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5/14/2025 10:33:34 AM

WORK ORDER

Wayne Fussell

197 Fiddlers Cove
Blairsville, GA 30512
(772) 215-8658

Customer #: 203872
Order #: 362249
Location #: 279491
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 5-15-25 Final Hook Up -Install log set on site , Convert stove.
772-215-8658 CCOF Sm

Date Ordered: 5/14/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Contract:

Manufact:

Notes:

Instructions:

Last Service: 5/13/2025

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 #: 203872

Date: 5-15-25

Name: WAYNE FUSSELL

Instructions: **FINAL HOOKUP INSTALL LOG SET ON SITE
CONVERT STOVE CCOF SM 772-215-8658**

Address: 197 FIDDLERS VOVE
BLAIRSVILLE GA30512

Order #: 362249

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	<u>FURNACE</u>		<u>COOKTOP</u>		<u>LOGSET</u>	
Manufacturer	<u>RHCCM</u>		<u>GE</u>		<u>PETERSON</u>	
Model #	<u>R92MSH002120A</u>		<u>J6P5036</u>		<u>6-46-24-170</u>	
Serial #	<u>A250761934</u>		<u>NJ</u>		<u>2062334</u>	
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 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
<u>325</u>	<u>M2432045</u>	<u>GOOD</u>	<u>TR-ARC</u>	<u>2024</u>	<u>4/G</u>	<u>GOOD</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>RESO</u>	<u>3404TR9</u>	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>R40</u>	<u>3403B4</u>	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.6</u>	<u>12.5</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>50</u> PSI	<u>50</u> PSI	<u>10</u> Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input 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) <u>BRIAN BRADLEY</u>	Service Technician (Signature) 	Date <u>5-16-25</u>
Customer (Print) <u>CNAFS</u>	Customer (Signature) 	Date _____



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RINNAI WORK ORDER

Customer Acct #: 203872

Date: 05/13/2025

Name: WAYNE FUSSELL

Instructions: T/I 325UG W/260G@2.599-RIN N YARD LINE

Address: 197 FIDDLERS COVE
BLAIRSVILLE, GA 30512

+ ANODE BAG - TEST ANODE. JOHNNY TO BURY.
CALL: 772-215-8658 CCOF - JB
Order #: 360902

DESCRIPTION OF WORK

COMMENTS:

SERVED 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

Retail Price

Contract Price

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

Tank Set

New Cust Special

L.P. Gas /Gal 2.999	L.P. Gas /Gal 2.599
Gallons 260	Gallons 260
FRCC \$9.79	FRCC \$9.79
Fuel Total 779.74	Fuel Total 675.74
Tank Lease/YR 129.00	1st yr Lease FREE

9.79
675.74

FREE

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

Total Materials		
Sub-Total		
Sales Tax		
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		579.31
Safe Appliance Rebate 300.00		
TOTAL BALANCE DUE		