



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 203853

Date: 5.23.25

Name: CORY FULKS

Instructions: FINAL H/U + TEST ANODE

Address: 305 AIDENS BLUFF

Order #:

HOSCHTON GA 30548

DESCRIPTION OF WORK

COMMENTS: Installed first stage and connected to yard line. performed leak test at 100 psi for 15 mins no leaks found. ~~For~~ hot water heater out of service due to it not being vented. 80% in tank. All other appliances in working condition.

SERVICED BY: JD Customer will call back for water heater h/u

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
5/23/25	10:30	11:30	1 hr 20 mins	100.00/hr	150.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☐ No

Gas check attached ☒ Yes ☐ No

Leak check Initial JD

Start Pressure End Pressure Time Held System OK
100 100 10 mins 745

% in Tank 80%

AMOUNT REC'D

\$

☐ CASH ☐ CHECK #

☐ CREDIT CARD

CCof

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 not here

CUSTOMER SIGNATURE

Retail Price

Rinnai \$

Contract Price

\$

Standard Vent Kit \$

\$

Standard Install \$

\$

Total \$

\$

Tank Set

New Cust Special

L.P. Gas /Gal

L.P. Gas /Gal

Gallons

Gallons

FRCC \$9.79

FRCC \$9.79

Fuel Total

Fuel Total

Tank Lease/YR

1st yr Lease

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

\$300.00

TOTAL BALANCE DUE

150.00



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203853

Date: 5.23.25

Name: CORY FULKS

Instructions: FINAL H/U + TEST ANODE

Address: 305 AIDENS BLUFF

HOSCHTON GA 30548

Order #:

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	cooktop	logster	furnace	water heater		
Manufacturer	Wh. / Posi	Pentalis	Lennor	Bradford		
Model #	WCC-KS036P500	NDV12361-B	CK404-486-71	R627576x		
Serial #	D00413327	L41700851	K25B62211	A453926655		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Sediment Trap	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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
20	02418931	100%	Tri	2024	11/8	100%

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Mer	1122	03 SEP 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Mer	1222	26 Jun 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11" 12"

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"/> Yes
			<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)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date