



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202644

Date: 10/29/2024

Name: CHRIS RAPP

Instructions: Drop In 500UG w/150gal @2.999g: Pump

Address: 875 Old Mill Road

Existing: T/I Monitor; Going on Auto;  
Drop Anode Box; Chris (954) 548-1580; CCOF

Mineral Bluff, GA 30559

Order #: 274812

**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	Stove	Generator	Furnace			
Manufacturer	Cafe	Generac	Int'l Comfort			
Model #	C2S950P2MS1	G0072910	PGD430060KTP041			
Serial #	G2172912P	3015445887	F220148531			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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	<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 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
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 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 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
500	M2432562	Good	Tri Arc	2024	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	Rego	3403TR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	440.3E66	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.3	13.2

## 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	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
WC	WC	Mins	<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)	Alay (ack)	Service Technician (Signature)		Date
Customer (Print)	C N A P	Customer (Signature)		Date



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## RINNAI WORK ORDER

Customer Acct #: 202644

Date: 10/29/2024

Name Chris Rapp

Instructions: Drop In 500UG w/150gal @2.999g;  
Pump Existing; T/I Monitor; Going on Auto; Chri  
(954) 548-1580; CCOF i Drop Inside Bag

Address 875 Old Mill Road

Order #: 274812

Mineral Bluff, GA 30559

### DESCRIPTION OF WORK

COMMENTS:

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

### FOR OFFICE USE ONLY

Performed leak check ☐ Yes ☐ No

Gas check attached ☐ Yes ☐ No

Leak check Initial           

Start Pressure            End Pressure            Time Held            System OK ☐

% in Tank

### 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            year contract for discount.

CUSTOMER SIGNATURE

### Retail Price

### Contract Price

Rinnai \$	\$	
Standard Vent Kit \$	\$	
Standard Install \$	\$	
Total \$	\$	

### Tank Set

### New Cust Special

L.P. Gas /Gal	3.299	L.P. Gas /Gal	2.999	
Gallons	150	Gallons	150	
FRCC	\$9.79	FRCC	\$9.79	9.79
Fuel Total	494.85	Fuel Total	449.85	449.85
Tank Lease/YR	129.00	1st yr Lease	FREE	FREE
Total Materials				
Sub-Total				
Sales Tax				
Tank Set Fee	\$250	Tank Set Fee	20.00	20.00
Safety Inspection	\$129.95		\$29.95	29.95
Total Labor				
Total charges				
Prepay Bal On Account				

Safe Appliance Savings 516.18  
Safe Appliance Rebate 300.00

TOTAL BALANCE DUE