

3/24/2025 10:08:46 AM

# WORK ORDER

**Dan McEvoy**

3758 Devils Den  
Epworth, GA 30541  
(770) 355-2426

Customer #: 202658  
Order #: 345095  
Location #: 278031  
Zone: B-005-TUE-  
Terms: COD

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

Map Code:

Service Code: Propane Service

Description: 03/26/2025 Run yard line and final H/U. Call 706-851-3699  
CCOF - JB

Date Ordered: 3/24/2025	Scheduled Date:	Est. Completion:	Start:		Stop:
Name:	Last Service: 10/30/2024		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 #: **202658**

Name: **DAN MCEVOY**

Address: **3758 DEVILS DEN**

**EPWORTH, GA 30541**

Date: **03/26/2025**

Instructions: **RUN YARD LINE + FINAL H/U**

**CALL 706-851-3699 CCOF - JB**

Order #: **345095**

**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	Stove	Furnace				
Manufacturer	GE	Tempstar				
Model #	GGF60DAV2SS	N92MSN1601714A1				
Serial #	AA041916R	A250362349				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Electronic Ignition System	<input checked="" 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input checked="" 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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

## Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	m2402632	Good	Trinity	2024	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	Prego	LV3403TR6	12/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Prego	LV3403B4	07/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
90 PSI	90 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)	Alex cash	Service Technician (Signature)		Date	3/26/25
Customer (Print)		Customer (Signature)	CNP	Date	





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## RINNAI WORK ORDER

Customer Acct #: 202658

Date: 10/30/2024

Name Ben McEvoy

Instructions: Drop Off 250UG w/50gal; They will

Address 3758 Devils Den

bury 1 anode bag. Will let us know when we need to run lines. CCOF SM 706-851-3699 Eric Ray

Epworth, GA 30541

Order #: 275723

### 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 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

484.08

Safe Appliance Rebate

300.00

TOTAL BALANCE DUE