

1/28/2025 2:30:17 PM

# WORK ORDER

**Jackie Burkhalter**

146 Depo Street Suite 102  
Blue Ridge, GA 30513  
(770) 710-9771

Customer #: 203214  
Order #: 319886  
Location #: 278717  
Zone: B-015-FRI-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 1-31-25 Run 2 lines to HVAC systems 706-455-9749 Henry

<b>Date Ordered:</b> 1/28/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
--------------------------------	------------------------	-------------------------	---------------	--------------

**Name:**

**Last Service:** 1/22/2025

**Last Tune Up:**

**Contract:**

**SC Renewal:**

**Manufact:**

**Model:**

**Notes:**

**Instructions:**

## Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
------	-----------	------	------------------	---------------



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203214

Date: 1-31-25

Name: JACKIE BURKHALTER

Instructions: RUN 2 LINES TO HVAC SYSTEMS SM

Address: 146 DEPO STREET SUTE 102

706-455-9749 HENRY

BLUE RIDGE GA 30513

Order #: 319886

**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		Furnace			
Manufacturer	TempStar		TempStar			
Model #	EAM4X36L2A1E		EAM4X36L2A1E			
Serial #	J243313535		J243313534			
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
<del>500</del>	<del>12403789</del>	Good	Trinity	<del>2024</del>	Ag	Good
500	12403789			2024		

## Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Prego	LV 3403 TR9 10/1/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Prego	LV 3403 TR9 02/2024	<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
65 PSI	65 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)	Service Technician (Signature)	Date
Henry	[Signature]	1/31/25
Customer (Print)	Customer (Signature)	Date
Jackie Burkhalter	[Signature]	1/31/25





www.folgergas.com

## RINNAI WORK ORDER

Customer Acct #: 203214  
Name JACKIE BURKHALTER  
Address 146 DEPOT STREET SUITE 102  
BLUE RIDGE, GA 30513

Date: 1/16/25  
Instructions: T/I 500AGW/50G@2.999 PUMP EXISING.  
MOVE COMP TANK TO LOWER PARKING LOT. T/I MONITOR  
FOR AUTO FINISH FILL CALL HENRY 706-455-9749  
Order #: GGOF

### 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	3.299	L.P. Gas /Gal	2.999	
Gallons	50	Gallons	50	
FRCC	\$9.79	FRCC	\$9.79	9.79
Fuel Total	164.95	Fuel Total	149.95	149.95
Tank Lease/YR	99.00	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	451.98
Safe Appliance Rebate	500.00

TOTAL BALANCE DUE