

Confirmed
c

4/16/2025 9:27:54 AM

WORK ORDER

Garrison Sisson dba Primary Properties - Woods Job

New Hope Road
Morganton, GA 30560
(706) 455-2573

Customer #: 202953
Order #: 354234
Location #: 278402
Zone:
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 04/18/2025 Drop 500UG w/50G @2.999 + Anode. Call
706-455-2573 Email Invoice: gsissonland@gmail.com - JB

| | | | | |
|-------------------------|-----------------|------------------|--------|-------|
| Date Ordered: 4/16/2025 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|-------------------------|-----------------|------------------|--------|-------|

Name:

Last Service: 12/11/2024

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 #: 202953Date: 4-18-25Name: SISSON, G

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 | FURNACE | | W/H | | | |
| Manufacturer | TEMPSTAR | | RINNAI | | | |
| Model # | FAM4X60L24AIC | | RXP199 | | | |
| Serial # | J 242711877 | | SA-BA 003792 | | | |
| 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 |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 500 | M2505293 | GOOD | TRIARC | 2025 | U/C | 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 | REGOMIE 1622 | 11-23 | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 11.6 | 12.2 |

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 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) <u>BRIAN BRADLEY</u> | Service Technician (Signature) <u>[Signature]</u> | Date <u>4-18-25</u> |
| Customer (Print) <u>CNAFS</u> | Customer (Signature) <u>[Signature]</u> | Date |



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RINNAI WORK ORDER

Customer Acct #: 202953

Date: 04/18/2025

Name GARRISON SISSON-PRIMARY PROPERTIES

Instructions: DROP 500UG W/50G@2.999 + ANODE.

Address NEW HOPE ROAD

CALL: 706-455-2573 EMAIL INVOICE:

MORGANTON, GA 30560

GSISSONLAND@GMAIL.COM -- JB

Order #: 354234

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 50 | Gallons 50 |
| FRCC \$9.79 | FRCC \$9.79 |
| Fuel Total 164.95 | Fuel Total 149.95 |
| 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 484.08

Safe Appliance Rebate 500.00

TOTAL BALANCE DUE