

Confirmed at

7/15/2025 12:31:20 PM

WORK ORDER

Brian Varnado

220 Old Mill Trace
Blue Ridge, GA 30513
(601) 441-8077

Customer #: 204151
Order #: 379325
Location #: 279869
Zone: B-037-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 7/18/25 T/I 250ag w50g @2.599, inspect all lines re-run if necessary. T/I Rinnai 7.5 Call 601-441-8077 CCOF VM

T/I Monitor

Date Ordered: 7/15/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

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 #: 204151

Name: BRAIN VARNADO

Address: 220 OLD MILL TRACE

BLUE RIDGE, GA 30513

Date: 7/18/25

Instructions: T/I 250AG W/50G@2.599, INSPECT ALL LI
RE-RUN IF NECESSARY. T/I 7.5 RINNAI CALL 601-
441-8077 CCOF VM

Order #: 379325

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	Logset	Logset	waterheater			
Manufacturer	NV	NV	Rinnai			
Model #	NV	NV	RL75iP			
Serial #	NV	NV	REU-VC2528	FFUD-US		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	1467549	Good	Quality	2023	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	LV3403TR9	18/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rego	LV3403BY	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
80 PSI	80 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)	ENAP	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 204151

Date: 7/18/25

Name BRIAN VARNADO

Instructions: T/I 250AG W50G@2.599, INSPECT LINES

Address 220 OLD MILL TRACE

RE-RUN IF NECESSARY. T/I RINNAI 7.5 CALL 601-441-8077

BLUE RIDGE, GA 30513

Order #: 379325

CCOF VM

DESCRIPTION OF WORK

COMMENTS: Installed Rinnai 7.5

SERVICED BY: AC/BP

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	9:19	1:05	4 HR - 2.5 HR = 2.5 HR	100.00/hr	250.00
				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 20

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 2.999	L.P. Gas /Gal 2.599
Gallons 50	Gallons 50
FRCC \$9.79	FRCC \$9.79 9.79
Fuel Total 149.95	Fuel Total 129.95 129.95
Tank Lease/YR 99.00	1st yr Lease FREE FREE

Total Materials	
Sub-Total	3052.19
Sales Tax	196.23
Tank Set Fee \$250	Tank Set Fee 20.00 20.00
Safety Inspection \$129.95	\$29.95 29.95
Total Labor	250.00
Total charges	
Prepay Bal On Account	

Safe Appliance Savings 457.33

Safe Appliance Rebate 200.00

TOTAL BALANCE DUE

3321.17