humanity

754 Chapman Ford Road
Blairsville, GA 30512
(706) 897-4276

Customer #: 202941
Order #: 355268
Location #: 278381
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service @2549

Description: 4/29/25 250ag w200g, lines there. T/I 7.5 Rinnai w/3yr. Call
Austin 706-897-4276 Invoice VM

Date Ordered: 4/23/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Contract:

Manufact:

Notes:

Instructions:

Last Service:

SC Renewal:

Model:

Last Tune Up:

Service History:

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

Customer Account #: 202941

Date: 4/29/25

Name: CHARLOTTE RANDALL DBA HABITAT FOR HUMANITY

Instructions: T/I 250AG W/200G@2.599, LINES THERE
T/I 7.5 RINNAI W3YR CALL AUSTIN 706-897-4276

Address: 754 CHAPMAN FORD ROAD

INVOICE VM

BLAIRSVILLE, GA 30512

Order #: 355268

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	W/H					
Manufacturer	RINNAI					
Model #	RL75					
Serial #	PF. CA 087276					
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
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
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
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
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
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
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
Taken Out of Service	<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	<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
250	M2429708	GOOD	TRAR	2024	A/B	GOOD

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	R30	4/04/19	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.3
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input 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
10 PSI	10 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5 PSI	5 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WC	WC	Mins					

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)	Service Technician (Signature)	Date
BERNARD BRADLEY		4-29-25
Customer (Print)	Customer (Signature)	Date
C. WATERS		



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 202941

Date: 4/29/25

Name CHARLOTTE RANDALL DBA HABITAT FOR HUMANITY

Instructions: T/I 250W/200G@2.599. T/I 7.5 RINNAI

Address 754 CHAPMAN FORD ROAD

W/3YR CONTRACT CALL AUSTIN 706-897-4276. INVOICE

BLAIRSVILLE, GA 30512

Order #: 355268

DESCRIPTION OF WORK
COMMENTS: SET 250 W/10gax. T/I Rinnai 7.5
SERVICED BY: BB/S

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			1.5 HR	100.00/hr	INCLUDED IN CONTRACT PRICE
				100.00/hr	

FOR OFFICE USE ONLY	
Performed leak check	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gas check attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Leak check	Initial BB
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 3 year contract for discount.
CUSTOMER SIGNATURE

Retail Price	Contract Price	
7.5 Rinnai \$1673.00	\$1299.95	125
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 2.999	L.P. Gas /Gal 2.599	
Gallons 200	Gallons 200	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 599.80	Fuel Total 519.80	519.80
Tank Lease/YR 99.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		1488.35
Sales Tax		96.4
Tank Set Fee \$250	Tank Set Fee 20.00	20.00
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		1805.53
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		1499.35