

Confirmed
[Signature]

3/28/2025 3:17:06 PM

WORK ORDER

Dagmar Lluady D/B/A Sosam Capital

224 SANDERS ROAD
Blue Ridge, GA 30513
(305) 342-4070

Customer #: 201727
Order #: 346654
Location #: 272664
Zone: B-015-FRI-
Terms: COD

Tech: _____

Map Code:

Service Code: Propane Service

305-342-4070

Description: 04/01/25 - T/I 7.5 RINNAI W/3YR GAS CONTRACT - CALL
305-854-1775 - CCOF - CT

Date Ordered: 3/28/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
Name: Heating System	Last Service: 2/21/2025	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 #: 201727

Date: 04/01/2025

Name: DAGMAR LLUANDY

Instructions: T/I 7.5 RINNAI W/ 3YR GAS CONTRACT

Address: 224 SANDERS ROAD

CALL 305-342-4070 CCOF - CT

BLUE RIDGE, GA 30513

Order #: 346654

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/I					
Manufacturer	Rinnai					
Model #	REU-VL2528FFud-us(A)-P					
Serial #	PCCA-108496					
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
500	NU	Good	NU	NU	UG	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	Riso	3403TR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Fisher	NU	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.7	13.3

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
90 PSI	90 PSI	10 Mins	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> Yes
			<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)	Alvin Wilcox	Service Technician (Signature)	[Signature]	Date	4-1-25
Customer (Print)	Customer not present	Customer (Signature)	[Signature]	Date	



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RINNAI WORK ORDER

Customer Acct #: 201727
Name DAGMAR LLUANDY-SOSAM CAPITAL
Address 224 SANDERS ROAD
BLUE RIDGE, GA 30513

Date: 04/01/2025
Instructions: T/I 7.5 RINNAI W/3YR GAS CONTRACT
CALL 305-342-4070 CCOF - JB/CT
Order #: 346654

DESCRIPTION OF WORK

COMMENTS: Installed RL 7.5

SERVICED BY: AW / SL

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
4-1-25	8:46 AM	10:03 AM	1.5 HR	100.00/hr	INCLUDED IN
				100.00/hr	CONTRACT PRICE

FOR OFFICE USE ONLY

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

Start Pressure 90 End Pressure 90 Time Held Yes System OK Yes

% in Tank 70

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	
7.5 Rinnai	\$ 1673.00	\$ 1299.95	
Standard Vent Kit	\$ 426.95	\$ 0.00	
Standard Install	\$ 400.00	\$ 0.00	
Total	\$ 2499.95	\$ 1299.95	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			
Sub-Total			1,299.95
Sales Tax			91.00
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			0
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			1200.00
Safe Appliance Rebate			200.00
TOTAL BALANCE DUE			1,390.95