

Confirmed  
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4/1/2026 1:47:46 PM

# WORK ORDER

## Grady Turner

239 Dillon Road  
Morganton, GA 30560  
(706) 455-7060

Customer #: 205829  
Order #: 492299  
Location #: 281905  
Zone: B-009-WED-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 04/03/2026 - Final H/U, lines are all ran. Call: 706-455-7060 -  
CCOF JB doors are unlocked.

Date Ordered: 4/1/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 3/12/2026

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 #: 205829  
 Name: GRADY TURNER  
 Address: 239 DILLON ROAD  
MORGANTON, GA 30560

Date: 04/03/2026  
 Instructions: **FINAL H/U, ALL LINES ARE THERE DOORS OPEN. CALL: 7064557060 CCOF - JB**  
 Order #: 492299

**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>Rinnit Navein</u>					
Model #	<u>NPE-240A2</u>					
Serial #	<u>2087D2590979A</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 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>325</u>	<u>M2518440</u>	<u>Good</u>	<u>Triarc</u>	<u>2025</u>	<u>UG</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>LV3403TR9</u>	<u>02/2026</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>Rego</u>	<u>LV340364</u>	<u>10/2023</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.6</u> / <u>12.4</u>

### 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>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

Comments:

### Customer Acknowledgment:

- 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>Brandon Payne</u>	Service Technician (Signature) <u>Brandon Payne</u>	Date <u>4-2-26</u>
Customer (Print)	Customer (Signature)	Date



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# RINNAI WORK ORDER

Customer Acct #: **205829**  
 Name **GRADY TURNER**  
 Address **239 DILLON ROAD**  
**MORGANTON, GA 30560**

Date: **03/12/2026**  
 Instructions: **DROP 325UG W/ 50G@2.499 +ANODEBAG**  
**ANDREW MORELAND TO BRY.CALL:706-4557060 COD-JB**  
 Order #: **482757**

**DESCRIPTION OF WORK**

**COMMENTS:**

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**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

% 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

Retail Price		Contract Price	
Rinna	\$	\$	
Standard Vent Kit	\$	\$	
Standard Install	\$	\$	
Total	\$	\$	
Tank Set		New Cust Special	
L.P. Gas /Gal	<b>2.999</b>	L.P. Gas /Gal	<b>2.499</b>
Gallons	<b>50</b>	Gallons	<b>50</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>149.95</b>	Fuel Total	<b>124.95</b>
Tank Lease/YR	<b>129.00</b>	1st yr Lease	<b>FREE</b>
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>
Safety Inspection	\$129.95		<b>29.95</b>
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>487.33</b>
<i>Safe Appliance Rebate</i>			<b>200.00</b>
<b>TOTAL BALANCE DUE</b>			