

Confirmed  
-AN

10/30/2025 2:19:48 PM

# WORK ORDER

## Cathy Berggreen

1305 Forest Drive  
Blairsville, GA 30512  
(404) 819-4088

Customer #: 29143  
Order #: 411476  
Location #: 262052  
Zone: B-003-MON-  
Terms: Net 30

Tech: \_\_\_\_\_

**Map Code:**

**Service Code:** Propane Service

**Description:** 11/4/25 - Final H/U. Run lines to house and generator. Call:  
678-231-7145 CCOF - JB Get with Jamie!!

<b>Date Ordered:</b> 10/28/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:** Heating System

**Last Service:** 10/7/2025

**Last Tune Up:**

**Contract:**

**SC Renewal:**

**Manufact:**

**Model:**

**Notes:**

**Instructions:**

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 29143  
 Name: CATHY BERGGREEN  
 Address: 1305 FOREST DRIVE  
BLAIRSVILLE, GA 30512

Date: 11/04/2025  
 Instructions: **FINAL H/U. RUN LINES TO HOUSE AND GEN**  
**CALL: 678-231-7145 CCOF - JB**  
 Order #: 411476

**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	Water Heater	Log Set			
Manufacturer	Tempstar		Travis			
Model #	F96VTND601716B		864TRV652/65RZ			
Serial #	A2415473951		3412-045398			
Burner/Combustion Chamber	<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
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	<input 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
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	<input 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	<input 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	<input 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
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	<input type="checkbox"/> Yes <input 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
320	M2148590	Good	ARCOSA	2021	46	Good

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	LV3403TR	REGO	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	ME61/1622	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.9

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
60 PSI	60 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 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)	Alix Cash	Service Technician (Signature)	[Signature]	Date	
Customer (Print)	Cathy Berggreen	Customer (Signature)	[Signature]	Date	11/4/25



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# RINNAI WORK ORDER

Customer Acct #: 29143  
 Name CATHY BERGREEN  
 Address 1305 FOREST DRIVE  
BLAIRSVILLE, GA 30512

Date: 08/09/2022  
 Instructions: T/I325UG W/20G @2.999.PUMP  
EXISTING. TAKE 3/4' POLY TO RUN YARD LINE. ANODE  
 Order #: 34528 TEST.

DESCRIPTION OF WORK
<b>COMMENTS:</b>
<b>SERVICED BY:</b>

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	<b>3.199</b>	L.P. Gas /Gal	<b>2.999</b>
Gallons	<b>20</b>	Gallons	<b>20</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>63.98</b>	Fuel Total	<b>59.98</b>
Tank Lease/YR	<b>129.00</b>	1st yr Lease	<b>FREE</b>
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>
Safety Inspection	\$129.95		<b>29.95</b>
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>472.31</b>
<i>Safe Appliance Rebate</i>			<b>450.00</b>
TOTAL BALANCE DUE			