

1/30/2025 4:32:26 PM

WORK ORDER

DENNIS WILSON

50 STAUROLITE RD
BLUE RIDGE, GA 30513
(503) 724-3253

Customer #: 29791
Order #: 320871
Location #: 250892
Zone: B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 2/4/25 Final hook up. Call Chris 706-633-7397 CCOF VM

Date Ordered: 1/30/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System

Last Service: 12/19/2024

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 297971

Name DENNIS WILSON

Address 50 STAUROLITE RD

BLUE RIDGEE, GA 30513

Date: 12/19/24

Instructions: RUNNING LINES FROM TANK, 5 DROPS

T/W-TIMER, T-GRILL, T/I RINNAI 7.5

Order #: 299213

DESCRIPTION OF WORK

COMMENTS: Installed Rinnai 7.5

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	9:00	12:55	1.5HR	100.00/hr	INCLUDED IN
			4HR-1.5HR=2.5HR	100.00/hr	CONTRACT PRICE

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	
7.5 Rinnai	\$1673.00	\$ 1499.95	
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			
Sub-Total			3796.33
Sales Tax			248.29
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			250.00
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			1200.00
Safe Appliance Rebate			500.00
TOTAL BALANCE DUE			4044.62



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 29791

Name: DENIS WILSON

Address: 50 STAURILITE RD

BLUE RIDGE, GA 30513

Date 2/4/25

Instructions: FINAL HOOK UP; CALL CHRIS 706-633

7397 CCOF VM

Order #: 320871

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	Furnace	WH	LS
Manufacturer	Bryant	Rinnai	Empire
Model #	9125EG080M21	REU-VK2528FFUD-US	VFSR-30
Serial #	1724A60940	PH.CA-126169	NV
Burner/Combustion Chamber	<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
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
Sediment Trap	<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
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
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
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
Combustion Air	<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
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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	4434114	Good	Cleveland	1995	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	3403 TR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	4403 Y4	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.4	13.1

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
55 PSI	55 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <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)	Service Technician (Signature)	Date
CNP	James Cochran	2-4-25
Customer (Print)	Customer (Signature)	Date