



4/8/2025 2:16:53 PM

# WORK ORDER

## Virginia Long

625 Wise Road  
Morganton, GA 30560  
(808) 782-7234

Customer #: 203063  
Order #: 352920  
Location #: 278005  
Zone: B-008-WED-  
Terms: Net 30

Tech: \_\_\_\_\_

Map Code:

Service Code: Propane Service

Description: 4/11/25 T/I RXP160 w 3yr. Call 808-782-7234 CCOF VM

*then delete*

Date Ordered: 4/8/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 2/4/2025

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 #: 203063

Name: VIRGINIA LONG

Address: 625 WISE RD  
MORGANTON, GA 30560

Date: 4/11/25

Instructions: T/I RXP160 W 3YR CALL 808-782-7234

CCOF VM

Order #: 3529 20

**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	W/ H					
Manufacturer	Rinnai					
Model #	RXR EV NBP2530FF-US					
Serial #	RJ.BA-113088					
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
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
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
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 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
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
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
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" 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
250	M0415627	good	trinity	2004	Ag	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	3413FR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MRC	1622	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	13.2

## Piping System Leak Test:

## Pressure 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	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)	Alex Cash	Service Technician (Signature)	[Signature]	Date
Customer (Print)	DAN LONG	Customer (Signature)	[Signature]	Date





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RINNAI  
WORK ORDER

17149

Customer Acct #: 203063  
Name VIRGINIA LONG  
Address 625 WISE RD  
MORGANTON, GA 30560

Date: 4/11/25  
Instructions: T/IRXP160 W 3YR CALL 808-782-7234  
CCOF VM  
Order #352920

DESCRIPTION OF WORK
COMMENTS: Installed RXP160, AC/MH
SERVICED BY: AC/MH

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	9:00	11:30	1.5 HOUR	100.00/hr	INCLUDED IN CONTRACT PRICE
		2.5 HRS -	1.5 HOUR	100.00/hr	1 HR 100.00

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 60

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 &amp; 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.</p> <p><i>Sam Long</i> CUSTOMER SIGNATURE</p>

Retail Price	Contract Price	
RXP160 Rinnai \$2556.00	\$ 2449.95	
Standard Vent Kit \$393.95	\$ 0.00	
Standard Install \$400.00	\$0.00	
Total \$3349.95	\$2449.95	2449.95
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		3148.11
Sales Tax		199.43
Tank Set Fee \$250	Tank Set Fee	
Safety Inspection \$129.95	\$29.95	
Total Labor		100.00
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		900.00
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		3148.11