

CONFIRMED  
a [Signature]

3/25/2025 2:58:06 PM

# WORK ORDER

**Landon Clement**

816 Hillcrest Drive  
McCaysville, GA 30555  
(706) 851-6524

Customer #: 201174  
Order #: 345603  
Location #: 276146  
Zone: B-002-MON-  
Terms: Net 30

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

Map Code:  
Service Code: Propane Service + yard lines for UG tank  
Description: 03/28/2025 Run lines: HVAC, W/H, stove, FP. Call Don:  
706-455-7087 CCOF - JB

Date Ordered: 3/25/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 12/18/2023	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 #: 201174

Date: 03/28/2025

Name: LONDON CLEMENT - DON

Instructions: RUN LINES: HVAC, W/H, FP, STOVE; YARD  
LINE FOR UG TANK. CALL: 706-455-7087 CCOF - JB

Address: 816 HILLCREST DRIVE

Order #: 345603

MCCAYSVILLE, GA 30555

**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 #	RCFZ3617STAMCA					
Serial #	W052313533					
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
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
325	M2338746	GOOD	ARCO	2023	4/6	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	Reso	3404TR 10-24	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Reso	1622 10-24	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	71-1	123

## 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 <input type="checkbox"/> No	15 PSI	15 PSI	20 Mins	<input checked="" 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)	Service Technician (Signature)	Date
CNAFS	BRADLEY	3-28-25
Customer (Print)	Customer (Signature)	Date





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## RINNAI WORK ORDER

Customer Acct #: 201174  
Name LONDON CLEMENT  
Address 816 HILL CREST DR  
MCCAYSVILLE GA 30555

Date: 12/18/23

Instructions: **DROP 325UG W/20G@2.999. ANODE BAG  
BUILDER TO BURY. FINISH FILL. CALL DON 706-455-**

Order #: 169871 CCOF JH 7087

### 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 3.199

L.P. Gas /Gal 2.999

Gallons 20

Gallons 20

FRCC \$9.79

FRCC \$9.79

9.79

Fuel Total 63.98

Fuel Total 59.98

59.98

Tank Lease/YR 129.00

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

472.31

Safe Appliance Rebate

300.00

TOTAL BALANCE DUE