

Confirmed JB

10/6/2025 4:27:51 PM

WORK ORDER

Travis Coleman dba Coleman Log Homes

144 Moreland Dr
Elijay, GA 30540
(706) 455-1839

Customer #: 203598
Order #: 405100
Location #: 279161
Zone: B-042-TUE-
Terms: Net 30

Map Code:

Tech: _____

Service Code: Propane Service

Description: 10/8 T/I Eikolor see-thru logs labeled in buidling. Complete
water heater. \$3719.95. kpf

Date Ordered: 10/6/2025

Scheduled Date:

Est. Completion:

Start:

Stop:

Name: Propane
Contract:
Manufact:
Notes:
Instructions:

Last Service:
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: _____

Date: 203598

Name: _____

Instructions: _____

Address: _____

Order #: _____

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>LS</u>		<u>WH</u>				
Manufacturer	<u>EXLOR Flames</u>		<u>Rinnai</u>				
Model #	<u>GV60</u>		<u>REU-NBP3237FF-US</u>				
Serial #	<u>NA</u>		<u>SL. BA-202463</u>				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A			
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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>1000</u>	<u>25F015406</u>	<u>Good</u>	<u>American</u>	<u>1997</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 3403TR</u>	<u>10/24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>Rego 4403Y4</u>	<u>8/24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.3</u>	<u>13.1</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ WC	_____ WC	_____ Mins					

Comments: _____

Customer Acknowledgment:

- 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)	Service Technician (Signature)	Date
	<u>[Signature]</u>	<u>10-8-25</u>
Customer (Print)	Customer (Signature)	Date
<u>CNP</u>	<u>[Signature]</u>	



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RINNAI WORK ORDER

Customer Acct #: 203598
 Name TRAVIS COLEMAN
 Address 144 MORELAND DRIVE
ELLIJAY, GA 30540

Date: 03/10/2025
 Instructions: 1000UG W/30G@2.999 T/2 ANODE BAGS
ROUGH IN 6 DROPS. CALL 706-455-1839 EMAIL INVO
 Order #: 339518 VM/JB

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 _____

Retail Price		Contract Price	
_____ Rinnai	\$	\$	
Standard Vent Kit	\$	\$	
Standard Install	\$	\$	
Total	\$	\$	
Tank Set		New Cust Special	
L.P. Gas /Gal	3.299	L.P. Gas /Gal	2.999
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	164.95	Fuel Total	149.95
Tank Lease/YR	179.00	1st yr Lease	FREE
Total Materials			FREE
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		\$29.95
Total Labor			29.95
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			537.58
Safe Appliance Rebate			200.00

% 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

TOTAL BALANCE DUE