

3/31/2026 3:21:07 PM

WORK ORDER

Nolan Grant

102 Cedar Drive
Pendergrass, GA 30567
(470) 623-0476

Customer #: 205868
Order #: 489137
Location #: 281964
Zone: J-006-WED-
Terms: Net 30

Tech: Kevin Smoot

Map Code:

Service Code: Propane Service

Description: 3-31-26, cod, convert range and h/u call Nolan on the way (470)
623-0476

Date Ordered: 3/31/2026	Scheduled Date: 3/31/2026	Est. Completion: 3/31/2026	Start: 04:00 PM	Stop: 06:00 PM
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Name: Last Service: 3/19/2026
Contract: SC Renewal:
Manufact: Model:
Notes:
Instructions:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
3/19/2026	484624	Kevin Smoot	Propane Service	03-20-2026, Cod, Set lease 120AG tank w/100 gals @ 3.599 run line from tank to cooktop, need to do before skirt on trailer, call Nolan on the way 470-623-0476



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RINNAI WORK ORDER

Customer Acct #: 205868
 Name NOLAN GRANT
 Address 102 CEDAR DRIVE
PENDERGRASS, GA 30567

Date: 03/19/26
 Instructions: SET LEASE 120AG TANK W/100 GALS
 Order #: _____

DESCRIPTION OF WORK
COMMENTS: <u>Set leased 120AG w/100gals. Ran new trunk line from tank to existing stub out per Cook Top. Performed pressure test @ 15psi for 10 min. No leaks found. Cook top not converted yet and no conversion kit here. 80% in tank. Tank locked out.</u>
SERVICED BY: <u>KS</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
3-19-26	9:15	10:15	1	100.00/hr	100.00
				100.00/hr	

FOR OFFICE USE ONLY

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

Start Pressure _____ End Pressure _____ Time Held _____ System OK _____

% in Tank 80%

AMOUNT REC'D

\$ 1080.40

CASH CHECK # 1179

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.

Nolan Grant
 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>447.57</u>
Sub-Total		<u>916.26</u>
Sales Tax		<u>64.14</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>330.00</u>
<u>Safe Appliance Rebate</u>		<u>50.00</u>
TOTAL BALANCE DUE		<u>1080.40</u>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205868
 Name: NOLAN GRANT
 Address: 102 CEDAR DRIVE
PENDERGRASS, GA 30567

Date: 03/19/26
 Instructions: SET LEAES 120AG TANK 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>Cook Top</u>					
Manufacturer	<u>Bosch</u>					
Model #	<u>M6M50594C/01</u>					
Serial #	<u>82508004551100 7500</u>					
Burner/Combustion Chamber	<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
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 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
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"/> 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
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>M2546074</u>	<u>YES</u>	<u>Triarc Tank</u>	<u>2025</u>	<u>OK</u>	<u>OK</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
<u>Twin</u>	<u>MEC</u>	<u>21-JUL-25</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
<u>1st</u>			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
<u>2nd</u>			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</u> PSI	<u>25</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>100</u> PSI	<u>100</u> PSI	<u>25</u> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ WC	_____ WC	_____ Mins					

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>JJ Nichols</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>3-31-26</u>
Customer (Print) <u>Nolan Grant</u>	Customer (Signature) <u>[Signature]</u>	Date <u>3-1-26</u>

03-31-26