

3/11/2026 9:00:47 AM

WORK ORDER

Confirmed ✓
Jm

Sean Malone

632 Doster Road
Jefferson, GA 30549
(770) 616-3807

Customer #: 205841
Order #: 482741
Location #: 281922
Zone: J-006-WED-
Terms: Net 30

Map Code:

Service Code: Propane Service

Description: 03-12-26, ccof, S/O 120AG vert w/ 100 gals @ 3.599 and H/U
call Sean on the way 770-616-3807

Tech: _____

Date Ordered: 3/11/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service:
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 205841
 Name SEAN MALONE
 Address 632 DOSTER ROAD
JEFFERSON, GA 30549

Date: 03/12/26
 Instructions: SET LEASE 120AG VERT W/100 GALS
 Order #: _____

DESCRIPTION OF WORK

COMMENTS: Set leased 120AG with 100 gals. Ran new yard line from tank to existing stub out. Installed 2nd stage regulator. performed leak test @ 90psi for 10mins no leaks found. 80% in tank all appliances working correctly.

SERVICED BY: BW/OD

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
03-12-26	0910	1010	1	100.00/hr	100
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial BW

Start Pressure 90psi End Pressure 90psi Time Held 10 System OK yes

% in Tank 80%

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 3.599	L.P. Gas /Gal	3.599
Gallons 100	Gallons	100
FRCC \$9.79	FRCC	\$9.79
Fuel Total 369.69	Fuel Total	369.69
Tank Lease/YR 99.00	1st yr Lease	99.00
Total Materials		<u>189.20</u>
Sub-Total		<u>657.90</u>
Sales Tax		<u>116.25</u>
Tank Set Fee \$250	Tank Set Fee	<u>20.00</u>
Safety Inspection \$129.95		\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		<u>330.00</u>
Safe Appliance Rebate		<u>200.00</u>
TOTAL BALANCE DUE		<u>803.96</u>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205841
 Name: SEAN MALONE
 Address: 632 DOSTER ROAD
JEFFERSON, GA 30549

Date: 03/12/26
 Instructions: SET LEASE 120AG VERT W/100 GALS
 Order #: _____

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	<u>Water Heater</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>RV2991P</u>					
Serial #	<u>PG BA-179708</u>					
Burner/Combustion Chamber	<input checked="" 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" 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 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	<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 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 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 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
<u>120</u>	<u>MP2546082</u>	<u>Good</u>	<u>TSG</u>	<u>2025</u>	<u>AG</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>MEC</u>	<u>1127</u>	<u>09 DE 24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd <u>MEC</u>	<u>1222</u>	<u>16 FEB</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.5</u>	<u>12.5</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>90</u> PSI	<u>90</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
____ WC	____ WC	____ Mins					

Comments: 80% in tank - All appliances working correctly.

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>Brent Wactor</u>	Service Technician (Signature) <u>Brent Wactor</u>	Date <u>03-12-26</u>
Customer (Print)	Customer (Signature) <u>[Signature]</u>	Date