



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202644  
 Name: CHRIS RAPP  
 Address: 875 Old Mill Road  
Mineral Bluff, GA 30559

Date: 10/29/2024  
 Instructions: Drop In 500UG w/150gal @2.999g Pump  
Existing: T/I Monitor; Going on Auto;  
Drop Anode Bag; Chris (954) 548-1580; CCOF  
 Order #: 274812

**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   | Generator   | Furnace   |  |  |  |
|----------------------------|---|---|---|--|--|--|
| Manufacturer               | Cafe  | Generac   | Int'l Comfort   |  |  |  |
| Model #                    | C2S950P2M351  | G0072910  | PGD430060KTP041   |  |  |  |
| Serial #                   | G2172912P   | 3015445807  | F220148531  |  |  |  |
| 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 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 | <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 |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 500  | M2432562 | Good                        | Tri Arc      | 2024             | UG       | 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 3403TR  | 12c-2030 <sup>23</sup> | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                        |                  |
| 2nd          | Rego 4403E66 | 04d24                  | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 11.3                   | 13.2             |

### Piping System Leak Test:

### Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass                                    | Start Pressure | End Pressure | Time Held | Pass                                    |
|----------------|--------------|-----------|---|----------------|--------------|-----------|---|
| 90 PSI         | 90 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) | Alex Cash | Service Technician (Signature) |  | Date |
| Customer (Print)           | C RAPP    | Customer (Signature)           |  | Date |



www.folgergas.com

**RINNAI  
WORK ORDER**

Customer Acct #: 202644  
 Name Chris Rapp  
 Address 875 Old Mill Road  
Mineral Bluff, GA 30559

Date: 10/29/2024  
 Instructions: Drop In 500UG w/150gal @2.999g;  
Pump Existing; T/I Monitor; Going on Auto; Chris  
(954) 548-1580; CCOF i Drop Anode Bag  
 Order #: 274812

| 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                 | <b>3.299</b>  | L.P. Gas /Gal    | <b>2.999</b>  |
| Gallons                       | <b>150</b>    | Gallons          | <b>150</b>    |
| FRCC                          | \$9.79        | FRCC             | \$9.79        |
| Fuel Total                    | <b>494.85</b> | Fuel Total       | <b>449.85</b> |
| Tank Lease/YR                 | <b>129.00</b> | 1st yr Lease     | <b>FREE</b>   |
| Total Materials               |               |                  |               |
| Sub-Total                     |               |                  |               |
| Sales Tax                     |               |                  |               |
| Tank Set Fee                  | \$250         | Tank Set Fee     | <b>20.00</b>  |
| Safety Inspection             | \$129.95      |                  | <b>29.95</b>  |
| Total Labor                   |               |                  |               |
| Total charges                 |               |                  |               |
| Prepay Bal On Account         |               |                  |               |
| <b>Safe Appliance Savings</b> |               |                  | <b>516.18</b> |
| <b>TOTAL BALANCE DUE</b>      |               |                  |               |