

Confirmed JB

6/10/2025 8:29:04 AM

WORK ORDER

Edwin Copeland

281 Kellie Drive II
Blairsville, GA 30512
(941) 812-1973

Customer #: 203303
Order #: 369994
Location #: 278817
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 06/13/2025 T/I 325UG w/ 200G @2.599 + RUN YARD LINE + 4
drops stove, furnace, h/w, fp. Test Anode. Johnny to bury. Call:
706-633-7397 CCOF - JB

Go!#

Date Ordered: 6/6/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

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 #: 203303

Date: 06/13/2025

Name: EDWIN COPELAND

Instructions: T/I 325UG W/200G@2.599+RUN YARD LINE

Address: 281 KELLIE DRIVE II

+ 4 DROPS-STOVE, FURNACE, W/H, FP. TEST ANODE.

BLAIRSVILLE, GA 30512

JOHNNY TO BURY. CALL: 706-633-7397 CCOF - JB
Order #: 369994

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	<u>Cooktop</u>	<u>Furnace</u>	<u>Water heater</u>		
Manufacturer	<u>WEGEK7030PS00</u>	<u>Bryant</u>	<u>Navien</u>		
Model #	<u>1DDST03294</u>	<u>CAAMP6121AAAEAAA</u>	<u>NPe-240AZ</u>		
Serial #	<u>WUW1201</u>	<u>4424503752</u>	<u>2087D2491379306</u>		
Burner/Combustion Chamber	<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
Sediment Trap	<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
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
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
Combustion Air	<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 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
<u>325</u>	<u>A72507194</u>	<u>Good</u>	<u>Triarc</u>	<u>2025</u>	<u>UG</u>	<u>Good</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>R150</u>	<u>2403179</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>MEE</u>	<u>1022</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WC	WC	Mins					

Comments: No Flow & lock up no power at time of hook up could not test units

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>Arvin Wilcox</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>6-13-25</u>
Customer (Print)		Customer (Signature)	<u>[Signature]</u>	Date	<u>6/13/2025</u>



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RINNAI WORK ORDER

Customer Acct #: 203303
Name EDWIN COPELAND
Address 281 KELLIE DRIVE
BLAIRSVILLE GA 30512

Date: 6-13-25
Instructions: T/I 325UG W/260 @ 2.599 RUN YARD L.I.
DROP STOVE, FURN W/H FP TEST ANDOE - JOHNNY BURY
Order #: 369994

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
\$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/> 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	2.999	L.P. Gas /Gal	2.599
Gallons	260	Gallons	260
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	611.80	Fuel Total	508.80
Tank Lease/YR	129.00	1st yr Lease	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		650.63	
Safe Appliance Rebate		650.00	
TOTAL BALANCE DUE			