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**RINNAI  
WORK ORDER**

Customer Acct #: 202842  
 Name ALEX ROSHAN  
 Address 3676 GALILEE CHURCH RD  
JEFFERSON GA 30549

Date: 11.22.24  
 Instructions: SET LEASE 500AG W/400 GALS @ \$2.999  
RUN LINE AND CONNECT TO STUB, CONVERT WATER  
 Order #: \_\_\_\_\_ HEATER

**DESCRIPTION OF WORK**

**COMMENTS:** Set leased 500 A/G w/400 gals. Run line from tank to stub out. Installed second stage regulator. Installed monitor. PIC Formed leak test at 90 PSI for 10 mins. No leaks found. Also converted nat gas water heater. 80% in tank.  
**SERVICED BY:** OD-KS

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
11-22-24	1:45	2:30	1 hr 45 min	100.00/hr	175.00
				100.00/hr	

**FOR OFFICE USE ONLY**

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

Start Pressure 90 End Pressure 90 Time Held 10mins System OK YES

% in Tank 80%

**AMOUNT REC'D**

\$ \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_

CREDIT CARD one time use only

# 3713 352033 39008

EXP. DATE 11/29

\* 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
Rinnai \$		\$
Standard Vent Kit \$		\$
Standard Install \$		\$
Total \$		\$
Tank Set	New Cust Special	
L.P. Gas /Gal	L.P. Gas /Gal	<b>\$2.999</b>
Gallons	Gallons	<b>400 GALS</b>
FRCC \$9.79	FRCC \$9.79	<b>\$6.50</b>
Fuel Total	Fuel Total	<b>\$1,206.10</b>
Tank Lease/YR	1st yr Lease	<b>\$99.00 FREE</b>
Total Materials		<b>465.84</b>
Sub-Total		<b>1671.85</b>
Sales Tax		<b>117.03</b>
Tank Set Fee \$250	Tank Set Fee	
Safety Inspection \$129.95	\$29.95	
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		<b>\$500.00</b>
<b>TOTAL BALANCE DUE</b>		<b>1963.88</b>



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202842

Date: 11.22.24

Name: ALEX ROSHAN

Instructions: SET LEASE 500AG W/400 GALS @ \$2,999

Address: 3676 GALILEE CHURCH RD

RUN LINE AND CONNECT TO STUB, CONVERT WATER

JEFFERSON GA 30549

Order #: HEATER

**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	<u>warehouse</u>	<u>Furnice</u>	<u>Furnice</u>			
Manufacturer	<u>Nation</u>	<u>Carrier</u>	<u>Carrier</u>			
Model #	<u>NPE-240A2(4)</u>	<u>N/V</u>	<u>N/V</u>			
Serial #	<u>2487W2412408907</u>	<u>1424007972</u>	<u>1424010242</u>			
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 checked="" 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 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
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
<u>500</u>	<u>304787</u>	<u>Good</u>	<u>Quality</u>	<u>1990</u>	<u>A/G</u>	<u>Good</u>

### Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>MCC</u>	<u>1122</u>	<u>11 Jan 24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>MCC</u>	<u>1222</u>	<u>24 Oct 23</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>10"</u> <u>11"</u>

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>90</u> PSI	<u>90</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes
___ WC	___ WC	___ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: 80% in town

### Customer Acknowledgment:

- 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) <u>OWEN DILLS</u>	Service Technician (Signature) <u>OWEN DILLS</u>	Date <u>11/22/24</u>
Customer (Print) <u>[Signature]</u>	Customer (Signature) <u>[Signature]</u>	Date