

Confirmed
Jt

3/31/2026 4:10:52 PM

WORK ORDER

Brandon Roland

812 Hwy 136 Connector
Talking Rock, GA 30175
(770) 656-0406

Customer #: 205807
Order #: 489383
Location #: 281874
Zone: B-036-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service *4/16/26*

Description: ~~4/16/26~~ Final H/U. Hook up stove, generator, w/h, outdoor fireplace. Call 770-656-0403 CCOF-CLT

Date Ordered: 3/31/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Last Service: 3/16/2026 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 #: 205807
 Name: BRANDON ROLAND
 Address: 812 HWY 136 CONNECTOR
TALKING ROCK GA 30175

Date: 4/10/26
 Instructions: FINAL H/U HOOK UP STOVE GENERATOR
W/H OUTDOOR FIREPLACE
 Order #: 489383

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	Stove	log set		Gen.		Water heater
Manufacturer	<u>Frigidaire</u>	<u>Hearth & home</u>		<u>Briggs + Stratton</u>		<u>Navien</u>
Model #	<u>GF6G306D</u>	<u>LUM-VF-PV</u>		<u>61H375001E-1</u>		<u>NPE-240A2-NB</u>
Serial #	<u>VF608655</u>	<u>MP625049163</u>		<u>25D6103053349</u>		<u>2087C2580464</u>
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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 checked="" 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 checked="" 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 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 checked="" 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 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 checked="" 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 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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 checked="" type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>500</u>	<u>M26D1132</u>	<u>Good</u>	<u>Triarc</u>	<u>2025</u>	<u>U.G.</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>LV3403TR 08-2025</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<u>Rego</u>	<u>3403B4 04-2025</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.3</u>	<u>12.7</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>90</u> PSI	<u>90</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>Colin Flannery</u>	Service Technician (Signature) <u>Colin Flannery</u>	Date <u>4-16-26</u>
Customer (Print)	Customer (Signature)	Date <u>4-16-26</u>



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RINNAI WORK ORDER

Customer Acct #: **205807**
 Name **BRANDON ROLAND**
 Address **500 HWY 136 CONNECTOR**
TALKING ROCK GA 30175

Date: **3-9-26**
 Instructions: **DROP 250UG W/50G @ 2.499 THEY WILL BU**
BURY ONE ANODE CCOF SM 770-656-0403
 Order #: **481505**

DESCRIPTION OF WORK	
COMMENTS:	
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	
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 50	Gallons 50		
FRCC \$9.79	FRCC \$9.79		9.79
Fuel Total 149.95	Fuel Total 129.95		
Tank Lease/YR 129.00	1st yr Lease FREE		FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee \$250	Tank Set Fee		20.00
Safety Inspection \$129.95	\$29.95		29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings		484.08	
<i>Safe Appliance Rebate 250.00</i>			
TOTAL BALANCE DUE			