

Confirmed ✓
JHM

3/20/2026 11:09:10 AM

WORK ORDER

Stephen Cross

304 Fox Hollow Way
Athens, GA 30607
(713) 419-5931

Map Code:

Propane Service

Service Code: 03-25-26, Cod, Set lease 325UG w/260 gals @ 2.499, T/I monitor

Customer #: 205889
Order #: 486079
Location #: 281990
Zone: J-003-TUE-
Terms: Net 30

Tech: _____

Date Ordered: 3/20/2026 **Scheduled Date:** **Est. Completion:** **Start:** **Stop:**

Name:

Contract:

Manufact:

Notes:

Instructions:

Last Service:

SC Renewal:

Model:

Last Tune Up:

Service History:

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



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205889
 Name: STEPHEN CROSS
 Address: 304 FOX HOLLOW WAY
ATHENS, GA 30607

Date: 03/24/26
 Instructions: SET LEASE 325UG W/260 GALS
T/I MONITOR
 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>RXP199i</u>					
Serial #	<u>T.D. BA-084402</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>323</u>	<u>m2542399</u>	<u>Good</u>	<u>tri</u>	<u>2025</u>	<u>5/6</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>mcc</u>	<u>1222</u>	<u>09 Dec 24</u>		
2nd	<u>mcc</u>	<u>1222</u>	<u>16 Feb 23</u>	<u>11</u>	<u>12</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>120</u> PSI	<u>120</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) <u>Owen Dims</u>	Service Technician (Signature) <u>Owen Dims</u>	Date <u>3/26/25</u>
Customer (Print) <u>Stephen Cross</u>	Customer (Signature) <u>[Signature]</u>	Date _____



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 205889
 Name STEPHEN CROSS
 Address 304 FOX HOLLOW WAY
ATHENS, GA 30607

Date: 03/25/26
 Instructions: SET LEASE 325UG W/260 GALS
T/I MONITOR
 Order #: _____

DESCRIPTION OF WORK

COMMENTS: set leased 325 w/ 260 gals. Ran new yard line. installed 2nd stage reg on stubout. put tee on top, side for future vent H/W connected and. performed leak test at 120 psig for 10 mins. no leaks found. All appliances in working condition. installed
SERVICED BY: 80% in tank monitor.

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
3/25/26	1:30	3:00	1 hr 30 mins	100.00/hr	150.00
				100.00/hr	

FOR OFFICE USE ONLY

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

Start Pressure 120 psig End Pressure 120 psig Time Held 10 mins System OK YES

% in Tank 80%

AMOUNT REC'D

\$ 2,406.01

CASH CHECK # 2406.01
1526

 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.

[Signature]
 CUSTOMER SIGNATURE

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 2.499	
Gallons 260	Gallons	260
FRCC \$9.79	FRCC	\$9.79
Fuel Total 789.53	Fuel Total	659.53
Tank Lease/YR 129.00	1st yr Lease	FREE
Total Materials		<u>701.23</u>
Sub-Total		<u>1,360.76</u>
Sales Tax		<u>95.25</u>
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		<u>589.00</u>
Safe Appliance Rebate		<u>400.00</u>
<u>Jan Royal Dry</u>		<u>\$800.00</u>
TOTAL BALANCE DUE		<u>2,406.01</u>