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RINNAI WORK ORDER

Customer Acct #: 203649
Name DAVE CARON
Address 101 BUROAK DRIVE
JEFFERSON GA 30549

Date: 3.21.25
Instructions SET LEASE 250AG W/200 GALS @ \$2.999
RUN LINE AND CREATE STUB OUT AND H/U
Order #: _____

DESCRIPTION OF WORK

COMMENTS: Set leased 250⁺gals w/ice gals Ran new yard line and connected to existing stub out installed sediment trap on Rinnai. Performed leak test @ 90psi for 10min. No leaks found 80% intact. All appliances working correctly.

SERVICED BY: K5

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>3-21-2025</u>	<u>9:00</u>	<u>10:45</u>	<u>1.75</u>	100.00/hr	<u>175.00</u>
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☐ No
Gas check attached ☒ Yes ☐ No
Leak check Initial K5

Start Pressure 90 End Pressure 90 Time Held 10 System OK YES

% in Tank

80%

AMOUNT REC'D

\$ 986.42

☐ CASH ☒ CHECK # 170

☐ 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.

Dave
CUSTOMER SIGNATURE

Retail Price

Contract Price

Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

Tank Set

New Cust Special

L.P. Gas /Gal \$3.199	L.P. Gas /Gal \$2.999	
Gallons <u>200</u>	Gallons <u>200</u>	
FRCC \$9.79	FRCC \$9.79	\$6.50
Fuel Total \$646.30	Fuel Total \$606.30	\$606.30
Tank Lease/YR \$99.00	1st yr Lease FREE	FREE
Total Materials		<u>152.63</u>
Sub-Total		<u>758.93</u>
Sales Tax		<u>53.09</u>
Tank Set Fee \$250	Tank Set Fee	
Safety Inspection \$129.95	\$29.95	
Total Labor		<u>175.00</u>
Total charges		
Prepay Bal On Account		

Safe Appliance Savings \$200.00

TOTAL BALANCE DUE

\$986.42



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **203649**

Date: **3.21.25**

Name: **DAVE CARON**

Instructions: **SET LEASE 250AG W/200 GALS @ \$2.999**

Address: **101 BUROAK DRIVE**

RUN LINE AND CREATE STUB OUT AND H/U

JEFFERSON GA 30549

Order #:

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	<i>White-Hart</i>					
Manufacturer	<i>Rinnai</i>					
Model #	<i>REK6i</i>					
Serial #	<i>PK-UA-107201</i>					
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
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
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
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
<i>2.50</i>	<i>25G037866</i>	<i>Good</i>	<i>American</i>	<i>1998</i>	<i>A/O</i>	<i>Good</i>

Regulator(s):

Manufacturer		Model	Regulator Date	Regulator Venting		Flow/Delivery Pressure	Lock-Up Pressure
Twin	MEC	1232	28 maw 24	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	12.5	13.5
1st				<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		
2nd				<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>90</i> PSI	<i>90</i> PSI	<i>0</i> Mins	<input checked="" type="checkbox"/> Yes	<i>15</i> PSI	<i>15</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: *80% in tank. All appliances working correctly.*

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)	<i>Kevin Smar</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	<i>3.21.2025</i>
Customer (Print)		Customer (Signature)	<i>Dave Caron</i>	Date	