

WORK ORDER

Lisa Combest

27 Deer Ridge
Blairsville, GA 30512
(706) 487-0081

Customer #: 27482
Order #: 372198
Location #: 271115
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 06/24/2025 NO HOT WATER. T/I 7.5 RINNAI - venting there,
may need to change out. \$25.00 haul off old appliance. CALL
BEFORE GOING AT LEAST 30 MINUTES: 706-487-0081
CCOF - JB

Date Ordered: 6/24/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System	Last Service:	Last Tune Up:
Contract:	SC Renewal:	
Manufact:	Model:	
Notes:		
Instructions:		

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 27482

Date: 06/24/2025

Name: LISA COMBEST

Instructions: T/I RINNAI 7.5-VENTING THERE-INSPECT
EXISTING. \$25.00 HAUL OFF OLD W/H.CALL:706-487
0081 CCOF - JB
Order #: 372198

Address: 27 DEER RIDGE

BLAIRSVILLE, GA 30512

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>W/H</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>Rey-VL252FD-U3</u>					
Serial #	<u>PH CA-126161</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>M1353515</u>	<u>Good</u>	<u>Trinity</u>	<u>2013</u>	<u>AL</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>MEL</u>	<u>1122</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>Riso</u>	<u>440384</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.5</u>	<u>13.6</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</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:

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>Alexander</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>6-24-25</u>
Customer (Print) <u>Lisa Combest</u>	Customer (Signature) <u>[Signature]</u>	Date



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RINNAI WORK ORDER

Customer Acct #: 27482
Name LISA COMBEST
Address 27 DEER RIDGE
BLAIRSVILLE, GA 30512

Date: 06/24/2025
Instructions: T/I RINNAI 7.5-VENTING THERE-INSPECT
EXISTING. \$25.00 HAUL OFF FOR OLD W/H. CALL:
706-487-0081 CCOF - JB
Order #:

DESCRIPTION OF WORK
COMMENTS: T/I RINNAI 7.5.
SERVICED BY: AW/SL

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			1.5 HR	100.00/hr	INCLUDED IN
				100.00/hr	CONTRACT PRICE

FOR OFFICE USE ONLY			
Performed leak check	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Gas check attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Leak check	Initial BB		
Start Pressure	End Pressure	Time Held	System OK
100	100	10	<input checked="" type="checkbox"/>

% in Tank 70

AMOUNT REC'D
\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK #
<input type="checkbox"/> CREDIT CARD
#
EXP. DATE
<p>* 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.</p> <p>Lisa Combest CUSTOMER SIGNATURE</p>

Retail Price	Contract Price	
7.5 Rinnai \$ 1673.00	\$ 1299.95	
Standard Vent Kit \$ 426.95	\$ 0.00	
Standard Install \$ 400.00	\$ 0.00	
Total \$ 2499.95	\$ 1299.95	1299.95
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		
Sub-Total		1327.95
Sales Tax		91
Tank Set Fee \$250	Tank Set Fee	
Safety Inspection \$129.95	\$29.95	
Total Labor		
Total charges		0
Prepay Bal On Account		
Safe Appliance Savings		1200.00
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		1415.95