

Confirmed

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2/17/2025 12:08:30 PM

WORK ORDER

Marc Nicholson - POH Scholarship Home

453 Settlers Road
Ellijay, GA 30540
(706) 455-1078

Customer #: 202473
Order #: 330091
Location #: 277798
Zone:
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 2/18/25 Run lines and drops; connect furnace. call
706-455-1078 INVOICE VM

Date Ordered: 2/17/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 11/25/2024

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 #: 202473

Date: 2/18/25

Name: MARC NICHOLSON POH SCHOLARSHIP HOME

Instructions: RUN LINES & CONNECT FURNACE.

Address: 253 SETTLERS RIDGE

CALL 706-455-1078 INVOICEE VM

ELLIJAY GA 30540

Order #: 330091

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	Rheem					
Model #	R921V1005A21M45CAP					
Serial #	W122303156					
Burner/Combustion Chamber	<input checked="" 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				
Sediment Trap	<input checked="" 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				
Electronic Ignition System	<input checked="" 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				
Combustion Air	<input checked="" 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				

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
1000	252001526	Good	American	1995	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	R990	3403TR	4/24		
2nd	R990	4403Y4	7/24	11.4	12.9

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 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
Customer (Print)	Customer (Signature)	Date

CNP

James Polman

2-18-25



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 202473
 Name Marc Nicholson - Scholarship Home
 Address 453 Settlers Road
Ellijay, GA 30540

Date: 09/25/2024
 Instructions: Drop 1000UG w/50gal @2.999g; Drop 2 Anode Bags; Rough in with 8 drops (hot water heater, 3 fireplaces, 2 lanterns, hvac, and stove); (706) 455-1078; CHG, per RF; CT
 Order #: 263646

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 179.00	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 **537.58**
Safe Appliance Rebate 300.00

TOTAL BALANCE DUE