

JOE



4/27/2026 11:26:11 AM

WORK ORDER

Paul Morris

204 RICHARDS BRANCH ROAD
MORGANTON, GA 30560
(561) 685-9457

Customer #: 28857
Order #: 497903
Location #: 273151
Zone: B-013-FRI-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 4/28/26 Final H/U for Garage W/H Call 561-685-9457
CCOF-CLT

Date Ordered: 4/27/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System

Last Service: 3/26/2026

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 # **28857**

Date **04/28/26**

Name **PAUL MORRIS**

Instructions **FINAL B/U FOR GARAGE W/H**

Address: **204 RICHARDS BRANCH ROAD**

MORGANTON GA 30560

Order # **497903**

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>Water heater</i>						
Manufacturer	<i>Northern</i>						
Model #	<i>NPE-240A2 (NG)</i>						
Serial #	<i>2387025 X2579446</i>						
Burner/Combustion Chamber	<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
Manual Shutoff	<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
Sediment Trap	<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
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
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
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
Combustion Air	<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
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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<i>325</i>	<i>M2203789</i>	<i>Leak</i>	<i>Titan</i>	<i>1-0-22</i>	<i>UG</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>1222H</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	<i>Rego</i>	<i>LV740184</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<i>12.2</i>	<i>12.2</i>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>80</i> PSI	<i>70</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes	<i>15</i> PSI	<i>10</i> PSI	<i>2</i> 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) <i>Brian Payne</i>	Service Technician (Signature) <i>Brian Payne</i>	Date <i>4/28/26</i>
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 28857
 Name PAUL MORRIS
 Address 204 RICHARDS BRANCH
MORGANTON GA 30560

Date: 3-10-26
 Instructions: CONNECT AND CONVERT STOVE 0%
GAS DELIVERY
 Order #: 484236

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	2.999
Gallons	200	Gallons	200
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	599.39	Fuel Total	599.39
Tank Lease/YR		1st yr Lease	
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			350.00
<i>Safe Appliance Rebate</i>			<i>200.00</i>
TOTAL BALANCE DUE			