

JB confirmed

6/19/2025 3:07:38 PM

WORK ORDER

Pam Matthews

189 Scenic Mountain View Road
Blue Ridge, GA 30513
(706) 838-0583

Customer #: 204037
Order #: 371735
Location #: 279736
Zone: B-005-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 06/23/2025 T/I (2x) 325AG w/50G @2.599 - PUMP OVER. Call:
706-838-0583 CCOF - JB

Date Ordered: 6/19/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: BARN

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 #: 204037

Date: 06/23/2025

Name: PAM MATTHEWS - ~~HOUSE~~ TANK *BARN*

Instructions: T/I 325AG W/50G@2.599-PUMP OVER.

Address: 189 SCENIC MOUNTAIN VIEW ROAD

POSSIBLE RUN NEW YARD LINE. CALL: 706-838-0583

BLUE RIDGE, GA 30513

Order #: 371735

CCOF - JB

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	<i>Stone</i>		<i>W/H</i>		<i>Furnace</i>	
Manufacturer	<i>Martag</i>		<i>Rinnai</i>		<i>Rheem</i>	
Model #	<i>N/V</i>		<i>RL941</i>		<i>RCF3621</i>	
Serial #	<i>N/V</i>		<i>REV VC2837 FWD-VS</i>		<i>W151614586</i>	
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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	<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 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	<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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
<i>325</i>	<i>1429725</i>	<i>good</i>		<i>National</i>	<i>1987</i>	<i>Ag</i>	<i>good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<i>Rego</i>	<i>3-24</i>	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<i>Shenandoah</i>	<i>N/V</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<i>11.4</i>	<i>12.8</i>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>100</i> PSI	<i>100</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> Yes
			<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)	<i>Alex Cosh</i>	Service Technician (Signature)		Date	
Customer (Print)	<i>PAM MATTHEWS</i>	Customer (Signature)	<i>Pam Matthews</i>	Date	



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RINNAI WORK ORDER

Customer Acct #: 204037
Name PAM MATTHEWS - BART
Address 189 SCENIC MOUNTAIN NEW RD
BLUE RIDGE GA 30513

Date: 6-23-25
Instructions: T/I 325 WA W/250 RUN NEW YARD LINE
706-838-0583 CCOF JB
Order #: 371735

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 260.44	Gallons 260
FRCC \$9.79	FRCC \$9.79
Fuel Total 857.24	Fuel Total 779.74
Tank Lease/YR 99.00	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	636.44
Safe Appliance Rebate	650.00
TOTAL BALANCE DUE	