

Confirmed CT

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3/17/2025 11:28:15 AM

WORK ORDER

Allyson Hartnett

456 Brown Mountain Drive
Suches, FL 33776
(858) 531-8808

Customer #: 203639
Order #: 343036
Location #: 279209
Zone:
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 03/18/25 - T/I 250AG W/200G@2.999G. DROP IN. T/I
MONITOR FOR AUTO - CALL 858-531-8808 - CCOF - CT

In-4321 Out 2835
Gate: (2835)

Date Ordered: 3/17/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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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 #: 203639
 Name: ALLYSON HARTNETT
 Address: 456 BROWN MOUNTAIN DRIVE
SUCHES, GA 30572

Date: 3/18/25
 Instructions: T/I 250AG W/200@2.999G DROP IN. T/I
MONITOR GOING ON AUTO. CALL 858-531-8808.CCOF
 Order #: 343036

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	Stove		Furnace			
Manufacturer	Hot point		Carrier			
Model #	RGR 946HED2WH		LRP146E30-032P-2A			
Serial #	LD210303412		1617C04120			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	m2429772	Good	Trinity	2024	Ag	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 LV3403TA	12/2021	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego LV4403	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.3	12.9

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
75 PSI	75 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input 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)	Alex Cash	Service Technician (Signature)		Date	3/18/25
Customer (Print)	Ally Hartnett	Customer (Signature)		Date	3/18/25



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RINNAI WORK ORDER

Customer Acct #: 203639
 Name ALLYSON HARTNETT
 Address 456 BROWN MOUNTAIN DRIVE
SUCHES, GA 30576

Date: 3/18/25
 Instructions: T/I 250AG/200G@2.999G DROP IN. T/I
MONITOR FOR AUTO CALL 858-531-8808. CCOF
 Order #: 343036

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	200	Gallons	200
FRCC	200 \$9.79	FRCC	200 \$9.79
Fuel Total	659.80	Fuel Total	599.80
Tank Lease/YR	99.00	1st yr Lease	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			495.93
<i>Safe Appliance Rebate</i>			300.00
TOTAL BALANCE DUE			