

WFA msg. JB

7/21/2025 10:20:45 AM

WORK ORDER

Justin Stinnett

Honeydew Lane - Lot 1
Blue Ridge, GA 30513
(706) 264-1404

Customer #: 203845
Order #: 379957
Location #: 279462
Zone: B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 07/30/2025 T/I 500UG w/50G @2.599 -run yard lines. T/I Rinnai
7.5. Go 1st! Call: 706-264-1404 CCOF - JB

+ Anode

Date Ordered: 7/21/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 5/1/2025

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 #: 203845

Date: 7/30/25

Name: JUSTIN STINNETT

Instructions: T/I 500UGW/50G@2.599. RUN YARD LINE.

Address: HONEYDEW LANE LOT 1

T/I 7.5 RINNAI GO 1ST. CALL 706-264-1404. CCOF

BLUE RIDGE, GA 30513

Order #: 379957

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	Furnace				
Manufacturer	Rinnai	Trane				
Model #	REV-UC2528FFUD-VS	R12MSN0601714A				
Serial #	PF-CA-087278	A24461438				
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 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 ug	m2511364	good		Trane	2025	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	3423R	04C21	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	mcc	11Dec23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	13.1

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
120 PSI	120 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)	CMAO	Customer (Signature)		Date	



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RINNAI WORK ORDER

Customer Acct #: 203845
Name JUSTIN STINNETT
Address HONEYDEW LANE LOT 1
BLUE RIDGE, GA 30513

Date: 7/30/25
Instructions: T/I 500UCW/50C@2.5999 RUN YARD LINES
T/I 7.5 RINNAI. GO 1ST CALL 706-264-1404 CCOF
Order #: 379957

DESCRIPTION OF WORK
COMMENTS: <u>installed Rinnai 7.5</u>
SERVICED BY: <u>AC/MH</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	<u>8:42</u>	<u>11:42</u>	<u>1.5HR</u>	100.00/hr	INCLUDED IN
		<u>- 30 mins</u>	<u>1.25 HRS</u>	100.00/hr	CONTRACT PRICE

FOR OFFICE USE ONLY

Performed leak check ☐ Yes ☐ No
Gas check attached ☐ Yes ☐ No
Leak check Initial

Start Pressure 120 End Pressure 120 Time Held 10 System OK ☒

% 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			2829.37
Sales Tax			189.37
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		\$29.95
Total Labor			125
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			1532.23
Safe Appliance Rebate			600.00
TOTAL BALANCE DUE			3018.74