

Confirmed


6/3/2025 3:01:43 PM

WORK ORDER

Cale Crawford d/b/a Discovery House Homes

285 Lori Lane
Blairsville, GA 30512
(910) 964-4599

Customer #: 202733
Order #: 369557
Location #: 278128
Zone:
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 6/24/25 Switch yard line w/ something we would normally use &
Final h/u. Call 910-964-4599 Invoice -VM

Date Ordered: 6/3/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
Name:	Last Service: 5/19/2025		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 #: 202733

Date: 6/4/25

Name: CALE CRAWFORD DBA DISCOVERY HOUSE HOMES

Instructions: SWITCH OUT YARD LINE W/ WHAT WE
NORMALLY USE. FINAL H/U. CALL 910-964-4599

Address: 285 LORI LANE

INVOICE-VM

BLAIRSVILLE, GA 30512

Order #3695571

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	waterheater				
Manufacturer	Empire	Navian				
Model #	VF5R-30-4	NPE-240A2				
Serial #	2445P393507	2087B2490652702				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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
250	M2428475	Good	Triarc	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	Rego	LV3403TR	12/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rego	LV3403BY	07/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.5

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
110 PSI	110 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)	Alvin W. ...	Service Technician (Signature)	[Signature]	Date	6-4-25
Customer (Print)	Customer not present	Customer (Signature)	[Signature]	Date	



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RINNAI WORK ORDER

Customer Acct #: 202733

Date: 2/6/25

Name CALE CRAWFORD D/B/A DISCOVERY HOUSE HOMES

Instructions: DROP 250UGW/50G@2.999 DROP ANODE

Address 285 LORI LANE

CALL 910-964-4599. HOMEOWNER CCOF 4358

BLAIRSVILLE, GA 30512

Order #: 320241

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 3.299

Gallons 50

FRCC \$9.79

Fuel Total 164.95

Tank Lease/YR 129.00

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor

Total charges

Prepay Bal On Account

New Cust Special

L P Gas /Gal 2.999

Gallons 50

FRCC \$9.79

Fuel Total 149.50

1st yr Lease FREE

Tank Set Fee 20.00

\$29.95

Safe Appliance Savings

Safe Appliance Rebate 200.00

484.57

TOTAL BALANCE DUE