



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202742

Date: 11/11/2024

Name: Keith Sumner dba Summer Custom Mountain Homes

Instructions: Final hook up to House; call Joe

Address: Fairview Lane Lot 28

(706) 889-6322; Email invoice

Morganton, GA 30560

Order # 283947

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	Manufacturer	Model #	Serial #	Burner/Combustion Chamber	Manual Shutoff	Sediment Trap	Pilot Safety System	Electronic Ignition System	Venting System	Combustion Air	Taken Out of Service
FURNACE	RHEEM	REF236175TAMCH	W172377976	<input type="checkbox"/> Ok <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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"/> Yes <input checked="" type="checkbox"/> No
LINEAR FURNACE	TRAVIS IND.	PV	NV	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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"/> Yes <input checked="" type="checkbox"/> No
LOG LITER	NV			<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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"/> Yes <input checked="" type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	M2432749	GOOD	TRIAR	2024	U/E	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	3404TR	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	3404B4	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.6	12.1

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
75 PSI	75 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

Pressure Test:

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): BRIAN BRADLEY	Service Technician (Signature): [Signature]	Date: 11 NOV 24
Customer (Print): CMRFS	Customer (Signature): [Signature]	Date:



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RINNAI WORK ORDER

Customer Acct #: 202742
Name Keith Sumner dba Mountain Homes
Address Fiarview Lane Lot 28
Morganton, GA 30560

Date: 11/05/2024
Instructions: Drop 500UG w/50gal @2.999g; Drop
Anode Bag; Drop 75 ft of 3/4 inch line; They
bury; Joe (706) 889-6322; Email Invoice
Order #: 280826

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	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	164.95	Fuel Total	149.95
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			484.08
Safe Appliance Rebate			300.00
TOTAL BALANCE DUE			