



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202480

Date: 12.17.24

Name: DANNY CHILBRESS

Instructions: H/U TO LANTERNS AND WATER HEATERS

Address: 380 KENNEDY SELLS RD NW

AUBURN GA 30011

Order #:

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	Water Heater	Water Heater	Water Heater				
Manufacturer	Navien	Navien	Mr. Copper Smith				
Model #	NPE-240A21UC	NPE-240A21UC	NHL-30G				
Serial #	268781470502A	268702400572A	N/A				
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	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<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 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	<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	<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	<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	<input type="checkbox"/> Ok
Taken Out of Service	<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	<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
1000	25F013712	Good	American	1997	A/G	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twir:			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st MEC	1122	04 Mar 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd Rego	W44C3B66	022024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12.5	11.5

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
80 PSI	80 PSI	10 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): Kevin Smart	Service Technician (Signature): <i>[Signature]</i>	Date: 12-13-2024
Customer (Print): Cust. not here to sign	Customer (Signature): <i>[Signature]</i>	Date:



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RINNAI WORK ORDER

Customer Acct #: 202480
 Name DANNY CHILDRESS
 Address 380 KENNEDY SELLS RD NW
AUBURN GA 30011

Date: 12.17.24
 Instructions: H/U TO LANTERNS AND WATER HEATERS
 Order #: _____

DESCRIPTION OF WORK

COMMENTS: Connected 1st Stage regulator, swapped out 2nd stage regulator at no extra charge (2psi regulator wasn't required). Found and repaired multiple leaks on lanterns. Cut off for leg lighter was faulty so the branch line was removed from tank line and plugged. Connected and converted both Navian water heaters. Performed leak test @ 80psi for 10 min. Initial
SERVICED BY: found 80% in tank AS

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>12-17-2024</u>			<u>3.5</u>	100.00/hr	<u>\$350.00</u>
				100.00/hr	

FOR OFFICE USE ONLY

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

Start Pressure 80 End Pressure 80 Time Held 10 System OK

% 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.

 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>34.13</u>
Sub-Total			<u>34.13</u>
Sales Tax		<u>8%</u>	<u>2.74</u>
Tank Set Fee \$250		Tank Set Fee	
Safety Inspection \$129.95		\$29.95	
Total Labor			<u>350.00</u>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<u>\$400.00</u>
TOTAL BALANCE DUE			<u>\$386.87</u>