

Confirmed
VM

4/3/2025 10:17:02 AM

WORK ORDER

Shahab Fard Renovation Spot LLC

Big Valley Drive
Lot 50
Morganton, GA 30560
(404) 904-7105

Customer #: 203556
Order #: 352229
Location #: 279119
Zone: B-008-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 4/8/25 T/I Firebox, do final hook ups. Call Mario 863-266-6936

Invoice VM T/I logs

Date Ordered: 4/3/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 3/7/2025

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 #: 203556

Date: 4/8/25

Name: SHAHAB FARD RENOVATION SPOT LLC

Instructions: T/I FB (LABELED IN BACK) DO FINAL HOOK
UPS. CALL MARIO 863-266-6936

Address: BIG VALLEY DRIVE LOT 50

Order #: 352229

, ORGANTON, GA 30560

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	Log Set		Linear FP		Furnace	
Manufacturer	Empire		H & H		Tempstar	
Model #	VFSE-18-2		AVFL42PIF-RB		N92MSN0801716A1	
Serial #	241SP368862		MP099011500		A233658294	
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<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	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<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	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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 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	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
500 Ag	m24 03826	Good	Hiarc	2024	Ag	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	Rego	3403TR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	122214	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.9

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	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
Customer (Print)	CN AP	Customer (Signature)		Date



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RINNAI WORK ORDER

Customer Acct #: 203356

Name SHAHAB FARD REENOVATION SPOT LLC

Address BIG VALLEY DRIVE
MORGANTON, GA 30560

Date: 3/5/25

Instructions: T/I 500AGW/50G@2.999 RUN LINES, 5
DROPS. CALL 404-904-7105. INVOICE

Order #: 333442

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 <input type="checkbox"/> No <input type="checkbox"/>
Gas check attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leak check	Initial <input type="checkbox"/>
Start Pressure	End Pressure
Time Held	System OK

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
Fuel Total	164.95	Fuel Total	149.95
Tank Lease/YR	99.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95	Safety Inspection	\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			651.98
Safe Appliance Rebate			300.00
TOTAL BALANCE DUE			

AMOUNT REC'D
\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK #
<input type="checkbox"/> 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
