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RINNAI WORK ORDER

Customer Acct #: 203058
Name MATT CHITTY
Address 5870 CANTERBURY WAY
CLERMONT GA 30527

Date: 2.21.25
Instructions: S/O TEMP 120 W/LEASED 325UG W 260 GALS
RUN LINE IF NEED AND H/U TO APPLIANCES IF IN
Order #: JONATHAN TO DIC

DESCRIPTION OF WORK

COMMENTS: S/O Temp 120 Alq For leased 325 1/4 With 260 g
connected Anode. Connected to pre-existing yard Line installed
Monitor. performed Leak test 95 psi for 10 min No Leaks Found
80% IN Tank All Appliances in working condition
SERVICED BY: MN OD

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
2.21.25	12:14	1:44	1.5	100.00/hr	\$150. ⁰⁰
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check X Yes No
Gas check attached X Yes No
Leak check Initial MN OD

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

% in Tank 80%

AMOUNT REC'D

\$ 2,315.73

☐ CASH ☐ CHECK #

☒ CREDIT CARD

4270 8250 4322 4448

EXP. DATE 09/28

- * 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.

M S S
CUSTOMER SIGNATURE

Retail Price		Contract Price
Rinnai \$		\$
Standard Vent Kit \$		\$
Standard Install \$		\$
Total \$		\$
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 \$129	FIRST YR FREE
Total Materials	\$439.90	
Sub-Total	\$959.52	
Sales Tax	\$67.17	
Tank Set Fee \$250		Tank Set Fee
Safety Inspection \$129.95		\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		\$200 ⁰⁰
Jonathan Loggins		\$950. ⁰⁰
		\$2,126.69
TOTAL BALANCE DUE		



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203058

Date: 2.21.25

Name: HATT CHITTY

Instructions: S/O TEMP 120 W/LEASED 325UG W 260 GALS

Address: 5870 CANTERBURY WAY

RUN LINE IF NEED AND H/U TO APPLIANCES IF IN

CLERMONT GA 30527

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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	COOKTOP	WATER HEATER				
Manufacturer	LG	NAVIAN				
Model #	CBW36235	NPE-240A2				
Serial #	410KMPFB0416	2087W2480602733				
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 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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	M2313713	LG	ARC	2023	U/L	LG

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	MEC	1122	25 AUG 22	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	MEC	1222	28 MAY 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12
					13

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				<input type="checkbox"/> Yes
			<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)	MASON NIX	Service Technician (Signature)	Mason Nix	Date	2.21.25
Customer (Print)	MATTHEW B. CHITTY	Customer (Signature)	[Signature]	Date	