

8/1/2025 11:55:50 AM

WORK ORDER

Logan Davis DBA LRD Contracting

265 North View Dr
Mineral Bluff, GA 30559
(706) 633-6464

Customer #: 203878
Order #: 380950
Location #: 279499
Zone: B-014-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 08/04/2025 Run yard line and final H/U in house. Call:
706-633-6464 Invoice - JB

Date Ordered: 7/28/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 5/9/2025

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 #: 203878

Date: 08/04/2025

Name: LOGAN DAVIS DBA LRD CONTRACTING

Instructions: RUN YARD LINE AND FINAL H/U IN HOUSE
CALL: 706-633-6464 INVOICE - JB

Address: 265 NORTH VIEW DRIVE

MINERAL BLUFF, GA 30559

Order #: 380950

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	Generator	Logisizer	Stove	Furnace	W/H	Linear FP
Manufacturer	Generac	NV	CAFE	Rheem	Nature	Empire
Model #	G00704311	NV	CE700P3MSD1	N92MS2080210A	NPE-24052	NV
Serial #	3016247214	NV	LA926185P	A250858620	208911223089487	NV
Burner/Combustion Chamber	<input 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 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 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 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 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 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	m2507595	Good	Triarc	2025	WC	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	Riso	3403TR9	5-25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	mBC	1622	11-Dec-23	<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
100 PSI	100 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: Could not test Generator no battery on unit to be able to test.

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)	Avin Willey	Service Technician (Signature)	[Signature]	Date	8-4-25
Customer (Print)	Customer not Present	Customer (Signature)		Date	



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RINNAI WORK ORDER

Customer Acct #: 203878
Name LOGAN DAVIS DBA LRD CONTRACTING
Address 265 NORTH VIEW DR
MINERAL BLUFF GA 30559

Date: 7-31-25
Instructions: T/I 325 W/ 260 @ 2.599 CCOF SM
706-633-6464
Order #: 280879

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
<p>* 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.</p>
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 9.79
Fuel Total	779.74	Fuel Total 675.74 675.74
Tank Lease/YR	129.00	1st yr Lease FREE FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee	\$250	Tank Set Fee 20.00 20.00
Safety Inspection	\$129.95	\$29.95 29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		579.31
Safe Appliance Rebate		600.00
TOTAL BALANCE DUE		