

Confirmed & ✓

3/20/2025 3:59:16 PM

## WORK ORDER

### Michael Landry

367 Dunedin Road  
Morganton, GA 30560  
(813) 857-4644

Customer #: 202666  
Order #: 344340  
Location #: 270190  
Zone: B-008-WED-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 03/24/25 - GO 1ST! T/I 7.5 RINNAI W/3YR CONTRACT - HAUL  
OFF OLD UNIT - CALL 813-857-4644 - CCOF - CT

Date Ordered: 3/20/2025	Scheduled Date:	Est. Completion:	Start:		Stop:
Name: Heating System	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 #: 202666

Name: MICHAEL LANDRY

Address: 367 DUNEDIN ROAD

MORGANTON, GA 30560

Date: 3/24/25

Instructions: T/I 7.5 RINNAI W 3YR CONTRACT, HAUL OFF  
OLD UNIT. CALL 813-857-4644 CCOF VM/CT

Order #: 344340

**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>W11</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>REU-VC2528FFUD-US</u>					
Serial #	<u>PFCA-084929</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 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 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>25G029164</u>	<u>Good</u>	<u>American</u>	<u>1999</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>MEC</u>	<u>1122</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>Rego</u>	<u>4403B46</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.3</u>	<u>12.9</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
<u>    </u> WC	<u>    </u> WC	<u>    </u> Mins	<input type="checkbox"/> No	<u>    </u> PSI	<u>    </u> PSI	<u>    </u> Mins	<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)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date





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## RINNAI WORK ORDER

Customer Acct # 202666

Name MICHAEL LANDRY

Address 367 DUNEDIN ROAD

MORGANTON, GA 30560

Date: 3/24/25

Instructions: T/I 7.5 RINNAI W 3YR. HAUL OFF OLD UNIT  
CALL 813-857-4644 CCOF VM

Order #: 344340

### DESCRIPTION OF WORK

COMMENTS: Installed Rinnai 7.5 Water Heater

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	<u>9:00</u>	<u>11:00</u>	<u>1.5 HOURS</u>	<u>100.00/hr</u>	<u>INCLUDED IN</u>
			<u>.5</u>	<u>100.00/hr</u>	<u>CONTRACT PRICE</u>

### FOR OFFICE USE ONLY

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

Start Pressure 50 End Pressure 50 Time Held 15 System OK Yes

% in Tank 30

### 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.

CUSTOMER SIGNATURE

### Retail Price Contract Price

<u>7.5</u> Rinnai	\$ 1673.00	\$ 1299.95
Standard Vent Kit	\$ 426.95	\$ 0.00
Standard Install	\$ 400.00	\$ 0.00
Total	\$ 2499.95	\$ 1299.95

### 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
Total Materials	<u>1374.95</u>
Sub-Total	
Sales Tax	<u>91.00</u>
Tank Set Fee \$250	Tank Set Fee
Safety Inspection \$129.95	\$29.95
Total Labor	<u>50.00</u>
Total charges	
Prepay Bal On Account	

Safe Appliance Savings 1200.00  
Safe Appliance Rebate 200.00

TOTAL BALANCE DUE

1465.95