

*Driveway is moved
see temp. road*

*Case Code
1719
Confirmed
Hm*

4/2/2026 8:54:44 AM

WORK ORDER

Carlton Sharpe

621 Westminster Drive
Athens, GA 30607
(770) 868-6892

Customer #: 204462
Order #: 494422
Location #: 280245
Zone: J-004-TUE-
Terms: Net 30

Map Code:

Service Code: Propane Service

Description: 04-07-26, ccof, gas check for new cooktop call Carlton on the way (770) 868-6892

Tech: _____

Date Ordered:	Scheduled Date:	Est. Completion:	Start:	Stop:
---------------	-----------------	------------------	--------	-------

Name: _____ Last Service: 2/12/2026
Contract: _____ SC Renewal: _____
Manufact: _____ Model: _____
Notes: _____
Instructions: _____

Last Tune Up: _____

Service History:

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



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 204462
 Name CARLTON SHARP
 Address 621 WESTMINSTER DRIVE
ATHENS, GA 30607

Date: 12/02/25
 Instructions: SET LEASE 500AG TANK W/ 400 GALS
RUN LINE FROM MANIFOLD TO HEATER RUN LINE TO
 Order #: GEN PAD CUSTOMER HAS RUN POLY 3/4 IPS

DESCRIPTION OF WORK

COMMENTS: *Set leased 500AG w/400 gals. Connected to existing yard lines, installed 2psi 2nd stage on house. Installed manifold on manifold. Ran new branch lines for wall heater and generator. Performed leak test @ 90psi for 10min. No leaks found. 80% in tank. All appliances working correctly.*
SERVICED BY: *KS/BW*

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
12-10-25	10:15	1:15	3	100.00/hr	300
				100.00/hr	

FOR OFFICE USE ONLY

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

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

% in Tank *80%*

AMOUNT REC'D

\$ 2760.83

CASH CHECK # 1167

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.

Carlton Sharp
 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 2,599	
Gallons 400		Gallons 400	
FRCC \$9.79		FRCC \$9.79	
Fuel Total 1209.39		Fuel Total 1049.39	<i>1049.39</i>
Tank Lease/YR 99.00		1st yr Lease FREE	<i>Free</i>
Total Materials			<i>1250.45</i>
Sub-Total			<i>2299.84</i>
Sales Tax			<i>160.99</i>
Tank Set Fee \$250		Tank Set Fee <i>20.00</i>	
Safety Inspection \$129.95		\$29.95	
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<i>589.00</i>
Safe Appliance Rebate			<i>850.00</i>
TOTAL BALANCE DUE			<i>2760.83</i>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204462

Date: 04/07/26

Name: CARLTON SHARPE

Instructions: GAS CHECK

Address: 621 WESTMINSTER DRIVE

Order #: _____

ATHENS, GA 30607

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	Furnace	Water	Generator		
Manufacturer	Danm	Danm	COFE	Generac		
Model #	6M9516005CNAB	5R95120603DMM	6P95342M351	600720910		
Serial #	2301291370	2507271979	MA0363302	3015976850		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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
Electronic Ignition 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 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
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 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" 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
500	25E035222	Good	American	1997	A/C	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
2nd Fisher	R622	19 Feb 25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11"	12"
1st mcl	1122	020 Jun 25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd mcl	1632		<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	2 PSI	

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: 68% in tank / All appliances in working condition

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 Davis</u>	Service Technician (Signature) <u>Owen Davis</u>	Date <u>4/7/26</u>
Customer (Print) <u>Carlton Sharpe</u>	Customer (Signature) <u>Carlton Sharpe</u>	Date <u>4/7/26</u>