



PROPANE GAS PIPING SYSTEM CHECK

Customer Account # 202576

Date: 10/29/2024

Name: Wally Stover (Kevin Tallentino)

Instructions: Final hook at each end of yard line;
Hook up to HVAC and Generator; Anode Test;
(706) 273-6514; CHG

Address: 147 Greystone Trace

Order # 276209

Ellijay, GA 30536

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	FURNACE		GENERATOR					
Manufacturer	LORNOX		WEVER-K					
Model #	35-605-6F-20		1-00121010					
Serial #	152400230		3015981841					
Burner/Combustion Chamber	<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
Manual Shutoff	<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 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
Pilot Safety System	<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 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 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 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
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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
1000	1F019068	1000	AM	1990	4/6	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	12.23		
2nd	REGO	3404BH	7.27	11.6	12.1

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
15 PSI	11.5 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input 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) BIZIA BIZIALEY	Service Technician (Signature) 	Date 10.29.24
Customer (Print) C. WATTS	Customer (Signature) 	Date



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RINNAI WORK ORDER

Customer Acct #: 202576
Name Wall Stover (Kevin Tallentino)
Address 147 Greystone Trace
Ellijay, GA 30536

Date: 10/15/2024
Instructions: Drop 1000UG Purchased Tank w/50gal
02.999g and (2) Anode Bags; Drop
tank on lower driveway; Gate Code #4011;
Wally (706) 273-6514
Order #: 272199

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	N/A	1st yr Lease	N/A
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 **537.58**
Safe Appliance Rebate **300.00**

TOTAL BALANCE DUE