

Confirmed

4/4/2025 2:55:36 PM

WORK ORDER

Charles Anderson

791 Reserve Rd
Blairsville, GA 30512
(706) 889-4756

Customer #: 203159
Order #: 352454
Location #: 278651
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 04/08/2025 Final H/U tank to house. Call: 706-889-4756 Email
invoice: cach.invoices@gmail.com - JB

Date Ordered: 4/4/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
Name:	Last Service: 3/7/2025		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 #: 203159

Date: 04/08/2025

Name: CHARLES ANDERSON

Instructions: FINAL H/U TANK TO HOUSE. CALL: 706-889-

Address: 791 RESERVE ROAD

4756. EMAIL INVOICE: CACH.INVOICES@GMAIL.COM-JB

BLAIRSVILLE, GA 30512

Order #: 352454

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>Logset</u>			<u>W/H</u>		
Manufacturer	<u>NV</u>			<u>RINKAI</u>		
Model #	<u>LC6645503</u>			<u>RAP199</u>		
Serial #	<u>LC6645583</u>			<u>RLBA 124311</u>		
Burner/Combustion Chamber	<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 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 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 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 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 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>500</u>	<u>M2432774</u>	<u>6000</u>	<u>TRIARC</u>	<u>2024</u>	<u>U/G</u>	<u>6000</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>Reso</u>	<u>3404TR</u>	<u>12.24</u>	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>Reso</u>	<u>4404B4</u>	<u>B-24</u>	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>16.1</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>95</u> PSI	<u>75</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No
____ WC	____ WC	____ Mins					

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) <u>BRADY BRADLEY</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>4.8.25</u>
Customer (Print) <u>ONAFS</u>	Customer (Signature) <u>[Signature]</u>	Date



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RINNAI WORK ORDER

Customer Acct #: 203159
Name CHARLES ANDERSON
Address 791 RESERVE RD
BLAIRSVILLE, GA 30512

Date: 2/7/25
Instructions: DROP OFF 500UG W50G@2.999 W/ANODE BAG
& 50FT OF LINE. CALL JEREMY 706-889-4756 INVOICE
Order #: 339721 VM

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
\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK #
<input type="checkbox"/> CREDIT CARD
#
EXP. DATE
<p>* I have received the Consumer Safety information & material.</p> <p>* I am satisfied with the work performed.</p> <p>* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.</p> <p>* Signing agrees to _____ year contract for discount.</p>
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		200.00
TOTAL BALANCE DUE		