

# WORK ORDER

## Roxane Campbell

44 Crows Lake Drive Lot 5  
Jefferson, GA 30549  
(706) 870-3887

Customer #: 205266  
Order #: 487997  
Location #: 281232  
Zone: J-006-WED-  
Terms: Net 30

**Map Code:**

**Service Code:** Propane Service

**Description:** 3/27/26 Auto, Move leased 120A/G to back side of camper and  
Extend line due to new camper call Roxane on the way  
706-870-3887 (Give Justin a call when you get done with job)

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

<b>Date Ordered:</b> 3/26/2026	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:** \_\_\_\_\_ **Last Service:** 2/12/2026 **Last Tune Up:** \_\_\_\_\_  
**Contract:** \_\_\_\_\_ **SC Renewal:** \_\_\_\_\_  
**Manufact:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**Notes:** \_\_\_\_\_  
**Instructions:** \_\_\_\_\_

**Service History:**

<b>Date</b>	<b>Invoice #</b>	<b>Tech</b>	<b>Problem Reported</b>	<b>Service Notes</b>



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# RINNAI WORK ORDER

Customer Acct #: 205266  
 Name ROXANE CAMPBELL  
 Address 44 CROWS LAKE DRIVE LOT 5  
JEFFERSON, GA 30549

Date: 01/02/26  
 Instructions: SET LEASE 120AG TANK W/100 GALS  
AND H/U TO CAMPER  
 Order #: \_\_\_\_\_

DESCRIPTION OF WORK
<b>COMMENTS:</b> <i>Set leased 120 # w/100 gals, Connected to existing stub out. Performed leak test @ 100psi for 10 min. no leaks found. 80% in tank. All appliances working correctly.</i>
<b>SERVICED BY:</b> <i>KS</i>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
1-2-26	10:30	11:30	1	100.00/hr	\$100.00
				100.00/hr	

FOR OFFICE USE ONLY			
Performed leak check	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Gas check attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Leak check	Initial <i>KS</i>		
Start Pressure	End Pressure	Time Held	System OK
<i>100 psi</i>	<i>100 psi</i>	<i>10 min</i>	<i>yes</i>

% in Tank *80%*

AMOUNT REC'D
\$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input checked="" type="checkbox"/> CREDIT CARD
# <i>COOP</i>
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.

*Roxane Campbell*  
 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
			<i>369.69</i>
Tank Lease/YR	99.00	1st yr Lease	99.00
			<i>99.00</i>
Total Materials			<i>36.75</i>
Sub-Total			<i>505.44</i>
Sales Tax			<i>35.37</i>
Tank Set Fee	\$250	Tank Set Fee	<i>20.00</i>
Safety Inspection	\$129.95	Safety Inspection	\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<i>330.00</i>
Safe Appliance Rebate			<i>200.00</i>
<b>TOTAL BALANCE DUE</b>			<i>640.83</i>



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **205266**  
 Name: **ROXANE CAMPBELL**  
 Address: **44 CROWS LAKE DRIVE LOT 5**  
**JEFFERSON, GA 30549**

Date: **3/27/26**  
 Instructions: **S/O 120A/G HORIZ W/ LEASED VERT**  
**120A/G W/100GALS @\$3.599 AND EXTEND LINE**  
 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	Furnace	Cook Stove	Water Heater			
Manufacturer	N/A	Wentwood Vision	Suburban			
Model #	N/A	N/A	SW10 DE			
Serial #	N/A	N/A	131608330			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" 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	<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	<input type="checkbox"/> Ok
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input checked="" 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	<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 checked="" 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Container Check:**

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
120	M2116959	Good	Acu	2021	A/G	Good

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin MEC	1232	09 Jan 25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	10.5	11
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<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
70 PSI	70 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: 25% 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>Kevin Smart</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>3-27-26</u>
Customer (Print) <u>Roxane Campbell</u>	Customer (Signature) <u>[Signature]</u>	Date _____