

WORK ORDER**Matt Campbell**

2135 Dial Rd.
Blue Ridge, GA 30513
(386) 527-9727

Customer #: 203903
Order #: 362254
Location #: 279529
Zone: B-010-THU-
Terms: COD

Tech: _____

Map Code:

Service Code: Propane Service

Description: T/I 120 w/100g @ 3.599 Run line connect to outdoor w/h
already installed. CCOF Sm 386-527-9727

5-16-25

Date Ordered: 5/14/2025	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 #: 203903

Date: 5-16-25

Name: MATT CAMPBELL

Instructions: T/I 120 W/100G @ 3.599 RUN LINE CONN

Address: 2135 DIAL RD

TO OUTDOOR W/H ALREADY THERE. CCOF SM

BLUE RIDGEE GA 30513

Order #: 362254

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 #	V53Pe					
Serial #	SPICA000953					
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
120	M2237862					

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin Rego	4041339	10-29	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.6	12.9
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
100 PSI	100 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	25 PSI	10 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) BRIAN BRADLEY	Service Technician (Signature) 	Date 5.16.25
Customer (Print) MATT CAMPBELL	Customer (Signature) 	Date



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RINNAI WORK ORDER

Customer Acct #: 203903
Name MATT CAMPBELL
Address 2135 DIAL RD
BLUE RIDGE GA 30513

Date: 5-16-25
GO 1ST
Instructions: T/I 120 W/100G @ 2.599 RUN LINE
CONNECT TO W/H OUSTSIDE ALREADY THERE. CCOF SM
Order #: 362254

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
\$ _____
<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.
CUSTOMER SIGNATURE _____

Retail Price		Contract Price
Rinnai	\$	\$
Standard Vent Kit	\$	
Standard Install	\$	
Total	\$	\$
Tank Set		New Cust Special
L.P. Gas /Gal	3.599	L.P. Gas /Gal 3.599
Gallons	100	Gallons 100
FRCC	\$9.79	FRCC \$9.79
Fuel Total	359.00	Fuel Total 359.00
Tank Lease/YR	99.00	1st yr Lease 99.00
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee	\$250	Tank Set Fee
Safety Inspection	\$129.95	\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		350.00
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		