

5/6/2025 11:52:23 AM

WORK ORDER

Clinton Atwell

67 Beaver Run Rd
Blairsville, GA 30512
(772) 913-5200

Customer #: 203606
Order #: 361077
Location #: 279169
Zone: B-003-MON-
Terms: Net 30

Tech: Alvin Wilcox**Map Code:****Service Code:** Propane Service**Description:** 5/6/25 Final Connection for W/H. Call 772-913-5200 CCOF VM

Date Ordered: 5/6/2025	Scheduled Date: 5/6/2025	Est. Completion: 5/6/2025	Start: 11:52 AM	Stop: 01:52 PM
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Name:**Last Service:** 4/29/2025**Last Tune Up:****Contract:****SC Renewal:****Manufact:****Model:****Notes:****Instructions:****Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
4/29/2025	355012	Alexander Cash	Propane Service	04/29/2025 Final H/U; regulator and stove. Call: 772-913-5200 CCOF - JB
4/29/2025	355012	Alexander Cash	Propane Service	
3/13/2025	341396	Alexander Cash	Propane Service	3/13/25 Rough in, 2 drops, run yard line. Call (772) 913-5200 \$ on site VM
3/11/2025	339792	Michael Sands	Propane Service	3/11/25 Site Visit, customer wants estimate for work and has tech questions. Call 772-913-5200 CCOF VM



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203606
Name: Clinton Atwell
Address: 67 Beaver Run Rd
Bladesville Ga 30512

Date: 5-6-25
Instructions: _____
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	Water heater					
Manufacturer	Navian					
Model #	NPE-24DA2(NG)					
Serial #	2081X2480512C50					
Burner/Combustion Chamber	<input checked="" 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" 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 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	<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 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 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 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 (CO)	816621	Good	Trinity	NV	AG	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	11/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12.1

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 <input type="checkbox"/> No	_____ PSI	_____ PSI	_____ 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>Arch W. ...</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>5-6-25</u>
Customer (Print) <u>Clinton E. Atwell</u>	Customer (Signature) <u>[Signature]</u>	Date <u>5-6-25</u>



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RINNAI WORK ORDER

Customer Acct #: 203606
Name CLINTON ATWEELL
Address 67 BEAVER RUN RD
BLAIRSVILLE GA 30512

Date: 5-6-25
Instructions: FINAL HOOK UP FOR W/H DEL 100G
77291305200 772-913-5200 VM
Order #: 361077

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

 Rinnai \$

Standard Vent Kit \$

Standard Install \$

Total \$

Contract Price

\$

\$

\$

\$

Tank Set

L.P. Gas /Gal **2.999**

Gallons **100**

FRCC \$9.79

Fuel Total **299.00**

Tank Lease/YR

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor

Total charges

Prepay Bal On Account

Safe Appliance Savings

Safe Appliance Rebate

New Cust Special

L.P. Gas /Gal **2.999**

Gallons **100**

FRCC \$9.79

Fuel Total **299.00**

1st yr Lease

Total Materials

Sub-Total

Sales Tax

Tank Set Fee **20.00**

\$29.95

Total Labor

Total charges

Prepay Bal On Account

350.00

200.00

TOTAL BALANCE DUE