

1/8/2025 10:52:26 AM

## WORK ORDER

**Michael Freshley**

556 High River Crossing  
Ellijay, GA 30540  
(770) 466-4265

Customer #: 203083  
Order #: 311008  
Location #: 278564  
Zone: B-042-TUE-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 1/14 - FINAL HOOK UP. RUN YARD LINE AND ANODE TEST.  
WILL 706-669-0426

<b>Date Ordered:</b> 1/8/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:**

**Contract:**

**Manufact:**

**Notes:**

**Instructions:**

**Last Service:** 1/3/2025

**SC Renewal:**

**Model:**

**Last Tune Up:**

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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## RINNAI WORK ORDER

Customer Acct #: 203083

Name MICHAEL FRESHLEY

Address 556 HIGH RIVER CROSSING

ELLIJAY, GA 30540

Date: 1/3/25

Instructions: DROP 500UG W/50G@2.999 DROP ANODE BAG

CALL WILL 706-669-0426. REFERRED BY 200190 CCOF

Order #: 301474

### 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

\$           

☐ CASH ☐ CHECK #           

☐ 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

Rinnai	\$
Standard Vent Kit	\$
Standard Install	\$
Total	\$

### Contract Price

	\$
	\$
	\$
	\$

### Tank Set

L.P. Gas /Gal	<b>3.299</b>
Gallons	<b>50</b>
FRCC	\$9.79
Fuel Total	<b>164.95</b>
Tank Lease/YR	<b>129.00</b>
Total Materials	
Sub-Total	
Sales Tax	

### New Cust Special

L.P. Gas /Gal	<b>2.999</b>
Gallons	<b>50</b>
FRCC	\$9.79
Fuel Total	<b>149.95</b>
1st yr Lease	<b>FREE</b>
	<b>FREE</b>

Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>	<b>20.00</b>
Safety Inspection	\$129.95		\$29.95	<b>29.95</b>
Total Labor				
Total charges				
Prepay Bal On Account				

Safe Appliance Savings	<b>484.08</b>
<i>Safe Appliance Rebate</i>	<b>300.00</b>

TOTAL BALANCE DUE





# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203083

Date: \_\_\_\_\_

Name: Michael Freshley

Instructions: \_\_\_\_\_

Address: \_\_\_\_\_

Order #: \_\_\_\_\_

**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>Furnace</u>					
Manufacturer	<u>Trane</u>					
Model #	<u>47XCB003D53HCB3A</u>					
Serial #	<u>24404A4856</u>					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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 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 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 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 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 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 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>500</u>	<u>M2432777</u>	<u>Good</u>	<u>Trinity</u>	<u>2024</u>	<u>Up</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>Rego</u>	<u>LV34031P29</u>	<u>10/2024</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>Rego</u>	<u>LV3403134</u>	<u>07/2024</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.1</u>

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>40</u> PSI	<u>40</u> PSI	<u>10</u> Mins	<input 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: \_\_\_\_\_

## 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>Alex Cash</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>1/14/25</u>
Customer (Print)		Customer (Signature)	<u>CNP</u>	Date	