6/23/2026 12:42:33 PM

WORK ORDER

Harley Miller

858 Adra Rd
Morganton, GA 30560
(954) 931-8005

Customer #: 203553
Order #: 516483
Location #: 279115
Zone: B-013-FRI-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 06/24/26 - HOOK UP NEW HVAC - MAY NEED TO EXTEND LINE A FEW FEET - CALL 706-633-4555 - CCOF - CT

Date Ordered: 6/23/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 3/5/2025
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203553
Name: HARLEY MILLER
Address: 858 ADRA ROAD
MORGANTON, GA 30560

Date: 6/24/26
Instructions: HOOK UP NEW HVAC. MAY NEED TO EXTEND A FEW FEET. CALL 706-633-4555 CCOF
Order #: 516553

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	Furnace					
Manufacturer	Tempstar					
Model #	EAM5X-18M21A1E					
Serial #	5253704459					
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
NV	R9904870	Good	Trinity	NV	UG	Good
	Customer owned					

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	Reso	4403TR9	NV	☑ Correct ☐ Incorrect		
2nd	17150	4403B4	NV	☑ Correct ☐ Incorrect	11.0	13.1

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
100 PSI / ____ WC	100 PSI / ____ WC	10 Mins / ____ Mins	☑ Yes ☐ No

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass
15 PSI	15 PSI	10 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)	Alvin Wilcox	Service Technician (Signature)		Date	6-24-2026
Customer (Print)	Customer not present	Customer (Signature)		Date	

1

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 203553

Name HARLEY MILLER

Address 858 ADRA RD
MORGANTON GA 30560

Date: 6-28-26

Instructions: T/I 250 W/ 200G @ 2.499 RUN YARD LI LINE STUB OUT. CCOF SM 706-633-4555

Order #: 516327

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**	
L.P. Gas /Gal	2.999	L.P. Gas /Gal 2.499	
Gallons	200	Gallons 200	
FRCC	$9.79	FRCC $9.79	9.79
Fuel Total	599.80	Fuel Total 499.80	499.80
Tank Lease/YR	99.00	1st yr Lease FREE	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	$250	Tank Set Fee 20.00	20.00
Safety Inspection	$129.95	$29.95	29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			529.00
Safe Appliance Rebate			400.00
TOTAL BALANCE DUE			