

5/28/2025 3:42:41 PM

WORK ORDER

Paige Powell

45 Old Covered Bridge Drive
Cherry Log, GA 30522
(706) 254-1973

Customer #: 203047
Order #: 363954
Location #: 278517
Zone: B-010-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 06/09/2025 T/I Rinnai 7.5 + venting, 29 gauge steel wall. Call:
(706) 254-1973 CCOF - JB

Date Ordered: 5/28/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 1/1/2025

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **203047**

Date: **6-9-25**

Name: **PAIGE POWELL**

Instructions: **T/I RINNAI 7.5 + VENTING 29 GAUGE
STEEL WALL. CCOF JB 706-254-1973**

Address: **45 OLD COVERED BRIDGE DR**

Order #: **203047**

CHERRY LOG GA 30522

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	Stove		w/H			
Manufacturer	LG		Rinnai			
Model #	LRGL5823S-FS1ELGA		REV-VC2528FFUD-US(A)-P			
Serial #	501mmLA0U344		CA-086847			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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	<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 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	M2242117	good	Arco	2022	Ag	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	Rago 3403TR	3/25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rago 3403B4	11/24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12.6	13.0

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
115 PSI	115 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" 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) Stephen Lewis	Service Technician (Signature) <i>Stephen Lewis</i>	Date 6-9-25
Customer (Print)	Customer (Signature) <i>Paige Powell</i>	Date



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RINNAI WORK ORDER

Customer Acct #: 203047
Name PAIGE POWELL
Address 45 OLD COVERED BRIDGE DR
CHERRY LOG GA 30522

Date: 6-9-25
Instructions: T/I RINNAI 7.5 + VENTING 29 GAUGE
STEEL WALL CCOF JB 706-254-1973
Order #: 363954

DESCRIPTION OF WORK

COMMENTS: Installed Rinnai 7.5 AC/SL

SERVICED BY: AC/SL

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
6-9-25	9:30	11:30	1.5 HR	100.00/hr	INCLUDED IN PRICE
		2 HR	1.5 HR = 1.5 HR	100.00/hr	50.00

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
115 115 10 ✓

% in Tank

78

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

Retail Price

Contract Price

7.5 Rinnai	\$1673.00	\$ 1299.95
Standard Vent Kit	\$426.95	\$ 0.00
Standard Install	\$400.00	\$ 0.00
Total	\$2499.95	\$ 1299.95
		1299.95

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 1200.00

Safe Appliance Rebate

TOTAL BALANCE DUE

1739.84