

Confirmed *CA*

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12/2/2024 10:54:17 AM

WORK ORDER

Charles Anderson - Anderson Custom Homes

986 Owen Glen Drive Lot 103
Blairsville, GA 30512
(706) 889-4756

Customer #: 202419
Order #: 291608
Location #: 277727
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: ~~Run yard line~~ Call Jeremy 706-889-4756 CHG Email invoice

12/3/24 VM Look at each end of yard line

Date Ordered: 12/2/2024	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 9/13/2024

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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INVOICE

Customer #:	202419
Payment Terms:	Net 30
Invoice #:	291608
Invoice Date:	2024-12-03
Total Due	\$496.90

Charles Anderson - Anderson Custom Homes
 P.O. Box 371
 Blairsville, GA 30512

Make Check Payable to: Folger Gas, LLC

Amount Enclosed: \$ _____

Remit To:
 Folger Gas, LLC
 PO BOX 2155
 Blue Ridge, GA 30513

Customer Name		Delivery/Service Address		Cust #	Invoice #	Inv Date
Charles Anderson - Anderson Custom Homes		986 Owen Glen Drive Lot 103 - Blairsville, GA 30512		202419	291608	2024-12-03
Quantity	Item Number	Description	Unit Price	TOTAL		
1.00	971410	3/4" X 36" RISER	\$79.9500	\$79.95		
1.00	71412	3/4" X 84" RISER	\$84.9500	\$84.95		
2.00	45036	3/4" 90 DEGREE STR	\$6.2500	\$12.50		
3.00	45226	3/4" X CLOSE NIPPL	\$4.0000	\$12.00		
1.00	45127	3/4" UNIONS	\$29.9500	\$29.95		
1.00	45096	1" x 3/4" Bell Reducer	\$4.0000	\$4.00		
1.00	GENREG	Generator Regulator LV4403B46	\$99.9500	\$99.95		
1.00	2464847	3/4X3/4 FIP CUTOFF	\$29.9500	\$29.95		
1.00	Shop Supplies	Shop Supplies	\$17.6600	\$17.66		
1.00	Labor	Labor	\$100.0000	\$100.00		
		GA State Sales Tax:		\$14.85		
		Union County Tax:		\$11.14		

Tank/Equipment: Heating System -

For Fuel or Service At:

986 Owen Glen Drive Lot 103 - Blairsville, GA 30512

Sub Total	\$470.91
Charges	\$0.00
Tax Total	\$25.99

ACCOUNT BALANCE	\$1,219.36	TOTAL DUE	\$496.90
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12/03/2024 - Technician: Mark Hooper - Work Performed: - Hooked tank to stub out. Leak test at 80psi for 10mins. No leaks. Pressure test at 15psi for 10mins. No leaks. 80% mh jc

Folger Gas, LLC
PO BOX 2155
Blue Ridge, GA 30513
706-632-7606
www.folgergas.com



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 202419
 Name: Charles Anderson - Anderson Custom Homes
 Address: 986 Owen Glen Drive Lot 103
Blairsville, GA 30512

Date: 12/03/2024
 Instructions: Run yard line; call Jeremy
(706) 889-47561 CHG Email Invoice VM
 Order #: 291608

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	Furnace	LS	LS
Manufacturer	Trane	Heat Glo	Heat Glo
Model #	4TVCC007D53	SL-9-IFT	SL-9-IFT
Serial #	24165YMBGG	LC6472133	LC6478148
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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 type="checkbox"/> Ok	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	M2327880	Good	Trinity	2023	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 3403TR9	12/23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego 4403B66	4/24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.8	12.7

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
80 PSI	80 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
	<i>James Robinson</i>	12-3-24
Customer (Print)	Customer (Signature)	Date
CNP		