

1/22/2025 5:10:10 PM

WORK ORDER

Evan Yates

794 Lake Nottley
Blairsville, GA 30512
(678) 907-5286

Customer #: 203305
Order #: 317561
Location #: 278821
Zone: B-003-MON-
Terms: COD

Tech: _____

Map Code:

Service Code: Propane Service

Description: 1-23-25 T/I 250 w/200g @ 2.999 Connect to lines already there
CCOF SM 540-353-3318 - Ashley

Date Ordered: 1/22/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203305

Date: 1-23-25

Name: EVAN YATES

Instructions: T/I 250 W/200G @ 2.999 CONNECT

Address: 794 LAKE NOTTLEY

TO LINES ALREADY THERE

BLAIRSVILLE

Order #: 317561

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 #	RGEA14036AJ0081AA					
Serial #	FD51701414					
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	M2429767	Good	Tr. & L.	2024	AG	Good

Regulator(s):

Manufacturer		Model	Regulator Date	Regulator Venting		Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego	LV404B34	05/2023	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	11.5	13.0
1st				<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		
2nd				<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
80 PSI	80 PSI	10 Mins	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> Yes
			<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
Avin Wilcox	[Signature]	1-23-25
Customer (Print)	Customer (Signature)	Date
	Kathleen G. Stewart	



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 203305
Name EVAN YATES
Address 794 LAKE NOTTLEY
BLAIRSVILLE GA 30512

Date: 1-23-25
Instructions: T/I 250 W/200G @ 2.999 CONNECT TO
LINES ALREADY THERE. CCOF SM ASHLEY 540-353-33
Order #: 317561

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 **200**

Gallons **200**

FRCC \$9.79

FRCC \$9.79

9.79

Fuel Total **659.80**

Fuel Total **599.80**

588.80

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

500.13

Safe Appliance Rebate 200.00

TOTAL BALANCE DUE