

WORK ORDER**Kelsi Vansant**391 Ruth Road
Talking Rock, GA 30175
(706) 669-6712Customer #: 202849
Order #: 316829
Location #: 278275
Zone: B-036-TUE-
Terms: Net 30

Tech: _____

Map Code:**Service Code:** Propane Service**Description:** 1/27/25 Final Hook up, stove, W/H, FP. Leak check. Call
Landon-770-527-1358CCOF VM

Date Ordered:	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:**Last Service:** 11/29/2024**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 #: 202849

Date: 1/27/25

Name: KELSI VANSANT

Instructions: FINAL HOOK UP, STOVE, W/H, FP.

Address: 391 RUTH ROAD

LEAK CHECK CALL LONDON 770-527-1358 CCOF

TALKING ROCK, GA 30175

Order #: 316829

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	<u>WH</u>		<u>LS</u>		<u>Cook Top</u>	
Manufacturer	<u>Navian</u>		<u>Earth + Home</u>		<u>Cafe</u>	
Model #	<u>MPE-249A2</u>		<u>2UM-VF-PK</u>		<u>GGU366P2T151</u>	
Serial #	<u>2087C247016855</u>		<u>MP625027023</u>		<u>MT900680P</u>	
Burner/Combustion Chamber	<input checked="" type="checkbox"/> OK <input type="checkbox"/> N/A	<input 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 checked="" type="checkbox"/> OK <input type="checkbox"/> N/A	<input type="checkbox"/> OK <input type="checkbox"/> N/A
Manual Shutoff	<input checked="" type="checkbox"/> OK <input type="checkbox"/> N/A	<input 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 checked="" 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 checked="" type="checkbox"/> OK	<input type="checkbox"/> OK	<input checked="" 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 checked="" type="checkbox"/> OK <input type="checkbox"/> N/A	<input 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
Electronic Ignition System	<input checked="" type="checkbox"/> OK <input type="checkbox"/> N/A	<input 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 checked="" 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 checked="" type="checkbox"/> OK <input type="checkbox"/> N/A	<input 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
Combustion Air	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> OK	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> OK	<input checked="" 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 checked="" type="checkbox"/> No	<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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>250</u>	<u>M2428915</u>	<u>Good</u>	<u>Trinity</u>	<u>2024</u>	<u>UG</u>	<u>Good</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>REGO 3403TR</u>	<u>12/24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>REGO 3403BY</u>	<u>9/24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.3</u>	<u>12.7</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>55</u> PSI	<u>55</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input checked="" 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) <u>James Baker</u>	Date <u>1-27-25</u>
Customer (Print) <u>CNP</u>	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 202849

Date: 11/22/2024

Name Kelsi Vasant

Instructions: Drop 250UG w/50gal @2,999g; Drop Anode Bag; They Bury; Run yard line to house & hook up; Call Bridget (706) 299-0662; CCOF

Address 391 Ruth Road

Order #: 286689

Talking Rock, GA 30175

DESCRIPTION OF WORK

COMMENTS:

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				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

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 3.299	L.P. Gas /Gal 2.999	
Gallons 50	Gallons 50	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 164.95	Fuel Total 149.95	149.95
Tank Lease/YR 129.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee 20.00	20.00
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		

Safe Appliance Savings	484.08
Safe Appliance Rebate	200.00

TOTAL BALANCE DUE