



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202742
 Name: Keith Sumner dba Sumner Custom Mountain Homes
 Address: Fairview Lane Lot 28
Morganton, GA 30560

Date: 11/11/2024
 Instructions: Final hook up to House; call Joe
(706) 889-6322; Email invoice
 Order #: 283947

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	FURNACE	LINEARFA	LOGLITER
Manufacturer	RHEEM	TRAVIS IND.	NV
Model #	RCF236175TAMCA	PV	NV
Serial #	W172377976	NV	NV
Burner/Combustion Chamber	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No
Manual Shutoff	<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 type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<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 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 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	M2432749	GOOD	TRIAR	2024	U/G	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	Rego	3404TR	8-23		
2nd	Rego	3404B4	02-23	11.6	12.1

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	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
___ WC	___ WC	___ Mins	<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) <u>BRIAN BRADLEY</u>	Service Technician (Signature) 	Date <u>11 NOV 24</u>
Customer (Print) <u>CMAFS</u>	Customer (Signature) 	Date



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RINNAI WORK ORDER

Customer Acct #: 202742
 Name Keith Sumner dba Mountain Homes
 Address Fiarview Lane Lot 28
Morganton, GA 30560

Date: 11/05/2024
 Instructions: Drop 500UG w/50gal @2.999g; Drop Anode Bag; Drop 75 ft of 3/4 inch line; They bury; Joe (706) 889-6322; Email Invoice
 Order #: 280826

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	9.79
Fuel Total 164.95	Fuel Total 149.95	149.95
Tank Lease/YR 129.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee 20.00	20.00
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		484.08
TOTAL BALANCE DUE		