

Confirm - SM

6/18/2025 12:12:17 PM

# WORK ORDER

**Joel Smith**

212 Kittantinnny Drive  
Mineral Bluff, GA 30559  
(706) 455-0196

Customer #: 203034  
Order #: 371561  
Location #: 278501  
Zone: B-014-WED-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 6-19-25 Connect gas line to W/H already installed 706-455-0196  
- Joel

<b>Date Ordered:</b> 6/18/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:**

**Last Service:** 6/3/2025

**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 #: 203034

Date: 6-19-25

Name: JOEL SMITH

Instructions: CONNEECT GAS LINE TO W/H HEATER

Address: 212 KITTANTINNY DRIVE

ALREADY INSTALLEED. LINES RAN 706-455-0196

MINERAL BLUFF GA 30559

Order #: 371561

JOEL

**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	waterheater	waterheater				
Manufacturer	Rinnai	Rinnai				
Model #	RXP199I	RXP199I				
Serial #	TA.BA-010445	TC.BA-050797				
Burner/Combustion Chamber	<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 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
Pilot Safety System	<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 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 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 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 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
500	M2268714	Good	Arcosa	2022	AG	Good

## Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Rego	LV3403TR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEL	1622E	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12.1	13.0

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
85 PSI	85 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	85 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)	Alex Cash	Service Technician (Signature)	[Signature]	Date
Customer (Print)	CNAP	Customer (Signature)	[Signature]	Date



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# RINNAI WORK ORDER

Customer Acct #: 203034

Date 5/30/25

Name JOEL SMITH

Instructions: T/I(2)24" LOW COUNTRY TIMBER(2) 24"  
SS WILDWOOD, GRILL TIMER, 500UG W/50G@2.599. RUN YARD

Address 212 KITTANTINNY DRIVE  
MINERAL BLUFF, GA 30559

Order #: 363338

CALL 706-455-0196 INVOICE

VM

## 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>2.999</b>	L.P Gas /Gal <b>2.599</b>	
Gallons <b>50</b>	Gallons <b>50</b>	
FRCC \$9.79	FRCC \$9.79	<b>9.79</b>
Fuel Total <b>149.95</b>	Fuel Total <b>129.95</b>	<b>129.95</b>
Tank Lease/YR <b>129.00</b>	1st yr Lease <b>FREE</b>	<b>FREE</b>

Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee <b>20.00</b>	<b>20.00</b>
Safety Inspection \$129.95	\$29.95	<b>29.95</b>
Total Labor		
Total charges		
Prepay Bal On Account		

Safe Appliance Savings **487.33**

*Safe Appliance Rebate* **400.00**

**TOTAL BALANCE DUE**