

Confirmed
TW

4/22/2025 9:31:08 AM

WORK ORDER

Gretchen Smith

326 Greenfield Rd
Morganton, GA 30560
(813) 918-4475

Customer #: 202551
Order #: 355029
Location #: 277898
Zone: B-009-WED-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 05/12/2025 T/I RINNAI RXP 160 + venting. T/I 250AG
w/200@2.599-existing lines. Call: 813-918-4475 \$ onsite - JB

| | | | | |
|-------------------------|-----------------|------------------|--------|-------|
| Date Ordered: 4/22/2025 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|-------------------------|-----------------|------------------|--------|-------|

| | | |
|---------------|--------------------------|---------------|
| Name: | Last Service: 10/11/2024 | Last Tune Up: |
| Contract: | SC Renewal: | |
| Manufact: | Model: | |
| Notes: | | |
| Instructions: | | |

Service History:

| Date | Invoice # | Tech | Problem Reported | Service Notes |
|------|-----------|------|------------------|---------------|
|------|-----------|------|------------------|---------------|



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202551

Date: 05/12/2025

Name: GRETCHEN SMITH

Instructions: T/I RINNAI RXP160 + VENTING.T/I 250AG

Address: 326 GREENFIELD ROAD

W/200G@2.599-EXISTING LINES. CALL: 813-918-4475
\$\$ ONSITE -- JB

MORGANTON, GA 30560

Order #: 355029

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 | Rinnai | | | | | |
| Model # | REU-NBP2530FF-US-N | | | | | |
| Serial # | RJ.BA-113087 | | | | | |
| Burner/Combustion Chamber | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 250 | A66611 | Good | National | 1987 | A6 | Good |

Regulator(s):

| Manufacturer | Model | Regulator Date | Regulator Venting | Flow/Delivery Pressure | Lock-Up Pressure |
|--------------|-------|----------------|---|--|------------------|
| Twin | | | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect | | |
| 1st | Rego | LV3403TR9 | 03/2025 | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | |
| 2nd | Rego | LV3403BY | 07/2024 | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 12.1 |

Piping System Leak Test:

Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass | Start Pressure | End Pressure | Time Held | Pass |
|----------------|--------------|-----------|---|----------------|--------------|-----------|---|
| 90 PSI | 90 PSI | 10 Mins | <input checked="" 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) | Alex Cab | Service Technician (Signature) | Date |
| Customer (Print) | Gretchen Smith | Customer (Signature) | Date 5/12/25 |



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RINNAI
WORK ORDER

Gas
566.55

Customer Acct #: 202551
Name GRETCHEN SMITH
Address 326 GREENFIELD RD
MORGANTON GA 30560

Date: 5-12-25
Instructions: T/I RINNAI RXP 160 NEED VENTING
T/I 250 W/200G @ 2.599 LINES THERE 813-918-4475
Order #: \$ ON SITE JB 355029

| DESCRIPTION OF WORK |
|--|
| COMMENTS: <u>INSTALLED RXP/60, AC/8P</u> |
| |
| |
| SERVICED BY: <u>AC/8P</u> |

| DATE | START TIME | FINISH TIME | TOTAL TIME | LABOR RATE | AMOUNT |
|----------------------------|------------|-------------|----------------------------|------------|-------------------------|
| 8-30 5-12-25 | 8:30 | 11:15 | 2.75 - 1.5 HR = 1.25 HR | 100.00/hr | INCLUDED IN CONTRACT |

| 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 |
| 90 | 90 | 10 | ✓ |

% in Tank 80

| 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 _____ year contract for discount. |
| <u>[Signature]</u> CUSTOMER SIGNATURE |

| Retail Price | | Contract Price |
|----------------------------|--------------------|---------------------|
| RXP Rinnai | \$ 2556.00 | \$ 2449.95 |
| Standard Vent Kit | \$393.95 | \$ 0.00 |
| Standard Install | \$ 400.00 | \$ 0.00 |
| Total | \$3349.95 | \$ 2449.95 |
| 2449.95 | | |
| 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 |
| Fuel Total | 599.80 | Fuel Total 519.80 |
| Tank Lease/YR | 99.00 | 1st yr Lease FREE |
| Total Materials | | |
| Sub-Total | | 3290.86 |
| Sales Tax | | 221.65 |
| Tank Set Fee \$250 | Tank Set Fee 20.00 | 20.00 |
| Safety Inspection \$129.95 | \$29.95 | 29.95 |
| Total Labor | | 125.00 |
| Total charges | | |
| Prepay Bal On Account | | |
| Safe Appliance Savings | | 1389.43 |
| Safe Appliance Rebate | | 800.00 |
| TOTAL BALANCE DUE | | 3572.52 |

4079.17