

Confirmed Clt

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3/4/2026 4:56:22 PM

# WORK ORDER

**Marc Nicholson**

895 Price Road Lot 13  
Blue Ridge, GA 30513  
(706) 455-1078

Customer #: 204789  
Order #: 481594  
Location #: 280637  
Zone: B-005-TUE-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 3-10-26 T/I 2x 24" Super Sassafras w/ wall timers. Connect stove and water heater. Install Gas starter and check to see if HVAC is connected. Mark 706-455-1078 Sm

Date Ordered: 3/4/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 2/6/2026

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 #: 204789  
 Name: MARC NICHOLSON  
 Address: 895 PRICE ROAD LOT #13  
BLUE RIDGE GA 30513

Date: 3-10-26  
 Instructions: T/I 2X 24" SUPER SASS W/ WALL TIMERS  
CONNECT STOVE W/H AND ISTALL GAS STARTER. CHECK  
HVAC 706-455-1078 SM  
 Order #: 481594

**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	W/H		Logst	Logst	Loglighter
Manufacturer	Viking	Rinnai		Empire	Empire	NV
Model #	V61C5362 BSSL P02	RCN-NB3237FF-ns		VF8R-24-4LP	VF3R-24-4P	NV
Serial #	120625C10102623	TKBA-187822		2318B327059	2314P328347	NV
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
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 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
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 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Container Check:**

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	m2527769	Good	Prime	2025	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	Rgo	4-25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	mfc	17-oct-24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.6	13.1

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
45 PSI	45 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>Alan Wilson</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>3-10-26</u>
Customer (Print) <u>Customer Not Present</u>	Customer (Signature) <u>[Signature]</u>	Date



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# RINNAI WORK ORDER

Customer Acct #: 204789  
 Name **MARC NICHOLSON**  
 Address **895 PIRCE RD LOT #13**  
**BLUE RIDGE GA 30513**

Date: 11-19-25  
 Instructions: **DROP 500UG W/50G @ 2.599 1 ANODE**  
**THEY WILL BURY SM 706-455-1078**  
 Order #: 421017

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	\$ _____	\$ _____	

Tank Set		New Cust Special	
L P Gas /Gal	<b>2.999</b>	L P Gas /Gal	<b>2.599</b>
Gallons	<b>50</b>	Gallons	<b>50</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>50</b>	Fuel Total	<b>50</b>
Tank Lease/YR	<b>149.95</b>	1st yr Lease	<b>129.95</b>
Total Materials			<b>129.95</b>
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>
Safety Inspection	\$129.95		<b>29.965</b>
Total Labor			
Total charges			
Prepay Bal On Account			

% 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

Safe Appliance Savings	<b>484.08</b>
<i>Safe Appliance Rebate</i>	<i>250.00</i>
<b>TOTAL BALANCE DUE</b>	