

Confirmed  
Jm

4/9/2026 10:23:11 AM

# WORK ORDER

## Mike Usry

36 Weatherstone Way  
Lavonia, GA 30553  
(706) 614-7508

Customer #: 205908  
Order #: 495372  
Location #: 282017  
Zone: J-003-TUE-  
Terms: Net 30

### Map Code:

Service Code: Propane Service

Description: 04-10-26, cc of, vl rinnai rxp199 call Mike on the way (706)  
614-7508 test anode, install monitor

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

Date Ordered: 4/9/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Last Service: 4/1/2026  
Contract: SC Renewal:  
Manufact: Model:  
Notes:  
Instructions:

Last Tune Up:

### Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205908  
 Name: MIKE USRY  
 Address: 36 WEATHERSTONE WAY  
LAVONIA, GA 30553

Date: 04/01/26  
 Instructions: SETLEASE 500UG PUMP OVER  
 T/I RINHAI RXP199 CUSTOMER TO DIG  
 Order #: \_\_\_\_\_

**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
Weatherstone Furnace	Rinnai	RXP199	BLBA-124203	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Carrier	Carrier	3501A1V036080	2195A08115	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Ok	<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 type="checkbox"/> No
				<input type="checkbox"/> Ok	<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 type="checkbox"/> No
				<input type="checkbox"/> Ok	<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 type="checkbox"/> No
				<input type="checkbox"/> Ok	<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 type="checkbox"/> No
				<input type="checkbox"/> Ok	<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 type="checkbox"/> No

### Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	m2519568	Good	Tri	2025	W/G	Good

### Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	mec	09 Dec 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	mec	16 Feb 23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	17.5"	12.5"

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 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:

Leak test in tank / All appliances in working condition

### 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)	Owen Davis	Service Technician (Signature)	Owen Davis	Date	4/10/26
Customer (Print)		Customer (Signature)	Customer not here	Date	



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# RINNAI WORK ORDER

Customer Acct #: 205908  
 Name: MIKE USRY  
 Address: 36 WEATHERSTONE WAY  
 LAVONIA, GA 30553

Date: 04/01/26  
 Instructions: SET LEASE 500UG W/205 GALS PUMP  
 OVER T/I RINNAI RXP199 T/I MONITOR  
 Order #: CUSTOMER TO DIG

DESCRIPTION OF WORK
<b>COMMENTS:</b> Set leased 500 w/g v 205 Gals. pumped over c/o 325. connected above. located on tank. 60% in tank. Remains not set out a stove compatible with a Rinnai install. AS walls and plumbing being relocated. <b>SERVICED BY:</b> OD/KS

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
4/1/26	10:30	11:30	1 hr	100.00/hr	—
				100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check Yes  No   
 Gas check attached Yes  No   
 Leak check Initial OD/KS

Start Pressure \_\_\_\_\_ End Pressure \_\_\_\_\_ Time Held \_\_\_\_\_ System OK \_\_\_\_\_

Retail Price	Contract Price
_____ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

% in Tank 60%

Tank Set	New Cust Special
L.P Gas /Gal 2,999	L.P Gas /Gal 2,499
Gallons 205	Gallons 205
FRCC \$9.79	FRCC \$9.79
Fuel Total 624.59	Fuel Total 522.09
Tank Lease/YR 129.00	1st yr Lease FREE
Total Materials	349.95
Sub-Total	872.04
Sales Tax	61.05
Tank Set Fee \$250	Tank Set Fee 20.00
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	

**AMOUNT REC'D**

\$ 983.04

CASH  CHECK # \_\_\_\_\_  
 CREDIT CARD

# \_\_\_\_\_  
 EXP. DATE \_\_\_\_\_

Safe Appliance Savings	561.00
Safe Appliance Rebate	800.00

\* 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.

[Signature]  
 CUSTOMER SIGNATURE

**TOTAL BALANCE DUE** 983.04