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RINNAI WORK ORDER

Customer Acct #: 203819
Name JOHN GABLE
Address 127 BILLIE DEAN DR
JEFFERSON GA 30549

Date: 5.21.25
Instructions: SET LEASE 325AG W/260 GALS @ \$2.599
RUN LINE FROM TANK TO HOME AND H/U, ALSO T/I
Order #: RINNAI RXP199

DESCRIPTION OF WORK

COMMENTS: Set Leased 325 W 260 gallons installed 2 psi
System installed maxi troll on manifold and generator
installed and H/V rinnai performed leak test at 150 psi
for 10 minutes no leaks found 80% IN TANK

SERVICED BY: MN KS

| DATE | START TIME | FINISH TIME | TOTAL TIME | LABOR RATE | AMOUNT |
|---------|------------|-------------|------------|------------|--------|
| 5.23.25 | 12:30 | 4:30 | 4 | 100.00/hr | \$250 |
| | | | | 100.00/hr | |

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☐ No
Gas check attached ☒ Yes ☐ No
Leak check Initial MN KS

Start Pressure 150 End Pressure 150 Time Held 10 System OK Yes

% in Tank 80% IN TANK

AMOUNT REC'D

\$

☐ CASH ☐ CHECK #

☐ CREDIT CARD

CCCF

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 Not Here

CUSTOMER SIGNATURE

| Retail Price | | Contract Price |
|------------------------|------------|-----------------------|
| Rinnai RXP199 | \$3,092.00 | \$2,899.95 |
| 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 | \$786.24 | Fuel Total \$682.24 |
| Tank Lease/YR | \$99 | 1st yr Lease FREE |
| Total Materials | | \$3424.59 |
| Sub-Total | | \$1166.84 |
| Sales Tax | | 7% \$287.48 |
| Tank Set Fee | \$250 | Tank Set Fee |
| Safety Inspection | \$129.95 | \$29.95 |
| Total Labor | | |
| Total charges | | |
| Prepay Bal On Account | | |
| Safe Appliance Savings | | \$200.00 |
| TOTAL BALANCE DUE | | \$4644.32 |



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **203819**Date: **5.21.25**Name: **JOHN GABLE**Instructions: **SET LEASE 325AG W/260 GALS @ \$2.599**Address: **127 BILLIE DEAN DR****RUN LINE FROM TANK TO HOME AND H/U, ALSO T/I****JEFFERSON GA 30549**Order #: **RINNAI RXP199**

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 # | RXP199i | | | | | |
| Serial # | SK BA-166148 | | | | | |
| 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 |
|------|-----------|-----------------------------|--------------|------------------|----------|----------------|
| 325 | 2SH045273 | ✓ | AMERICAN | 1997 | A/U | ✓ |

Regulator(s):

| Manufacturer | Model | Regulator Date | Regulator Venting | Flow/Delivery Pressure | Lock-Up Pressure |
|---------------------------|-------|----------------|--|------------------------|------------------|
| 2nd 2PSI 1st MEC | 1622E | 07 APR 14 | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 10.5 | 11.5 |
| MEC | 1122H | 08 NOV 24 | <input checked="" 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 |
|----------------|--------------|-----------|---|----------------|--------------|-----------|---|
| 150 PSI | 150 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: **80% IN TANK All Appliances Working correctly****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) Mason Nix | Service Technician (Signature) Mason Nix | Date 5.23.25 |
| Customer (Print) Customer Not Here | Customer (Signature) | Date |