

Confirmed
JM

4/10/2025 4:16:11 PM

WORK ORDER

Jackson Weeks

132 Hurley Lane
Blue Ridge, GA 30513
(706) 455-4355

Customer #: 203650
Order #: 353310
Location #: 279222
Zone: B-005-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 4/17/25 Final Hook up, hook up all appliances. Call
706-455-4355 CCOF VM Go 1st

Date Ordered: 4/10/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 3/21/2025

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 #: 203650

Name: JACKSON WEEKS

Address: 132 HURLEY LANE

BLUE RIDGEE, GA 30513

Date: 4/17/25

Instructions: FINAL HOOK UP. CALL 406-4555-4355 CCO

VM GO 1ST

Order #: 353310

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	W/14 NATURAL NRE 240A 50895163					
Manufacturer						
Model #						
Serial #						
Burner/Combustion Chamber	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<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	<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 type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<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	<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 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	<input 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input type="checkbox"/> Ok	<input 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 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
250	M2259853	GOOD	TANK	2022	A/B	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	REGO 3403TR	12-24	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC 1622	10-23	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.5

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 PSI	10 Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WC	WC	Mins					

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)	Service Technician (Signature)	Date
BRIAN W. STRALE	[Signature]	4-17-25
Customer (Print)	Customer (Signature)	Date
CNARS	[Signature]	



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RINNAI WORK ORDER

Customer Acct #: 203650

Date: 3/21/25

Name JACKSON WEEKS

Instructions: T/I 250AGW/200G@2.999 RUN YARD LINE

Address 132 HURLEY LANE

FLAG WILL MARK LOCATION. CALL 706-455-4355.CCO

BLUE RIDGE, GA 30513

Order #: 343713

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 3.299

L.P. Gas /Gal 2.999

Gallons 200

Gallons 200

FRCC \$9.79

FRCC \$9.79

9.79

Fuel Total 659.80

Fuel Total 599.80

599.80

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

495.93

Safe Appliance Rebate

200.00

TOTAL BALANCE DUE