

# WORK ORDER

## Wally Stover

372 Utana Bluff Trail  
 Ellijay, GA 30540  
 (706) 273-6514

Customer #: 203968  
 Order #: 392670  
 Location #: 279646  
 Zone: B-042-TUE-  
 Terms: Net 30

Tech: \_\_\_\_\_

Map Code:

Service Code: Propane Service

Description: 09/05/2025 Final H/U. Call: (706) 273-6514 EMAIL INVOICE - JB

*Generator*

<b>Date Ordered:</b> 9/2/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
<b>Name:</b>	<b>Last Service:</b> 6/5/2025	<b>Last Tune Up:</b>		
<b>Contract:</b>	<b>SC Renewal:</b>			
<b>Manufact:</b>	<b>Model:</b>			
<b>Notes:</b>				
<b>Instructions:</b>				

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203968  
 Name: WALLY STOVER  
 Address: 372 UTANA BLUFF TRAIL  
ELLIJAY, GA 30540

Date: 09/05/2025  
 Instructions: FINAL H/U. CALL: 706-273-6514  
EMAIL INVOICES-JB  
 Order #: 392670

**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		Furnace			
Manufacturer	General		Heater			
Model #	600121010		CH40CT-600-01			
Serial #	3017324529		1524E30813			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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 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 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 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 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 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 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
1500	0947	Good	Ammonia	1997	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 3403R	4-24	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego 1V4403B66	6-24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.8	13.1

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
50 PSI	50 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) <i>Stephen A Lewis</i>	Service Technician (Signature) <i>Stephen A Lewis</i>	Date <i>9-4-25</i>
Customer (Print)	Customer (Signature)	Date



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# RINNAI WORK ORDER

Customer Acct #: 203968  
 Name Wally Stover  
 Address 372 Utana Bluff Trail  
Ellijay ga 30540

Date: 6-5-25  
 Instructions: Drop off 1000ug w/50g @ 2.599 2- ando  
anode bags also 60ft of 1/2" poly sm 706-273-651  
 Order #: 369686

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 \_\_\_\_\_

Retail Price	Contract Price
_____ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

Tank Set	New Cust Special
L P Gas /Gal <b>2.599</b>	L P Gas /Gal <b>2.999</b>
Gallons <b>50</b>	Gallons <b>50</b>
FRCC \$9.79	FRCC \$9.79
Fuel Total <b>149.95</b>	Fuel Total <b>129.95</b>
Tank Lease/YR <b>129.00</b>	1st yr Lease <b>free</b>
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee <b>20.00</b>
Safety Inspection \$129.95	\$29.95
Total Labor	<b>29.95</b>
Total charges	
Prepay Bal On Account	

% in Tank \_\_\_\_\_

**AMOUNT REC'D**

\$ \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_

CREDIT CARD

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

Safe Appliance Savings	<b>490.51</b>
<b>Safe Appliance Rebate</b>	<b>400.00</b>

\* 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

**TOTAL BALANCE DUE**