22175

new furnace

PROPANE SAFETY CHECK

Company/Location L. G. Jordan Oil Company

Name Kevin Rusche

Date of Service Call

Address 2901 Ridgepine Drive

Service/Work Order No.

Apex NC 27502

Phone: Office Home 919-349-5767

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer	Carrier						
Model No.	58SCB120A24-20						
Serial No.	1325A62967						
Location	basement						
BTU							
Age	new						
Manual Shut-off (Installed/Existing)	yes						
Venting	yes						
Sediment Trap (Installed/Existing)	yes						
Recall Valve							
Red Tag (Remove from Service)							

TANK/CYLINDER

Size	Serial Number	MFR.	MFR. Date	Last Test Date	Location	Tank	Paint	Pigtail	Fittings	Gauge	Relief Valve Cond.	Relief Valve Date	Relief Valve Cap	Fittings Leak Test
500						ug				good	ok	ok	ok	ok
500						ug				good	ok	ok	ok	ok

PIPING/REGULATOR OPERATION/CONDITION

		Piping Material	Piping Size	Regulator Date Code	Regulator Condition	MFR.	Model	Reg. Vent Position	How Protected	Flow Pressure	Lock-up Pressure
SINGLE STAGE										in. W.C.	in. W.C.
TWO STAGE	1ST									PSIG	PSIG
	2ND									in. W.C.	in. W.C.

SYSTEM LEAK CHECK

		Start Pressure	End Pressure	Time Held	System OK
SINGLE STAGE		in. W.C.	in. W.C.		
TWO STAGE	1ST	9 PSIG	9 PSIG	3min	yes
	2ND	in. W.C.	in. W.C.		

PRESSURE TEST

	Start Pressure	End Pressure	Time Held	System OK
SINGLE STAGE(High Pressure)				
TWO STAGE(Low Pressure)				

Comments:

(For Additional Comments Use Back of Form)

This inspection covers(propane/LP Gas) items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, and the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

Kevin Rusche
(Please Print)

I, Charles Brickhouse
(Please Print)

I know how to turn off gas in case of emergency.
I have smelled propane and can detect its odor.
I have received the Consumer Safety Information.
I had gas system deficiencies and or corrections, if any clearly explained to me.
I am satisfied with the service work performed.

Customer's Signature

Certify that I have completed the System Check as prescribed.

Performed Odor Test	☑ Yes	Performed Pressure Test	☑ Yes
Placed Safety Decal	☑ Yes	Left Consumer Safety Info and Material	☑ Yes
Performed Leak Check	☑ Yes		

Service Technician's Signature

E-9157 (10/97)

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DISCOVER VISA MasterCard

Carrier

INVOICE
94570
PLEASE PAY FROM THIS INVOICE

CUSTOMER P.O. NO. 25-068

DATE: 5-6-25

TECHNICIAN: Brad

INVOICE TO Kevin Rusche			JOB NAME		
ADDRESS 2901 Ridgepine Dr			ADDRESS		
CITY Apex	STATE NC	ZIP 27502	CITY	STATE	PHONE
SERVICE REQUEST					919-349-5767
EQUIPMENT MAKE	MODEL NO.		SERIAL NO.		
EQUIPMENT MAKE	MODEL NO.		SERIAL NO.		

WORK PERFORMED	QTY	MATERIAL	
26SCA560W003 0725G06069		Carrier 14.5 Seer2 5 Ton AC	
CVAVA624XMA 1225J73363		Carrier 5 Ton Indoor Coil	
59SC2E120M24-20 1325A62867		Carrier 92% Gas Furnace	
1 L.P. Kit			
		Thank You!	
		TOTAL WORK	
		TRIP CHARGE	
JOB STATUS COMP / INC.		TOTAL BEFORE TAX	
		TAX	
		TOTAL WITH TAX	
		3% CREDIT CARD PROCESSING FEE	
		GRAND TOTAL	$12,422.0

TERMS: The title and right of possession to said equipment and material shall be and remain in the contractor until all of said indebtedness is fully paid at which time ownership shall pass to the customer. In case of default in payment, the contractor may enter the customer's premises and remove said property without legal process and without liability for trespass or damage to customer's property caused by the removal of said personal property, and this right shall be a continuing one and shall not be waived by contractor's acceptance of partial payments on account or by contractor's exercise of other legal remedies. A service charge of 1½% per month will be added to invoices thirty-one days after invoice date.

I HAVE CHECKED WORK AND CHARGES AS STATED ARE CORRECT AND SATISFACTORY: _____