

# WORK ORDER

## Charles Barnett

467 Beaver Cove Road  
 Turtletown, TN 37391  
 (818) 802-4119

Customer #: 202093  
 Order #: 298245  
 Location #: 266666  
 Zone: B-001-MON-  
 Terms: COD

Tech: \_\_\_\_\_

**Map Code:**

**Service Code:** Propane Service

**Description:** ~~12/16/24~~ - T/I 2 - R1199 W/3YG CONTRACT. ALREADY VENTED. CONVERT AND HOOK UP STOVE. KIT ON SITE. CALL MATT 706-455-0577. EMAIL INVOICE TO MATT BUTLER - CT

12/17

<b>Date Ordered:</b> 12/16/2024	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:** Heating System

**Last Service:** 6/21/2024

**Last Tune Up:**

**Contract:**

**SC Renewal:**

**Manufact:**

**Model:**

**Notes:**

**Instructions:**

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# RINNAI WORK ORDER

Customer Acct #: 202093  
 Name CHARLES BARNETT  
 Address 467 BEAVER COVE ROAD  
TURTLETOWN, TN 37391

Date: 12/17/24  
 Instructions: T/I 2 - RX199 W/3YR CONTRACT. ALREADY VENTED. CONVERT AND HOOK UP STOVE. KIT ON SITE.  
CALL MATT 706-455-0577  
 Order #: 298245

DESCRIPTION OF WORK
COMMENTS: <u>T/I 2 CA RX199. HUNG, VENTED AND TIED IN. CONVERTED RANGE</u>
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			<u>-(1.5 HR)</u>	100.00/hr	INCLUDED IN CONTRACT PRICE
			<u>12</u>	100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No

Gas check attached  Yes  No

Leak check Initial BD

Start Pressure 65 End Pressure 65 Time Held 10 System OK

% in Tank 85%

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 3 year contract for discount.

\_\_\_\_\_  
 CUSTOMER SIGNATURE

Retail Price		Contract Price	
2XRX199 Rinnai	\$ 4946.00	\$ 5119.90	5119.90
Standard Vent Kit	\$ 1053.90	\$ 0.00	
Standard Install	\$ 900.00	\$ 0.00	
<b>Total</b>	<b>\$6899.90</b>	<b>\$ 5119.90</b>	<b>5119.90</b>
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>252.00</u>
Sub-Total			<u>5434.35</u>
Sales Tax			<u>524.98</u>
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			<u>50</u>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>1780.00</b>
<b>TOTAL BALANCE DUE</b>			<u>5959.33</u>



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202093

Date: 12/17/24

Name: CHARLES BARNETT

Instructions: T/I 2 - RX199 W/3YR GAS CONTRACT.

Address: 467 BEAVER COVE ROAD

ALREADY VENTED. CONVERT AND HOOK UP STOVE. KIT ON-SITE. CALL MATT 706-455-0577

TURTLETOWN, TN 37391

Order #: 298245

**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	W/H		W/H		RANGE	
Manufacturer	RINNAI		RINNAI		KITCHENAID	
Model #	RXP199IN		RXP199IN		KFPC500JSS01	
Serial #	SA.BA003793		SA.BA003791		PA4506700	
Burner/Combustion Chamber	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	23F017859	Good	QUALI	1998	U/O	

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Reso	48404TR	06-27		
2nd	Reso	40449	06-21	11.1	12.5

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
65 PSI	65 PSI	10 Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ WC	___ WC	___ Mins					

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>BRADLEY BRADLEY</u>	Service Technician (Signature) 	Date <u>17 Dec 24</u>
Customer (Print)	Customer (Signature)	Date