

3/14/2025 10:42:01 AM

WORK ORDER

Marc Nicholson - POH Scholarship Home

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

Customer #: 202473
Order #: 342439
Location #: 277798
Zone: B-037-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service *w/H*

Description: 03/14/2025 H/U w/h Onsite Call (706) 455-1078 Invoice - JB

Date Ordered: 3/14/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 3/3/2025

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 #: 202473Date: 3-14-25Name: Marl Nicholson - Pott Scholarship HomeInstructions: Hook up w/H on siteAddress: 453 Settlers RdEllijay Ga 30540

Order #:

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	<u>waterheater</u>					
Manufacturer	<u>Navian</u>					
Model #	<u>NPE-240A2</u>					
Serial #	<u>208702452079866</u>					
Burner/Combustion Chamber	<input type="checkbox"/> Ok <input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> Ok	<input 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 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 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 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 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 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 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
<u>1000</u>	<u>252001525</u>	<u>Good</u>	<u>American</u>	<u>1995</u>	<u>UG</u>	<u>Good</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>LV3403TR</u>	<u>12/2024</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>LV4403Y4</u>	<u>02/2023</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.7</u>	<u>12.9</u>

Piping System Leak Test:**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	____ PSI	____ PSI	____ Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No
____ WC	____ WC	____ Mins					

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) <u>Alvin Wilton</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>3-14-25</u>
Customer (Print) <u>Customer</u>	Customer (Signature) <u>[Signature]</u>	Date



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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 drop
(hot water heater, 3 fireplaces, 2 lanterns,
hvac, and stove); (706) 455-1078; CHG, per KF
Order #: 263646 CT

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 200.00

TOTAL BALANCE DUE