

Confirmed
JC

7/9/2025 12:54:37 PM

WORK ORDER

Peter Williams

408 Timmy Circle
Morganton, GA 30560
(407) 963-7592

Customer #: 203892

Order #: 378586

Location #: 279514

Zone: B-012-FRI-

Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: ~~7/11/25~~ 7/1 7.5 Rinnai line there. 500ug w/50g@2.599. w/Anode,
7/11/25 run yard line. 706-455-3662 CCOF VM

Date Ordered: 7/9/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 5/21/2025

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 #: **203892**

Name: **PETER WILLIAMS**

Address: **408 TIMMY CIRCLE
MORGANTON, GA 30560**

Date: **7/11/25**

Instructions: **DROP 500UG W/50G@2.599 W ANODES T/I
7.5 RINNAI LINES THEREE. RUN YARD LINE. CCOF
CALL 706-4553662 VM**

Order #: **378586**

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					
Manufacturer	Rinnai					
Model #	REU-VC2528 FFUD-US(A)-P					
Serial #	PG, CA-108493					
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
500	M2511371	good	Hiarc	2025	vg	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	3403+R	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	6444234	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	13.1

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" 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)		Date
Customer (Print)	CNAP	Customer (Signature)		Date



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RINNAI WORK ORDER

Customer Acct #: 203892

Name PETER WILLIAMS

Address 408 TIMMY CIRCLE

MORGANTON, GA 30560

Date: 7/11/25

Instructions: DROP 500UG W/50G@2.599 W/ANODE. T/I
7.5 RINNAI; LINES THERE. CALL 706-455-3662 CCOF

VM

Order #: 378586

DESCRIPTION OF WORK

COMMENTS: Installed ~~5~~ Rinnai 7.5

SERVICED BY: AC/SC

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
7/11/25	10:00	11:30	1.5 HR	100.00/hr	PRICE INCLUDED
			1.5 - 1.55 O/H	100.00/hr	IN CONTRACT

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

100 100 10 ☒

% in Tank 10

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

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

Total Materials		
Sub-Total		2027.80
Sales Tax		141.97
Tank Set Fee	\$250	Tank Set Fee 20.00 20.00
Safety Inspection	\$129.95	\$29.95 29.95
Total Labor		0
Total charges		
Prepay Bal On Account		

Safe Appliance Savings	1687.33
Safe Appliance Rebate	200.00

TOTAL BALANCE DUE

2299.72