

Insta moreira

Confirmed &

2/24/2025 9:18:51 AM

## WORK ORDER

**Ricardo Moreira**

408 Little Rock Creek Court  
Cherry Log, GA 30522  
(305) 778-4966

Customer #: 203532  
Order #: 332351  
Location #: 279090  
Zone: B-037-WED-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 02/26/25 - T/I 325AG W/260G@2.999G DROP IN. CALL  
305-778-4966 - ~~ON SITE~~ - CT

CCOF

Instruction to enter bottom of map

Date Ordered: 2/24/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
Name:	Last Service:	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 #: 203532

Date: 2/26/25

Name: RICARDO MOREIRA

Instructions: T/I 325AGW/260G@2.999 DROP IN. CALL

Address: 408 LITTLE ROCK CREEK COURT

305-778-4966 - \$ ON SITE

CHERRY LOGM GA 30522

Order #: 332351

**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>Furnace</u>					
Manufacturer	<u>Tempstar</u>					
Model #	<u>NV</u>					
Serial #	<u>NV</u>					
Burner/Combustion Chamber	<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
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"/> 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
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"/> 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
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
<u>325</u>	<u>1436415</u>	<u>Good</u>	<u>Quality</u>	<u>2022</u>	<u>AG</u>	<u>Good</u>

## Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
<u>Twin</u>	<u>Rego</u>	<u>LV404B9</u>	<u>06/2022</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>12.0</u>
<u>1st</u>				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>13.2</u>
<u>2nd</u>				<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
<u>100</u> PSI	<u>100</u> PSI	<u>10</u> 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)	<u>Alvin Wiley</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>2-26-25</u>
Customer (Print)	<u>Customer</u>	Customer (Signature)	<u>not present</u>	Date	



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## RINNAI WORK ORDER

Customer Acct #: 203532

Name RICARDO MOREIRA

Address 408 LITTLE ROCK CREEK COURT

Date: 2/26/25

Instructions: T/I 325AGW/260G@2.999 DROP IN. CALL

305-778-4965 \$ ON SITE.

Order #: \_\_\_\_\_

### 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 **260**

Gallons **260**

FRCC \$9.79

FRCC \$9.79

**9.79**

Fuel Total **857.74**

Fuel Total **857.74**

**857.74**

Tank Lease/YR **99.00**

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

**551.49**

**Safe Appliance Rebate 300.00**

**TOTAL BALANCE DUE**