

4/16/2026 3:18:13 PM

Confirmed
for

WORK ORDER

Alex DBA Starkon Homes

117 Kinney Creek Lane
Pendergrass, GA 30567
(770) 653-4444

Customer #: 205739
Order #: 495953
Location #: 281789
Zone: J-009-FRI-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 04-28-26, chg, T/I 24" VFSE burner w/ Super Sass logs, h/u any appliances, test anode, call Alex on the way (770) 654-4444

Date Ordered: 4/13/2026

Scheduled Date:

Est. Completion:

Start:

Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 3/2/2026
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205739
 Name: ALEX KHARABORA DBA STARKON HOMES
 Address: 117 KINNEY CREEK LANE
PENDERGRASS, GA 30567

Date: 04/28/26
 Instructions: T/I 24"VFSE BURNER W/ SUPER SASS
LOGS TEST ANODE
 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	<i>Log Set</i>	<i>Cook Range</i>				
Manufacturer	<i>Empire</i>	<i>Jennair</i>				
Model #	<i>VFSE-24-1</i>	<i>JGRP548H607</i>				
Serial #	<i>2425P377079</i>	<i>DF0101481</i>				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input 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 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"/> 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 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
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 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 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 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 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
<i>325</i>	<i>M2542402</i>	<i>Good</i>	<i>Tru</i>	<i>2025</i>	<i>4/6</i>	<i>Good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<i>MEC</i>	<i>1122</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<i>MEC</i>	<i>1222</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<i>11</i>	<i>12</i>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>110</i> PSI	<i>110</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes	<i>15</i> PSI	<i>15</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes
___ WC	___ WC	___ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: *80% 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)	<i>Kevin Smart</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	<i>4-28-26</i>
Customer (Print)		Customer (Signature)	<i>[Signature]</i>	Date	



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RINNAI WORK ORDER

Customer Acct #: 205739
 Name ALEX DBA STARCO HOMES
 Address 117 KINNEY CREEK LANE
PENDERGRASS, GA 30567

Date: 03/02/26
 Instructions: SET LEASE 325UG W/260 GALS
RUN LINE TAKE 3/4 POLY CUSTOMER TO DIG
 Order #:

DESCRIPTION OF WORK
COMMENTS: <u>Set leased 325 w/g w 260 gals. Connected</u> <u>appliance. Put 3/4 poly rser in dome lid. kicked out tank. 80%</u> <u>in tank. No appliances in home!</u>
SERVICED BY: <u>OD</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>3/2/26</u>	<u>9:30</u>	<u>10:00</u>	<u>30 mins</u>	100.00/hr	
				100.00/hr	

FOR OFFICE USE ONLY

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

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

% in Tank 80%

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.

[Signature]
 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	260	Gallons 260
FRCC	\$9.79	FRCC \$9.79
Fuel Total	789.53	Fuel Total 659.53
Tank Lease/YR	129.00	1st yr Lease FREE
Total Materials		429.90
Sub-Total		1,089.43
Sales Tax		76.26
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		589.00
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		<u>1,165.69</u>