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**RINNAI
WORK ORDER**

Customer Acct #: 6870
 Name ALEX LITTLE
 Address 3815 CEDAR CREEK RD
GAINESVILLE GA 30507

Date: 11.26.24
 Instructions: S/O LEASED 120 A/G W/325AG & 260 GALS
T/I 7.5 RINNAI (\$1,299.95) AND SERVICE LOGSET
 Order #:

DESCRIPTION OF WORK

COMMENTS: Set 325 AG w/260 gals. Picked up leased 120 Ag w/w/c cap. Ran new vent
line and hooked up generator and water heater. Ran line to and installed 7.5 Full install.
Tested and working. Serviced log set also. Performed leak test @ 110 psi for 15 min. No
leaks found.

SERVICED BY: MH/KS/00

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>11-26-24</u>	<u>12:30</u>	<u>4:30</u>	<u>4</u>	100.00/hr	<u>250.00</u>
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial KS

Start Pressure 110 End Pressure 110 Time Held 10 System OK

% 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.

[Signature]
 CUSTOMER SIGNATURE

Retail Price	Contract Price
<u>7.5 Rinnai \$ 2,602.95</u>	<u>\$ 1,299.95</u>
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	

TOTAL BALANCE DUE 418.65



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 6870

Date: 11.26.24

Name: ALEX LITTLE

Instructions: S/O LEASED 120 A/G W/325AG & 260 GALS

Address: 3815 CEDAR CREEK RD

T/I 7.5 RINNAI (\$1,299.95) AND SERVICE LOGSET

GAINESVILLE GA 30507

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	Generator	Log Set	Water Heater			
Manufacturer	<i>Kohler</i>	<i>Empire</i>	<i>Rinnai</i>			
Model #	<i>CH100EP-3013</i>	<i>VESE 24-1</i>	<i>RL751 P</i>			
Serial #	<i>S414111213</i>	<i>15419281648</i>	<i>REU-VC2528FFUD-US (A)-P</i>			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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	<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 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	<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 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 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 checked="" 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 checked="" 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
<i>325</i>	<i>25H0 45329</i>	<i>Good</i>	<i>American</i>	<i>1997</i>	<i>AG</i>	<i>Good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	<i>MEC</i>	<i>19 Jan 16</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<i>MEC</i>	<i>15 Dec 23</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<i>Rego</i>	<i>02 2024</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<i>10.5</i>	<i>11.5</i>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>110</i> PSI	<i>110</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>15</i> PSI	<i>15</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
____ WC	____ WC	____ Mins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments: *80% in tank*

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)	<i>Kevin Smeat</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	<i>11-26-2024</i>
Customer (Print)	<i>Alex Little</i>	Customer (Signature)	<i>[Signature]</i>	Date	