

# WORK ORDER

## Hannah Love d/b/a Kendall Chris Construction

479 Clear Creek Preserve Way  
Ellijay, GA 30536  
(706) 258-7464

Customer #: 205331  
Order #: 473500  
Location #: 281309  
Zone: B-031-MON-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 2-25-26 Run yard line final hook up. Leak test. 706-258-7464  
Sm CCOF SM

<b>Date Ordered:</b> 2/20/2026	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
--------------------------------	------------------------	-------------------------	---------------	--------------

<b>Name:</b>	<b>Last Service:</b> 1/12/2026	<b>Last Tune Up:</b>
<b>Contract:</b>	<b>SC Renewal:</b>	
<b>Manufact:</b>	<b>Model:</b>	
<b>Notes:</b>		
<b>Instructions:</b>		

**Service History:**

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



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205331

Date: 2-25-26

Name: 479 CLREAR CREEK PRESERVE WAY

Instructions: **RUN YARD LINE FINAL HOOKUP DO LEAK**

Address: HANNAH LOVE DBA KENDALL CHRIS CONSTRUCTION

**TEST 706-258-7464 CCPF SM**

ELLIJAY GA 30536

Order #: 473500

**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	Furnace				
Manufacturer	Trane	Trane				
Model #	V2BD80UVS	V2BD40UVS				
Serial #	25314KDMA	25242TFJKB				
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
1000	252003388	Good	American	1999	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	Rego LV3403TR9	08-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego LV4403B46	01-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12.2	12.9

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
30 PSI	30 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) <u>Brandon Payne</u>	Service Technician (Signature) <u>Brandon Payne</u>	Date <u>2-25-26</u>
Customer (Print)	Customer (Signature)	Date



www.folgergas.com

**RINNAI  
WORK ORDER**

Customer Acct #: 205331

Date: 2-10-26

Name HANNAH LOVE DBA KENDALL CHRIS CONSTRUCTION Instructions: T/I 7.5 RINNAI. LINES NEED TO BE

Address 479 CLEAR CREEK PRESERVE WAY  
ELLIJAY GA 30536

RAN AND VENTEED. 706-258-7464

Order #: 473327

DESCRIPTION OF WORK	
COMMENTS:	
SERVICED BY:	

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			1.5	100.00 100.00/hr	INCLUDED IN LABOR
				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 \_\_\_\_\_

	Retail Price	Contract Price	
7.5 Rinnai	\$1673.00	\$ 1299.95	
Standard Vent Kit	\$ 426.95	\$ 0.00	
Standard Install	\$400.00	\$ 0.00	
<b>Total</b>	<b>\$ 2499.95</b>	<b>\$ 1299.95</b>	<b>1299.95</b>

Tank Set		New Cust Special	
L.P. Gas /Gal		L.P. Gas /Gal	
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total		Fuel Total	
Tank Lease/YR		1st yr Lease	
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			

% in Tank \_\_\_\_\_

AMOUNT REC'D

\$ \_\_\_\_\_

CASH     CHECK # \_\_\_\_\_

CREDIT CARD

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

Safe Appliance Savings	1200.00
<i>Safe Appliance Rebate</i>	<i>800.00</i>

\* 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

<b>TOTAL BALANCE DUE</b>	
--------------------------	--