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# RINNAI WORK ORDER

Customer Acct #: 202757  
 Name MARC NICHOLSON  
 Address GREEN RIDGE TRAIL LOT #20  
BLUE RIDGE GA 30513

Date: 11-6-24  
 Instructions: DROP OFF 325UG W/50G @ 2.999  
ONE ANODEBBAG THEY WILL BURY MARC 706-455-10  
 Order #: 283314

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>32.99</b>	L.P. Gas /Gal	<b>2.999</b>
Gallons	<b>50</b>	Gallons	<b>50</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>164.95</b>	Fuel Total	<b>149.95</b>
Tank Lease/YR	<b>129.00</b>	1st yr Lease	<b>FREE</b>
Total Materials			<b>FREE</b>
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20/00</b>
Safety Inspection	\$129.95		<b>20.00</b>
Total Labor			<b>29.95</b>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>484.08</b>
TOTAL BALANCE DUE			



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202757  
 Name: Marc Nicholson  
 Address: Green Ridge Trail Lot #20  
Blue Ridge, GA 30513

Date: 11/12/2024  
 Instructions: Run lines W/H, stove, logs, Duel Furnace gas lantern and fire starter. Install logs (on site), lantern and T/I fire starter. Sm  
 Order #: 283317 (706) 455-1078 Marc Gate Code 7124

**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	W H	Furnace	LL
Manufacturer	<u>Kitchen Aid</u>	<u>Rinnig</u>	<u>TempStar</u>	<u>NV</u>
Model #	<u>KFDC558J521</u>	<u>KEU-NBP237FF</u>	<u>R9245N0601719A</u>	<u>NV</u>
Serial #	<u>DD1301109</u>	<u>SA.BA-003740</u>	<u>A240459366</u>	<u>NV</u>
Burner/Combustion Chamber	<input 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
Manual Shutoff	<input 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input 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
Electronic Ignition System	<input 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
Venting System	<input 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 checked="" 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 checked="" type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No

### Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>325</u>	<u>M2322261</u>	<u>Good</u>	<u>Trinity</u>	<u>2023</u>	<u>UG</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>Rego</u>	<u>3403TR9</u>	<u>12/23</u>		
2nd	<u>MEC</u>	<u>1622</u>	<u>18/23</u>	<u>11.4</u>	<u>13.2</u>

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>80</u> PSI	<u>80</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	___ PSI	___ PSI	___ Mins	<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)	Service Technician (Signature)	Date
	<u>[Signature]</u>	<u>11-12-24</u>
Customer (Print)	Customer (Signature)	Date
<u>CNP</u>	<u>[Signature]</u>	