

Confirmed JB



8/11/2025 10:49:44 AM

# WORK ORDER

## Joyce Ballard

718 Grady Hunt Rd  
Morganton, GA 30560  
(239) 641-0814

Customer #: 201283  
Order #: 387147  
Location #: 276274  
Zone: B-009-WED-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 08/13/2025 T/I Rinnai 7.5 + venting. Call: (239) 641-0814 CCOF  
- JB

Date Ordered: 8/11/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
-------------------------	-----------------	------------------	--------	-------

Name:

Last Service: 2/6/2025

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

### Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
------	-----------	------	------------------	---------------



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 201283

Date: 08/13/2025

Name: JOYCE BALLARD

Instructions: T/I RINNAI 7.5 + VENTING.

Address: 718 GRADY HUNT ROAD

CALL: 239-641-0814 CCOF - JB

MORGANTON, GA 30559

Order #: 387147

**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-VC2528FFVD-US (A)-P											
Serial #	PG, CA-108562											
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	<input 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	<input 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	<input 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
S00	R 9902586	GOOD	Titanic	1999	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	4403TR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	mei	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.9

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
95 PSI	95 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 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)	Robert Marcoux	Customer (Signature)		Date



www.folgergas.com

# RINNAI WORK ORDER

Customer Acct #: 201283  
 Name JOYCE BALLARD  
 Address 718 GRADY HUNT ROAD  
MORGANTON, GA 30559

Date: 08/13/2025  
 Instructions: T/I RINNAI 7.5 +VENTING  
CALL: 239-641-0814 CCOF - JB  
 Order #: 387147

DESCRIPTION OF WORK
<b>COMMENTS:</b> <u>Installed Rinnai 7.5</u>
<b>SERVICED BY:</b> <u>Ac/mH</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	<u>9:04</u>	<u>11:08</u>	<u>1.5</u>	100.00/hr	INCLUDED IN CONTRACT PRICE
			<u>2.25 - 1.5 = .75</u>	100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No

Gas check attached  Yes  No

Leak check Initial

Start Pressure 95 End Pressure 95 Time Held 10 System OK 10

**% in Tank** 75

**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.

*[Signature]*  
 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	
<b>Total</b>	<b>\$ 2499.95</b>	<b>\$ 1299.95</b>	<b>1299.95</b>
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			
Sub-Total			<u>1481.02</u>
Sales Tax			<u>46.68</u>
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95	\$29.95	
Total Labor			<u>75.00</u>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>1200.00</b>
<b>Safe Appliance Rebate</b>			<b>200.00</b>
<b>TOTAL BALANCE DUE</b>			<b>1577.70</b>