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RINNAI WORK ORDER

Customer Acct #: 203613
Name COLLIN LEWIS
Address 718 HUBERT PITTMAN RD
PEPPERGRASS GA 30567

Date: 4.11.25
Instructions SET LEASE 325AG W/260 GALS @ \$2.999
RIN LNE IF NEED AND H/U
Order #: _____

DESCRIPTION OF WORK

COMMENTS: Set leased 325 AG w/260 gals. Connected to existing yard line. Modified manifolds and installed 2 psi system. Performed leak test @ 110 psi for 10 min. no leaks found. 80% in tank. Red tagged and left neutron unhooked due to no venting. All other appliances working correctly.

SERVED BY: KS

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>4-11-25</u>	<u>9:30</u>	<u>12:30</u>	<u>3</u>	<u>100.00/hr</u>	<u>300.00</u>
				<u>100.00/hr</u>	

FOR OFFICE USE ONLY

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

Start Pressure 110 End Pressure 110 Time Held 10 System OK yes

% in Tank

80%

AMOUNT REC'D

\$ _____

☐ CASH ☐ CHECK # _____

☐ CREDIT CARD

CCOF

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.

Cash Att Here.

CUSTOMER SIGNATURE

Retail Price

_____ Rinnai \$ _____

Standard Vent Kit \$ _____

Standard Install \$ _____

Total \$ _____

Contract Price

\$ _____

\$ _____

\$ _____

\$ _____

Tank Set

L.P. Gas /Gal \$3.199

Gallons 260

FRCC \$9.79

Fuel Total \$838.24

Tank Lease/YR \$99.00

Total Materials _____

Sub-Total _____

Sales Tax _____

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor _____

Total charges _____

Prepay Bal On Account _____

Safe Appliance Savings _____

TOTAL BALANCE DUE

New Cust Special

L.P. Gas /Gal \$2.999

Gallons 260

FRCC \$9.79

Fuel Total \$786.24

1st yr Lease FREE

Total Materials \$658.30

Sub-Total 1444.54

Sales Tax 101.12

Tank Set Fee

\$29.95

\$300.00

1845.66



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203613

Date: 4.11.25

Name: COLLIN LEWIS

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

Address: 718 HUBERT PITTMAN RD

RUN LNE IF NEED AND H/U

PENDERGRASS GA 30567

Order #:

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	Cook Top	Freezer	Log Starter	Water Heater		
Manufacturer	Frigidaire	Trane	N/V	Navien		
Model #	FP6C3671R3G	51X18060W4PS38A	N/V	NPE-180A2		
Serial #	3F92800835	2449546JG	N/V	26734221203025		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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
Sediment Trap	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input type="checkbox"/> Ok <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" 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
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	28H028325	Good	American	1995	AGE	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
1st MEC	1122	21 May 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	17.5	12.5
2nd MEC	1622E	18 Dec 23	<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
110 PSI	110 PSI	10 Mins	<input checked="" 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: Navien Red tagged and untracked due to no venting. All other appliances working correctly

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)	Kevin Smart	Service Technician (Signature)	[Signature]	Date	4.11.2025
Customer (Print)	Collin Lewis	Customer (Signature)	[Signature]	Date	