

Confirmed  
IN

1/30/2025 10:52:06 AM

## WORK ORDER

### Mary Barton

580 Owl Creek Rd  
Blairsville, GA 30512  
(770) 570-9966

Customer #: 203388  
Order #: 320627  
Location #: 278916  
Zone: B-003-MON-  
Terms: Net 30

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

#### Map Code:

Service Code: Propane Service w/200g @ \$2.99

Description: Drop in 250ag, lines there. Call 770-570-9966 CCOF VM

Date Ordered: 1/30/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

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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## RINNAI WORK ORDER

Customer Acct #: 203388

Name MARY BARTON

Address 580 OWL CREEK RD  
BLAIRSVILLE, GA 30512

Date: 1.31.25

Instructions DROP IN 250AGW/200G@2.999, LINES THE  
CALL 770-570-9966 CCOF VM

Order #: 320627

### 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 **3.299**

Gallons **200**

FRCC \$9.79

Fuel Total **659.80**

Tank Lease/YR **99.00**

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor

Total charges

Prepay Bal On Account

### New Cust Special

L.P. Gas /Gal **2.999**

Gallons **200**

FRCC \$9.79

Fuel Total **599.80**

1st yr Lease **FREE**

Total Materials

Sub-Total

Sales Tax

Tank Set Fee **20.00**

Safety Inspection **\$29.95**

Total Labor

Total charges

Prepay Bal On Account

**9.79**

**599.80**

**FREE**

**20.00**

**29.95**

**20.00**

**29.95**

**29.95**

**29.95**

**29.95**

**29.95**

Safe Appliance Savings

**495.93**

*Safe Appliance Rebate*

TOTAL BALANCE DUE





# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203388

Name: MARY BARTON

Address: 580 OWL CREEK RD

BLAIRSVILLE, GA 30512

Date: 1/31/25

Instructions: DROP IN 250AGW/200G. LINES THERE.  
CALL 770-570-9966 CCOF VM

Order #: 320627

**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					
Manufacturer	Goodman					
Model #	GMPN080-4					
Serial #	9807617802					
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
250	M242783S	Good	Trigh	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	LV3403TR9	10/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rego	4403BY	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.4

## 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	_____ PSI	_____ PSI	_____ Mins	<input 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)	Avin Wilcox	Service Technician (Signature)	[Signature]	Date	1-31-25
Customer (Print)		Customer (Signature)	Mary Barton	Date	1-31-25