

Confirmed
[Signature]

2/24/2025 8:14:22 AM

WORK ORDER

Rachel Wright

170 Pinecrest Drive
Copperhill, TN 37317
(630) 945-6808

Customer #: 203461
Order #: 332307
Location #: 279000
Zone: B-001-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 02/28/25 - T/I 250AG W/200G@2.999G. RUN YARD LINE 2 -
7.5 RINNAI - CALL 630-945-6808 - CCOF - CT *email-ct*

Date Ordered: 2/24/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Contract:

Manufact:

Notes:

Instructions:

Last Service:

SC Renewal:

Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203461

Name: RACHEL WRIGHT

Address: 170 PINECREST DRIVE

COPPERHILL, TN 37317

Date: 2/28/25

Instructions: T/I 250AG W/200G@2.999 RUN YARD LINE
T/I 2 - 7.5 RINNAI. CALL 630-945-6808 CCOF

Order #: 332307

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>w/H</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>RL751</u>					
Serial #	<u>FF-CA-084755</u>					
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
<u>250</u>	<u>M2438031</u>	<u>Good</u>	<u>Trinity</u>	<u>2024</u>	<u>Ag</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>Rugg</u>	<u>LV34031A</u>	<u>12/2024</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>Rugg</u>	<u>LV440344</u>	<u>03/2024</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.2</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>50</u> PSI	<u>50</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes
____ WC	____ WC	____ Mins	<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>Alex Cash</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>2/28/25</u>
Customer (Print)	<u>Rachel Wright</u>	Customer (Signature)	<u>Rachel Wright</u>	Date	



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RINNAI WORK ORDER

Customer Acct #: 203461

Date: 2/28/25

Name RACHEL WRIGHT

Instructions: T/I 250W/200G@2.999 T/I 2 7.5

Address 170 PINECREST DRIVE

RINNAI'S CALL 630-945-6808 CCOF

COPPERHILL, TN 37317

Order #: 332307

DESCRIPTION OF WORK

COMMENTS: Set 250 ag w/ 200 gals. installed 2 Rinnai 2.5.
Roughed in for w/h's, stove and Dryer.

SERVICED BY: AC/ST/AW

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
2/28/25	9:00 AM	1:45 PM	1.5 HR x 2	100.00/hr	INCLUDED IN CONTRACT PRICE
		4.75	- 3.00 = 1.75	100.00/hr	175.00

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

80

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 3 year contract for discount.

Rachel Wright
CUSTOMER SIGNATURE

Retail Price		Contract Price	
2-7.5 Rinnai	\$3346.00	\$2599.90	
Standard Vent Kit	\$853.90	\$ 0.00	
Standard Install	\$800.00	\$800.00	
Total	\$4999.90	\$2599.90	2599.90
Tank Set		New Cust Special	
L.P. Gas /Gal	3.299	L.P. Gas /Gal 2.999	
Gallons	200	Gallons 200	
FRCC	\$9.79	FRCC \$9.79	9.79
Fuel Total	659.80	Fuel Total 599.80	599.80
Tank Lease/YR	99.00	1st yr Lease FREE	FREE
Total Materials			5096.75
Sub-Total			5271.75
Sales Tax			452.81
Tank Set Fee \$250		Tank Set Fee 20.00	20.00
Safety Inspection \$129.95		\$29.95	29.95
Total Labor			175.00
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			2908.86
Safe Appliance Rebate			200.00
TOTAL BALANCE DUE			5271.75