

2/16/2026 12:33:05 PM

Confirmed

*T/I monitor
and test Anode*

WORK ORDER

Leopoldo Rivera

301 Brockton Loop
Jefferson, GA 30549
(770) 318-8334

Customer #: 203923
Order #: 471697
Location #: 279574
Zone:
Terms: Net 30

Map Code:

Service Code: Propane Service

Description: 2/17/26 CCOF, Final H/U Check appliances Call Elvira
770-318-8334

Tech: _____

Date Ordered: 2/16/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
-------------------------	-----------------	------------------	--------	-------

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 6/9/2025
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
------	-----------	------	------------------	---------------



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 203923
 Name LEOPOLDO RIVERA
 Address 901 BROCKTON LOOP
JEFFERSON GA 30549

Date: 5.23.25
 Instructions: DROP LEASED 500UG W/400 GALS @\$2.599
NO APPLIANCES YET, CUSTOMER TO DIG
 Order #: _____

DESCRIPTION OF WORK	
COMMENTS: <i>Set leased 500ug w/400gals. Connected and checked out Tank. 80% in tank.</i>	
SERVICED BY: <i>K5/MN</i>	

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
5-23-2025	9:15	10:15	1	100.00/hr	100.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial *K5*

Start Pressure _____ End Pressure _____ Time Held _____ System OK _____

% in Tank *80%*

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

CCOF

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.

L. Rivera
 CUSTOMER SIGNATURE

Retail Price		Contract Price	
Rinnai \$		\$	
Standard Vent Kit \$		\$	
Standard Install \$		\$	
Total \$		\$	
Tank Set		New Cust Special	
L.P. Gas /Gal \$2,999	L.P. Gas /Gal \$2,599	\$2,599	\$2,599
Gallons 400 GALS	Gallons 400	400 GALS	400 GALS
FRCC \$9.79	FRCC \$9.79	\$6.50	\$6.50
Fuel Total \$1,206.10	Fuel Total \$1,046.10	\$1,046.10	\$1,046.10
Tank Lease/YR \$129	1st yr Lease FREE	FREE	FREE
Total Materials			349.95
Sub-Total			1396.05
Sales Tax		7%	97.73
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			1019.00
Safe Appliance Rebate			200.00
TOTAL BALANCE DUE			<i>1593.78</i>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203923

Date: 02/17/26

Name: LEOPOLDO RIVERA

Instructions: FINAL H/U CHECK APPLIANCES

Address: 901 BROCKTON LOOP

Order #: _____

JEFFERSON, GA 30549

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>Log lighter x3</u>	<u>Water Heater</u>				
Manufacturer	<u>N/A</u>	<u>Braford White</u>				
Model #	<u>N/A</u>	<u>RTGR199X1</u>				
Serial #	<u>N/A</u>	<u>F260412604</u>				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input type="checkbox"/> Ok	<input checked="" 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 checked="" 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input type="checkbox"/> Ok <input checked="" 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	<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 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 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>500</u>	<u>M2427369</u>	<u>Good</u>	<u>Tri</u>	<u>2024</u>	<u>W/E</u>	<u>Good</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>MCC</u>	<u>1122</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>MCC</u>	<u>1222</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.5"</u>	<u>12</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>90</u> PSI	<u>90</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: 80% in tank. Cook stove not there yet, no stub out for pool heater, water heater not ready to be up yet.

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>Kenn Smart</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>2-17-26</u>
Customer (Print)	<u>Costa Not here</u>	Customer (Signature)		Date	