Confirm -VM
SM

7/13/2026 2:02:11 PM

WORK ORDER

Nathan Henson

571 Woodland Trail
Epworth, GA 30559
(706) 455-8867

Customer #: 206147
Order #: 524273
Location #: 282345
Zone:B-005-TUE-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 7/15/26 Connect gas line to water heater door code 0876 Call 706 455 8867 email Invoice -CLT

Date Ordered: 7/13/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 7/9/2026
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 206147

Name: NATHAN HENSON

Address: 571 WOODALAND TRAIL

EPWORTH GA 30559

Date: 7/15/26

Instructions: CONNECT LINE TO W/H DOOR CODE 0876

EMAIL INVOICE

Order #: 524273

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 #	RU-NB2024FF-US					
Serial #	Im.BA-282347					
Burner/Combustion Chamber	☑ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☑ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☑ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
120	6241809	Good	DOT	2015	AG	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego	404B34	2024	☑ Correct ☐ Incorrect	11.1	13.1
1st				☐ Correct ☐ Incorrect		
2nd				☐ Correct ☐ Incorrect		

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
140 PSI / ____ WC	140 PSI / ____ WC	10 Mins / ____ Mins	☑ Yes ☐ No

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass
____ PSI	____ PSI	____ Mins	☐ Yes ☐ 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) Dillon Payne	Service Technician (Signature) Dillon Payne	Date 7/15/26
Customer (Print)	Customer (Signature)	Date

CNT

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI
WORK ORDER

Customer Acct #206147
Name NATHAN HENSON
Address 571 WOODLAND TRAIL
EPWORTH GA 30559

Date: 6/3/26
Instructions: T/L 120W/100G @3.599G RUN YD AMD LINE TO W/H ALREADY HUNG AND VENTED CALL 706-455-8867
Order #: 507721 EMAIL INVOICE

DESCRIPTION OF WORK

COMMENTS:

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

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

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 _____ year contract for discount.

CUSTOMER SIGNATURE

Retail Price	Contract Price	
Rinnai $	$	
Standard Vent Kit $	$	
Standard Install $	$	
Total $	$	
Tank Set	**New Cust Special**	
LP Gas /Gal 3.599	LP Gas /Gal 3.599	
Gallons 100	Gallons 100	
FRCC $9.79	FRCC $9.79	9.79
Fuel Total 359.90	Fuel Total 359.90	359.90
Tank Lease/YR 99.00	1st yr Lease 99.00	99.00
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee $250	Tank Set Fee	
Safety Inspection $129.95	$29.95	
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		350.00
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		