

Confirmed cr

CR

10/14/2026 11:02:48 AM

WORK ORDER

Rance Jackson

205 Highpoint Trail
Blairsville, GA 30512
(912) 481-0305

Customer #: 206561
Order #: 558098
Location #: 282841
Zone: B-019--MON--
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10/19/26 C/C stove kit on site Call 706-897-1965 CCOF-CLT

Date Ordered: 10/14/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
---------------------------------	------------------------	-------------------------	---------------	--------------

Name:

Last Service: 10/7/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
-------------	------------------	-------------	-------------------------	----------------------



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 206561

Date: 10/19.26

Name: RANCE JACKSON

Instructions: C/C STOVE KIT ON SITE CCOF CLT

Address: 205 HIGHPOINT TRAIL

BLAIRSVILLE GA 30512

Order #: 558098

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	Water heater		Stove			
Manufacturer	Navien		L.G.			
Model #	NPL-210S2(NG)		ISDL6336F			
Serial #	208402591619543		605KMAN15504			
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
500	M2633726	Good	Trione	2026	U.G.	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	MEC	MEGR-1122H N.V.	☒ Correct ☐ Incorrect		
2nd	Rego	LV3403B4 04-2025	☒ Correct ☐ Incorrect	11.3	13.9

Piping System Leak Test:**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
50 PSI	50 PSI	10 Mins	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
WC	WC	Mins	☐ No				☐ 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) [Signature]	Date 10-19-26
Customer (Print) Customer not present	Customer (Signature)	Date



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 206561

Name RANCE JACKSON

Address 205 HIGHPOINT TRAIL

BLAIRSVILLE GA 30512

Date: 8/28/26

Instructions T/I 500UG W/50G @2.499 GC TO BURY

ANODE BAG RUN YARD LINE T/I MONITOR CCOF CLT

Order #: 536346

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	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	149.95	Fuel Total	124.95
Tank Lease/YR	129.00	1st yr Lease	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	494.78
Safe Appliance Rebate	250.00

TOTAL BALANCE DUE