

Confirmed G

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10/10/2025 9:07:02 AM

WORK ORDER

Jordan Farmer

106 Still Run
Morganton, GA 30560
(706) 455-9684

Customer #: 204248
Order #: 405576
Location #: 279987
Zone: B-009-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10/13/25 - Customer is concerned about a pressure leak and needs a line ran underneath deck CALL JORDAN FOR DETAILS.FINAL HOOK YD LINE IS RAN - CALL: JORDAN 706-455-9684- CCOF - CT

Date Ordered: 10/8/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 9/25/2025	Last Tune Up:
Contract:	SC Renewal:	
Manufact:	Model:	
Notes:		
Instructions:		

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 204248
 Name JORDAN FARMER
 Address 106 STILL RUN
MORGANTON GA 30560

Date: 8-11-25
 Instructions: DROP OFF 250 W/50G ANODE BAG. RUN
YARD LINE JORDAN 706-455-9684 CCOF SM
 Order #: 386781

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 2.599
Gallons 50	Gallons 50
FRCC \$9.79	FRCC \$9.79
Fuel Total 149.95	Fuel Total 129.95
Tank Lease/YR 129.00	1st yr Lease FREE
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee 20.00
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	

Safe Appliance Savings **487.33**
Safe Appliance Rebate 200.00

TOTAL BALANCE DUE



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204248
 Name: JORDAN FARMER
 Address: 106 STILL RUN
MORGANTON, GA 30560

Date: 10/13/2025
 Instructions: FINAL H/U - YARD LINE IS RAN .
 CALL: 706-633-4001 CCOF - JB
 Order #: 405576

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>LogSet</u>	<u>W/H</u>				
Manufacturer	<u>Empire</u>	<u>Newlon</u>				
Model #	<u>11FSR-24-4</u>	<u>NDe-15082</u>				
Serial #	<u>2318P328277</u>	<u>2075B2542989654</u>				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" 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 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 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A			
Venting System	<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 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 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>250</u>	<u>M2517983</u>	<u>Good</u>	<u>Trianc</u>	<u>2025</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>Reso</u>	<u>3403TR</u>	<u>10-24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>Reso</u>	<u>3403B4</u>	<u>4-25</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.7</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>105</u> PSI	<u>105</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes
___ WC	___ WC	___ Mins	<input type="checkbox"/> No				<input type="checkbox"/> 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)	<u>Alvin Wilcox</u>	Service Technician (Signature)		Date	<u>10-13-25</u>
Customer (Print)	<u>Customer not present</u>	Customer (Signature)		Date	