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# WORK ORDER

## James Brumbelow Jr

18439 Morganton Hwy  
Morganton, GA 30560  
(404) 405-5024

Customer #: 12877  
Order #: 497375  
Location #: 254985  
Zone: B-012-FRI-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 04/22/26 - T/I RINNAI 7.5 to replace existing 6.5. Pricing per PF.  
CALL: (404) 405-5024 Call with chrgs. before running card - JB

*\$ 799.95 per PF*

<b>Date Ordered:</b> 4/22/2026	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:** Heating System

**Last Service:** 3/9/2026

**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 #: 12877

Date: 4/22/26

Name: JIM BRUMBELOW JR

Instructions: **T/I RINNAI 7.5 TO REPLACE 6.5 THERE  
PRICE PER PF. \$799.95 CALL W/CHRG-S-JB  
404-405-5024**

Address: 18439 MORGANTON HWY  
MORGANTON, GA 30560

Order #: 497375

**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>W/H</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>RL75i</u>					
Serial #	<u>PH.CA.121642</u>					
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 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
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
<u>500</u>	<u>C0</u>	<u>Good</u>	<u>NA</u>	<u>NA</u>	<u>UG</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>Rego</u>	<u>3403TR</u>	<u>UV</u>		
2nd	<u>Rego</u>	<u>4403B4</u>	<u>NA</u>	<u>11.3</u>	<u>15.1</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	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> 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) <u>Fernando Sando</u>	Service Technician (Signature) 	Date <u>4/22/26</u>
Customer (Print) <u>SUSAN C. Brumbelow</u>	Customer (Signature) 	Date <u>4/22/26</u>



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# RINNAI WORK ORDER

Customer Acct #: 12877  
 Name JAMES BRUMBELOW JR.  
 Address 18439 MORGANTON HWY  
MORGANTON, GA 30560

Date: 4/22/26  
 Instructions: T/I RINNAI 7.5 TO REPLACE 6.5  
PRICING PER PF\$799.95. CALL: 404-405-5024 CALL TO  
CHRG CARD ON FILE - JB  
 Order #: 497375

## DESCRIPTION OF WORK

COMMENTS: Installed 7.5 w/h. Removed old 6.5

SERVICED BY: FS. AEW

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>4/22/26</u>	<u>10:54am</u>	<u>11:56am</u>	<u>1.5 HRS LABOR</u>	<u>100.00/hr</u>	<u>INCLUDED IN CONTRACT PRICE</u>
			<u>1.5 HR Free</u>	<u>100.00/hr</u>	

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No  
 Gas check attached  Yes  No  
 Leak check Initial FS

Start Pressure 90 End Pressure 90 Time Held 10 System OK yes

% in Tank 70

### 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 3 year contract for discount.

James C Brumbelow  
 CUSTOMER SIGNATURE

	Retail Price	Contract Price	
<u>7.5 Rinnai</u>	<u>\$ 1673.00</u>	<u>\$ 1299.95</u>	
Standard Vent Kit	\$ 426.95	\$ 0.00	
Standard Install	\$ 400.00	\$ 0.00	
<b>Total</b>	<b>\$2499.95</b>	<b>\$ 1299.95</b>	<b>1299.95</b>

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		<u>824.95</u>
Sales Tax		<u>56.00</u>
Tank Set Fee \$250	Tank Set Fee	
Safety Inspection \$129.95	\$29.95	
Total Labor		<u>0</u>
Total charges		
Prepay Bal On Account		

Safe Appliance Savings	<b>1,200.00</b>
<u>Safe Appliance Rebate</u>	<u>200.00</u>
<b>TOTAL BALANCE DUE</b>	<b>880.95</b>