

5/23/2025 3:40:14 PM

WORK ORDER

Don Clement d/b/a Homestead Mt Builders

1204 Settlers Ridge Road Lot 29
Ellijay, GA 30540
(706) 455-7087

Customer #: 203737
Order #: 363526
Location #: 279321
Zone: B-037-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 05/29/2025 Run lines: 6-7 drops and final H/U. Call:
706-455-7087 Email Invoice - JB

Date Ordered: 5/23/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Contract:

Manufact:

Notes:

Instructions:

Last Service: 4/2/2025

SC Renewal:

Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 203737
Name DON CLEMENT DBA HOMESTEAD MT BUILDERS
Address 1204 SETTLERS RIDGE RD LOT #29
ELLIJAY GA 30540

Date: 4-2-25
Instructions: DROP 325UG W/200G @ 2.599 DROP ANODE
CALL DON 706-455-7087 EMAIL INVOICE -CT
Order #: 347192

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 <input type="checkbox"/> No <input type="checkbox"/>
Gas check attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leak check	Initial <input type="text"/>
Start Pressure	End Pressure Time Held System OK

% in Tank

AMOUNT REC'D
\$ <input type="text"/>
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # <input type="text"/>
<input type="checkbox"/> CREDIT CARD
<input type="text"/>
EXP. DATE <input type="text"/>
* 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 <input type="text"/> 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 2.999	L.P. Gas /Gal 2.599
Gallons 200	Gallons 200
FRCC \$9.79	FRCC \$9.79 9.79
Fuel Total 599.80	Fuel Total 519.80 519.80
Tank Lease/YR 129.00	1st yr Lease FREE FREE
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	
Safe Appliance Savings	618.35
<i>Safe Appliance Rebate</i>	600.00
TOTAL BALANCE DUE	



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203737

Date:

Name: DON Clement homestead MNT Builders

Instructions:

Address: 1204 Settlers Ridge Road lot 50

Order #: 363526

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	waterheater	Furnice					
Manufacturer	Navien	Rheem					
Model #	NPE210ANG	RLF24821STAN					
Serial #	2082x247046	W372496383					
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	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
320	M2432035	Good	Titan	2024	UG	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	Rege	03/2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	30 MAR 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12.1	13.2

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)	Service Technician (Signature)	Date
Alvin Wilcox	[Signature]	5-29-25
Customer (Print)	Customer (Signature)	Date
Customer not Present	[Signature]	