

Confirm *SM*
c

5/6/2026 11:03:48 AM

WORK ORDER

Shanel O'Donnell

1253 Highgrove Drive
Talking Rock, GA 30175
(413) 358-2624

Customer #: 205780
Order #: 503786
Location #: 281838
Zone: B-031-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 5-7-26 Run inside lines and connect appliances. She is not sure what needs connected. builder Billy 706-455-8753 or Shannell 413-358-2624 *SM T/E Monitor*

Date Ordered: 5/6/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
-------------------------------	------------------------	-------------------------	---------------	--------------

Name:

Last Service: 3/3/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

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



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205780

Date: 5-7-26

Name: SHANEL O'DONNELL

Instructions: RUN INSIDE LINE AND CONNECT TO
APPLIANCES. BILLY 706-455-8753 CCOF SM
T/I MONITOR

Address: 1253 HIGHGROVE DR
TALKING ROCK GA 30175

Order #: 503786

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	WH	logset				
Manufacturer	Navier	H+H				
Model #	NPE 24052	LUM-VF-PV				
Serial #	2089225811191	MP62504755				
Burner/Combustion Chamber	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	m2503323	good	trane	2023	vg	good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Mec	1222 H	☒ Correct ☐ Incorrect		
2nd	Rego	3403B4	☒ Correct ☐ Incorrect	11.1	12.9

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
120 PSI	120 PSI	10 Mins	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
WC	WC	Mins	☐ No				☐ 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)	Alex cash	Service Technician (Signature)	[Signature]	Date
Customer (Print)	CMAP	Customer (Signature)		Date



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 205780
Name SHANEL O'DONNELL
Address 1253 HIGHGROVE DR
TALKING ROCK GA 30175

Date: 3-3-26
Instructions: GO 3RD JOHNNY TO BURY T/I 325UG
@ 2.499 ONE ANODE BAG RUN LINES CCOF CLT
Order #: 475648

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**
Gallons **50**
FRCC \$9.79
Fuel Total **149.95**
Tank Lease/YR **129.00**

L.P. Gas /Gal **2.499**
Gallons **50**
FRCC \$9.79
Fuel Total **124.95**
1st yr Lease **FREE**

9.79

124.95

FREE

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Tank Set Fee **20.00**

20.00

Safety Inspection \$129.95

\$29.95

29.95

Total Labor

Total charges

Prepay Bal On Account

Safe Appliance Savings

474.57

Safe Appliance Rebate 200.00

TOTAL BALANCE DUE