

WORK ORDER

Michael Catalogna

703 Old Owen Dr
Blairsville, GA 30512
(561) 702-3098

Customer #: 204830
Order #: 474416
Location #: 280683
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 02/25/26 - Rerun grill line and do H/U for W/H. Get with Alex.
Call: 561-702-3098 CCOF - JB

Date Ordered: 2/24/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
-------------------------	-----------------	------------------	--------	-------

Name:	Last Service: 2/2/2026	Last Tune Up:
Contract:	SC Renewal:	
Manufact:	Model:	
Notes:		
Instructions:		

Service History:

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



PROPANE GAS PIPING SYSTEM CHECK

Customer Account # **204830**
 Name: **MICHAEL CATALOGNA**
 Address: **703 OLD OWEN DR**
BLAIRSVILLE GA 30512

Date: **02/25/26**
 Instructions: **RERUN GRILL LINE AND DO H/U FOR W/H**
CALL 561-702-3098 CCOF -JB
 Order # **474416**

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	<i>Water heater</i>					
Manufacturer	<i>Navien</i>					
Model #	<i>NPE-240A2(UB)</i>					
Serial #	<i>2087D2590479854</i>					
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
<i>250</i>	<i>M2529055</i>	<i>Good</i>	<i>Triarc</i>	<i>2025</i>	<i>UB</i>	<i>Good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st <i>Rego</i>	<i>3403TR9</i>	<i>8/25</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd <i>Rego</i>	<i>3403B4</i>	<i>4/25</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<i>11.0</i>	<i>12.9</i>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>70</i> PSI	<i>70</i> PSI	<i>10</i> 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: *Ridge Plumbing still working on water, they will convert.*

Customer Acknowledgment:

- 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)	<i>Alan W. King</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	<i>2.25.26</i>
Customer (Print)	<i>Customer not present</i>	Customer (Signature)	<i>[Signature]</i>	Date	



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 204830
 Name MICHAEL CATALOGNA
 Address 703 OLD OWEN DR
BLAIRESVILLE GA 30512 CALL: 5617023098

Date: 11/14/25
 Instructions: DROP 250UG W/50G @2.599 +ANODEBAK
THEY WILL BURY. ROUGH IN LINES IN HOUSE TO W/H
OUTSIDE GRILL AND 1 LOGSET. ADD PRESSURE GAUGE
 Order #: _____ FOR INSPECTION. CCOF SN

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 _____

Retail Price	Contract Price
_____ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

% in Tank

Tank Set		New Cust Special	
L P Gas /Gal	2.999	L P Gas /Gal	2.599
Gallons	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	149.95	Fuel Total	129.95
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			487.33
<i>Safe Appliance Rebate</i>			200.00

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

TOTAL BALANCE DUE