



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 16669

Name: Kevin McCarthy

Address: 630 Magnolia Drive
Blue Ridge, GA 30513

Date: 11/25/2024

Instructions: Go 1st! T/I RX199 and haul off old

unit; (404) 444-2357; CCOF; CT

Order #: 284490

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 #	Rin-NB32874F-us													
Serial #	RL3A-124199													
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	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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	<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	<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	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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	<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	<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	M0457553	Pass	Trinity	2004	UP	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twinn			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Stromberg	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	18-DEC-23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.5	13.2

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
70 PSI	70 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <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
	KEVIN J. MCCARTHY	11-25-24



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RINNAI WORK ORDER

Customer Acct #: 16669
Name Kevin McCarthy
Address 630 Magnolia Drive
Blue Ridge, GA 30513

Date: 11/25/2024
Instructions: Go 1st! T/I RX199 and haul off old
unit; Call (404) 444-2357; CCOF; CT
Order #: 284490

DESCRIPTION OF WORK

COMMENTS: Installed Rinnai RX199

SERVICED BY: mhl/AW/Sp

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
11-25-24	8:54 Am	1:46 pm	1.5 HR	100.00 100.00 hr	INCLUDED IN
		1.5 hr Free Labor		100.00 100.00 hr	CONTRACT PRICE

FOR OFFICE USE ONLY

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

Start Pressure 70 End Pressure 70 Time Held 10 System OK YES

% in Tank 85

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.

[Signature]
CUSTOMER SIGNATURE

Retail Price

Contract Price

RX199 Rinnai	\$ 2473.00	\$ 2559.95
Standard Vent Kit	\$ 526.95	\$ 0.00
Standard Install	\$ 450.00	\$ 0.00
Total	\$ 3449.95	\$ 2559.95

2559.95

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

3,518.47

Sales Tax

220.08

Tank Set Fee \$250

Tank Set Fee

Safety Inspection \$129.95

\$29.95

Total Labor

350.00 ~~350.00~~

Total charges

Prepay Bal On Account

Safe Appliance Savings

890.00

Safe Appliance Rebate 200.00

TOTAL BALANCE DUE

3,738.55