

Confirmed &

2/11/2026 3:29:27 PM

# WORK ORDER

**Mary Funk**

418 My Mountain Road  
Morganton, GA 30560  
(404) 725-1756

\*Call homeowner with total  
and property manager will  
bring a check.

Customer #: 205676  
Order #: 470439  
Location #: 281715  
Zone:  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 02/13/26 - Drop in 250ag w/200g@2.999 - lines there. Call:  
404-725-1756 CCOF - JB Door Code: 1756

Date Ordered: 2/11/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
-------------------------	-----------------	------------------	--------	-------

Name:

Contract:

Manufact:

Notes:

Instructions:

Last Service:

SC Renewal:

Model:

Last Tune Up:

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
------	-----------	------	------------------	---------------



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205676  
 Name: MARY FUNK  
 Address: 418 MY MOUNTAIN ROAD  
MORGANTON, GA 30560

Date: 02/13/26  
 Instructions: DROP IN 250AG W/200G@2.999-LINES THERE  
CALL: 404-725-1756 CHECK- JB DOOR CODE:1756  
 Order #: 470439

**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	Store	Wall heater	Water heater	Furnace		
Manufacturer	G.E.	Vanguard	Bradford-White	Phoen		
Model #	JBBS190EN5	N.V.	N.V.	AS104120-05		
Serial #	FT01742P	8007151	N.V.	2320114383		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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

### Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2601094	Good	Kiac	2026	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	3403TR9 12-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	4403B4 08-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.7

### 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	_____ PSI	_____ PSI	_____ Mins	<input 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) <u>Brandon Payne</u>	Service Technician (Signature) <u>Brandon Payne</u>	Date <u>2-13-26</u>
Customer (Print)	Customer (Signature)	Date <u>2-13-26</u>



www.folgergas.com

# RINNAI WORK ORDER

Customer Acct #: 205676  
 Name MARY FUNK  
 Address 418 MY MOUNTAIN ROAD  
MORGANTON, GA 30560

Date: 02/13/26  
 Instructions: **DROP IN 250AG W/200G @2.999-LINE THERE**  
**CALL:404-725-1756 PROP MNGR WILL BRING CHECK-JB**  
 Order #: 470439

DESCRIPTION OF WORK	
<b>COMMENTS:</b>	
<b>SERVICED BY:</b>	

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	<b>3.299</b>	L.P. Gas /Gal	<b>2.999</b>
Gallons	<b>150</b>	Gallons	<b>150</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>494.85</b>	Fuel Total	<b>449.85</b>
Tank Lease/YR	<b>99.00</b>	1st yr Lease	<b>FREE</b>
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>
Safety Inspection	\$129.95		<b>29.95</b>
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>484.08</b>
<i>Safe Appliance Rebate</i>			<b>450.00</b>
<b>TOTAL BALANCE DUE</b>			