



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202409

Date: 10/30/2024

Name: Wally Stover - Hermann Job

Instructions: Final hook up to house and generator;

Address: 32 Tanager Trail

3/4 Poly lines already there and in place;

Ellijay, GA 30536

Order #: 276986

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	Manufacturer	Model #	Serial #	Burner/Combustion Chamber	Manual Shutoff	Sediment Trap	Pilot Safety System	Electronic Ignition System	Venting System	Combustion Air	Taken Out of Service
FURNACE	GENNOY	CX-35-36B-6F20	1524A19942	<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"/> 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"/> Yes <input checked="" type="checkbox"/> No
GENSET	GENERAC	600704311	3015392252	<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"/> 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"/> Yes <input checked="" type="checkbox"/> No
W/H	MAVIEN			<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"/> 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"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
1000	282001322	6-000	QUARTZ	1995	V/G	6/6

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	RESO	340947R	10-23	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	RESO	3409B4	10-23	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1
					12.6

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
75 PSI	75 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

Comments:

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>BRIAN BRADLEY</u>	Service Technician (Signature) 	Date <u>10-30-24</u>
Customer (Print) <u>L NAFS</u>	Customer (Signature) 	Date



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RINNAI WORK ORDER

Customer Acct #: 202410
 Name WALLY STOVER - WEBER JOB
 Address 36 WOHALI KNOB TRAIL
ELLIJAY, GA 30540

Date: 9/10/24
 Instructions: DROP 1000UGW/50G@2.999 DROP 2 ANODE BAGS, AND 40 FEET 1/2" POLY AND TRACER TAPE. CALL 706-273-6514. EMAIL INVOICE.
 Order #: 261866

DESCRIPTION OF WORK
COMMENTS:
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

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 _____

% in Tank

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	
_____ Rinnai	\$	\$	
Standard Vent Kit	\$	\$	
Standard Install	\$	\$	
Total	\$	\$	
Tank Set		New Cust Special	
L.P. Gas /Gal	3.299	L.P. Gas /Gal	2.999
Gallons	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	164.95	Fuel Total	149.95
Tank Lease/YR		1st yr Lease	149.95
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	FREE
Safety Inspection	\$129.95		FREE
Total Labor			29.95
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			366.05
TOTAL BALANCE DUE			