

WORK ORDER

Don Rude

64 HYATT DRIVE
MINERAL BLUFF, GA 30559
(706) 374-4866

Customer #: 22122
Order #: 378863
Location #: 246586
Zone: B-014-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 7-14-25 GO 1st per Mike Replace Old water heater with 7.5.
MIKE SOLD W/H 706-374-4866 COD

Date Ordered: 7/11/2025	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 #: 22122

Name: DON RUDE

Address: 64 HYATT DR

MINERAL BLUFF GA 30559

Date: 7-11-25

Instructions: T/I 7.5 W/H REPLACE OLD ONE
706-374-4866 SM

Order #: 378863

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-VC2528FFUD-US					
Serial #	PF.CA-086368					
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
250	25N16354	Good	KENT American	1998	UG	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 3403TR	N/V	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego 4403B4	N/V	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.8

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
110 PSI	110 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____ PSI	_____ PSI	_____ 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)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date
DONALD RUDE	Donald Rude	7-11-25



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RINNAI WORK ORDER

Customer Acct #: 22122
Name DON RUDE
Address 64 HYATT DR
MINERAL BLUFF GA 30559

Date: 7-11-25
Instructions: T/I 7.5 RINNAI W/H REPLACE OLD ONE
706-374-4866 SM MIKE SOLD W/H
Order #: 378863

DESCRIPTION OF WORK
COMMENTS: <u>Installe Rinnai 7.5</u>
SERVICED BY: <u>AC SC</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	2:00	3:00	1.5 HOURS	100.00/hr	INCLUDED
)	100.00/hr	0

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 _____		
Start Pressure	End Pressure	Time Held	System OK
110	110	10	Yes

% in Tank 69

AMOUNT REC'D
\$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/> 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. 3
* Signing agrees to 3 year contract for discount.
Donald Rude
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		L.P. Gas /Gal
Gallons		Gallons
FRCC	\$9.79	FRCC \$9.79
Fuel Total		Fuel Total
Tank Lease/YR		1st yr Lease
Total Materials		1299.95
Sub-Total		
Sales Tax		91.00
Tank Set Fee \$250		Tank Set Fee
Safety Inspection \$129.95		\$29.95
Total Labor		0
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		1000.00
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		1390.95