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RINNAI WORK ORDER

Customer Acct #: 203630
Name JOSEPH BUFFINGTON
Address 5787 GRANT FORD RD
GAINESVILLE GA 30506

Date: 3.21.25
Instructions: SET LEASE 325AG W.260 GALS @ \$2.999
T/I RXP199 , RUN LINE AND H/U TO STUB
Order #: DO NOT H/U TO PLUMBING!!

DESCRIPTION OF WORK

COMMENTS: Set leased 325 A/G w/260 gals. Ran yard line and installed 2nd stage on stub out. T/I RXP199. Ran line and connected to trunk line. 80% in tank. Locked out tank

SERVICED BY: OD/KS

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>3/25/25</u>	<u>12:16</u>	<u>2:45</u>	<u>2.5</u>	<u>100.00/hr</u>	<u>100.00</u>
	<u>12:16</u>	<u>1:46</u>	<u>1.5</u>	<u>100.00/hr</u>	<u>Free</u>

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☒ No

Gas check attached ☒ Yes ☐ No

Leak check Initial OD/KS

Start Pressure End Pressure Time Held System OK

% in Tank 80%

AMOUNT REC'D

\$ 4,435.04

☐ CASH ☐ CHECK #

☐ CREDIT CARD

60F

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

Rinnai	\$3,092.00	\$2,899.95
Standard Vent Kit	\$	\$
Standard Install	\$	\$
Total	\$	\$

Tank Set

New Cust Special

L.P. Gas /Gal	\$3.199	L.P. Gas /Gal	\$2.999
Gallons	260	Gallons	260
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	\$838.24	Fuel Total	\$786.24
Tank Lease/YR	\$99.00	1st yr Lease	FREE
Total Materials			3,265.20
Sub-Total			4,051.44
Sales Tax			283.60
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			

Safe Appliance Savings \$200.00

TOTAL BALANCE DUE

4,435.04



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203630

Date: 3.21.25

Name: JOSEPH BUFFINGTON

Instructions: SET LEASE 325AG W.260 GALS @ \$2.999

Address: 5787 GRANT FORD RD

T/I RXP1999, RUN LINE AND H/U TO STUB

GAINESVILLE GA 30506

Order #: DO NOT H/U TO PLUMBING!!

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	Water heater					
Manufacturer	Rinnai					
Model #	R7P1941					
Serial #	SL BA-202451					
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
323	25H029199	Good	American	1995	A/G	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			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	mel	1222	<input checked="" 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
____ PSI	____ PSI	____ Mins	<input type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
____ WC	____ WC	____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments:

80 psi in tank / locked out tank

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) Owen Dins	Service Technician (Signature) Owen Dins	Date 3/21/25
Customer (Print) Joe Smith	Customer (Signature) Joe Smith	Date 3/21/25