

WORK ORDER

Ezra Shaner

718 Laurel Crossing
Blue Ridge, GA 30513
(706) 313-2640

Customer #: 203558
Order #: 361085
Location #: 279122
Zone: B-006-TUE-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 5-8-25 Final Hook up Fireplace and W/H T/I 18" Palmetto
706-313-2640 CCOF SM

Date Ordered: 5/6/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 4/8/2025	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 #: **203558**

Date: **5-8-25**

Name: **EZRA SHANER**

Instructions: **FINAL HOOK UP T/I 18" PALME
PALMETTO OAK LOGS 706-313-2640 CCOF S**

Address: **718 LAU4REL CROSSING
BLUE RIDGE GA 30513**

Order #: **361085**

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	logset	water heater				
Manufacturer	everwarm	Rinnah				
Model #	EWP02430PV	NPE-24052				
Serial #	A231216213	208982440339046				
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	<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 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	<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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting 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	<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 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	<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
120	M2418891	Good	Tru-L-C	2024	VG	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	LV3403TR9	10/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rego	LV3403BY	07/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12.2
					13.1

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 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)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 203558

Name EZRA SHANER

Address 718 LAUREL CROSSING
BLUE RIDGE, GA 30513

Date: 03/06/2025

Instructions: T/I 120UG W/100G@3.799 + ANODE +TEST
RUN LINES AND (2) DROPS. CALL 706-313-2640

Order #: 333503

CCOF - VM/JB

DESCRIPTION OF WORK

COMMENTS:

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

Retail Price		Contract Price
Rinnai	\$	\$
Standard Vent Kit	\$	\$
Standard Install	\$	\$
Total	\$	\$

Tank Set		New Cust Special
L.P. Gas /Gal	3.799	L.P. Gas /Gal 3.799
Gallons	100	Gallons 100
FRCC	\$9.79	FRCC \$9.79
Fuel Total	379.90	Fuel Total 379.90
Tank Lease/YR	129.00	1st yr Lease 129.00
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee	\$250	Tank Set Fee FREE
Safety Inspection	\$129.95	\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		250.00
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		

AMOUNT REC'D	
\$	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK #	
<input type="checkbox"/> CREDIT CARD	
#	
EXP. DATE	
<p>* 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.</p>	
CUSTOMER SIGNATURE	