

JB/m

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3/10/2026 1:53:00 PM

WORK ORDER

Frank Morrison

762 Town Creek Rd
Talking Rock, GA 30175
(614) 288-6229

Customer #: 204054
Order #: 482600
Location #: 279759
Zone:
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 03/16/26 - C/C STOVE - KIT ON SITE - LINE IS THERE - CALL
KEVING 404-740-9758 - EMAIL INVOICE - CT

Date Ordered: 3/10/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 3/6/2026

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 #: 204054
 Name: FRANK MORRISON
 Address: 762 TOWN CREEK RD
TALKING ROCK GA 30175

Date: 3-16-26
 Instructions: C/C STOVE KIT ON SITE LINE IS THERE
KEVIN 404-740-9758 EMAIL INVOICE CT
 Order #: 482600

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	Water Heater	Stove			
Manufacturer	<u>Nav.</u>	<u>Zline</u>			
Model #	<u>NPE-240A2 (NG)</u>	<u>CGRB330-A1</u>			
Serial #	<u>208702571874184</u>	<u>CGRB330SE24081033</u>			
Burner/Combustion Chamber	<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 type="checkbox"/> Ok <input type="checkbox"/> N/A
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 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 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 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 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 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 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 type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>325</u>	<u>M2518407</u>	<u>Good</u>	<u>Triarc</u>	<u>2025</u>	<u>V.G.</u>	<u>Good</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>Rego</u>	<u>3403TR</u>	<u>04-2025</u>		
2nd	<u>Rego</u>	<u>W3403B4</u>	<u>08-2025</u>	<u>11.4</u>	<u>12.8</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>75</u> PSI	<u>75</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> 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)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 204054
 Name FRANK MORRISON
 Address 762 TOWN CREEK ROAD
TALKING ROCK, GA 30175

Date: 11/20/25
 Instructions: DROP 325UG W/50G@2.599 +ANDOE BAG
CALL: 404-740-9758 CCOF - JB
 Order #: 422641

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 2.999	L P Gas /Gal 2.599
Gallons 50	Gallons 50
FRCC \$9.79	FRCC \$9.79 9.79
Fuel Total 149.95	Fuel Total 129.95 129.95
Tank Lease/YR 129.00	1st yr Lease FREE FREE
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee 20.00 20.00
Safety Inspection \$129.95	\$29.95 29.95
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	487.33
<i>Safe Appliance Rebate</i>	<i>250.00</i>
TOTAL BALANCE DUE	