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# RINNAI WORK ORDER

Customer Acct #: 202802  
 Name WESLEY BENNETT  
 Address 9695 JEFFERSON RIVER RD  
ATHENS GA 30607

Date: 11.21.24  
 Instructions: FINAL H/U , T/I MONITOR  
 Order #: \_\_\_\_\_

## DESCRIPTION OF WORK

**COMMENTS:** Installed first and second stage and completed yard line and stub out. installed monitor. Performed leak test at 65 PSI for 10 mins. no leaks found. 80% in tank.  
**SERVICED BY:** OD

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>11/21/24</u>	<u>10:30</u>	<u>11:15</u>	<u>45 min</u>	<u>100.00/hr</u>	<u>100.00</u>
				<u>100.00/hr</u>	

**FOR OFFICE USE ONLY**

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

Start Pressure 65 End Pressure 65 Time Held 10 min System OK YES

% in Tank 80%

### 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.

[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	
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total		Fuel Total	
Tank Lease/YR		1st yr Lease	
Total Materials			<u>157.95</u>
Sub-Total			
Sales Tax		<u>7%</u>	<u>11.07</u>
Tank Set Fee \$250		Tank Set Fee	
Safety Inspection \$129.95		\$29.95	
Total Labor			<u>100.00</u>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<u>\$200.00</u>
<b>TOTAL BALANCE DUE</b>			<u>269.00</u>



# PROPANE GAS PIPING SYSTEM CHECK

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**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>Water Heater</u>					
Manufacturer	<u>Navion</u>					
Model #	<u>NPE-240A2(NF)</u>					
Serial #	<u>20872211914190</u>					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<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	<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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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
<u>250</u>	<u>480038</u>	<u>Good</u>	<u>QUALITY</u>	<u>1995</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>26 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>65</u> PSI	<u>65</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: 80% in tank

**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) <u>Jimmy</u>	Date <u>11/21/24</u>
Customer (Print) <u>LUKE BENNETT</u>	Customer (Signature) <u>[Signature]</u>	Date <u>11/21/24</u>