

4/25/2025 11:14:24 AM

# WORK ORDER

## CHERYL SUITOR

1333 Lickskillet Circle  
Epworth, GA 30541  
(716) 531-2812

Customer #: 27819  
Order #: 355485  
Location #: 249891  
Zone: B-005-TUE-  
Terms: Net 30

Tech: \_\_\_\_\_

Map Code:

Service Code: Propane Service

Description: 05/02/2025 GO FIRST!! T/I 120AG W/100@3599 Call:  
716-531-2812 COD - JB

Date Ordered: 4/25/2025	Scheduled Date: 5	Est. Completion:	Start:	Stop:
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Name: HOUSE

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 #: **27819**

Date: **05/02/2025**

Name: **CHERYL SUTTON**

Instructions: **GO 1ST! 120AG W/100G@3.599.**

Address: **1333 LICKSKILLET CIRCLE**

CALL: **716-531-2812 COD - JB**

**EPWORTH, GA 30541**

Order #: **355485**

**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	water heater					
Manufacturer	Navian					
Model #	NPE-240 SZ					
Serial #	208922461919272					
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 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 type="checkbox"/> No

## Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
120	M2332466	Good	Triarc	2023	AG	Good

## Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego	LV404B39	07/2021	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
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
40 PSI	40 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments: **No flow and lock up, no power to unit.**

**\$711.30**

## 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
Alvin W. Wynn		5-2-25
Customer (Print)	Customer (Signature)	Date
Scott P. Sutton		5-2-25





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# RINNAI WORK ORDER

Customer Acct #: 27819  
Name CHERYL SUITOR  
Address 1333 LICKSKILLET CIRCLE  
EPWORTH, GA 30541

Date: 05/02/2025  
Instructions: GO FIRST! T/I 120AG W/100G@3.599  
CALL: 716-531-2812 COD - JB  
Order #: 355485

## DESCRIPTION OF WORK

COMMENTS: \_\_\_\_\_

SERVICED BY: \_\_\_\_\_

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

### 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

\$ \_\_\_\_\_

☐ 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 SIGNATURE

### Retail Price

### Contract Price

_____ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

### Tank Set

### New Cust Special

L.P. Gas /Gal <b>3.599</b>	L.P. Gas /Gal <b>3.599</b>	
Gallons <b>100</b>	Gallons <b>100</b>	
FRCC \$9.79	FRCC \$9.79	<b>9.79</b>
Fuel Total <b>359.90</b>	Fuel Total <b>359.90</b>	<b>359.90</b>
Tank Lease/YR <b>99.00</b>	1st yr Lease <b>99.00</b>	<b>99.00</b>

Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee <b>FREE</b>	<b>FREE</b>
Safety Inspection \$129.95	\$29.95	<b>29.95</b>
Total Labor		
Total charges		
Prepay Bal On Account		

Safe Appliance Savings	<b>350.00</b>
<i>Safe Appliance Rebate</i>	<i>200.00</i>

**TOTAL BALANCE DUE**