

1/23/2025 8:51:01 AM

# WORK ORDER

## Anthony Falls

120 Rolling Rapids Road  
Blue Ridge, GA 30513  
(706) 455-1216

Customer #: 202503  
Order #: 317698  
Location #: 277837  
Zone:  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 1/27/25 Run yard line and house lines, T/I 30" Palmetto, hook up  
Furn, cap outside FP. Call Anthony (706) 455-1216 CCOF VM

Date Ordered: 1/23/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 12/13/2024

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

### Service History:

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

Customer Account #: 202503

Date: 1/27/25

Name: ANTHONY FALLS

Instructions: RUN YARD LINE AND HOUSE LINES. T/I  
30" PALMETTO, HOOK UP FURNACE, CAP OUTSIDE FP

Address: 120 ROLLING RAPIDS ROAD

Order #: 317698

BLUE RIDGE, GA 30513

**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		109 cft				
Manufacturer	International		Everwarm				
Model #	EAM4X30L17A1E		EW P02430				
Serial #	J243600508		A23 G281568				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<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 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 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 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 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 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 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 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
325	M 2432056	good	Triarc	2024	Ag	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 3403TR	10 C 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego 4403Y4	9 B 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.9

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
20 PSI	20 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)	Alex Cost	Service Technician (Signature)		Date	
Customer (Print)	CNAP	Customer (Signature)		Date	





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# RINNAI WORK ORDER

Customer Acct #: 202503  
Name Anthony Falls  
Address Rolling Rapids Road  
Blue Ridge, GA 30513

Date: 12/13/2024  
Instructions: Drop 325UG w/50gal @2.999g; They  
will bury; Customer said he has his own Anode  
Bag; Anthony (706) 455-1216; CCOF  
Order #: 296319

## 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

### Contract Price

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

### Tank Set

### New Cust Special

L.P. Gas /Gal <b>3.299</b>	L.P. Gas /Gal <b>2.999</b>	
Gallons <b>50</b>	Gallons <b>50</b>	
FRCC \$9.79	FRCC \$9.79	<b>9.79</b>
Fuel Total <b>164.95</b>	Fuel Total <b>149.95</b>	<b>149.95</b>
Tank Lease/YR <b>129.00</b>	1st yr Lease <b>FREE</b>	<b>FREE</b>
Total Materials		
Sub-Total		
Sales Tax		
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>
<b>Safe Appliance Rebate</b>	<b>300.00</b>

TOTAL BALANCE DUE