

6/11/2026 12:47:19 PM

*Confirmed ✓  
Jm*

# WORK ORDER

## Tom Duncan DBA Cox Classic Homes

7342 Eagle Court  
Jefferson, GA 30549  
(678) 428-2296

Customer #: 205944  
Order #: 514515  
Location #: 282055  
Zone: J-006-MED-  
Terms: Net 30

**Map Code:**

**Service Code:** Propane Service

**Tech:** \_\_\_\_\_

**Description:** 6/12/26 CHG, Builder is Fixing cook stove Final H/U Call Tom on the way 678-428-2296 GO FIRST

<b>Date Ordered:</b> 6/10/2026	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:** Last Service: 6/5/2026  
**Contract:** SC Renewal:  
**Manufact:** Model:  
**Notes:**  
**Instructions:**

Last Tune Up:

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# RINNAI WORK ORDER

Customer Acct #: 205944  
 Name: TOM DUNIGAN DBA COX CLASSIC HOMES  
 Address: 7342 EAGLE COURT  
JEFFERSON, GA 30549

Date: 04/09/26  
 Instructions: SET LEASE 250UG W/200 GALS  
RUN LINE TO STUB JAKE TO DIG  
 Order #: \_\_\_\_\_

DESCRIPTION OF WORK	
<b>COMMENTS:</b> <i>Set leased 250 w/e w/200 gals. Connected and tested propane. No stub out to Sun yard line to 80% in tank. Tank locked out.</i>	
SERVICED BY: <i>KS</i>	

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<i>4-9-26</i>	<i>9:30</i>	<i>10:10</i>	<i>1</i>	100.00/hr	<i>0</i>
			<i>Jake Royal</i>	100.00/hr	<i>750.00</i>

**FOR OFFICE USE ONLY**

Performed leak check Yes  No

Gas check attached Yes  No

Leak check Initial *KS*

Start Pressure \_\_\_\_\_ End Pressure \_\_\_\_\_ Time Held \_\_\_\_\_ System OK \_\_\_\_\_

Retail Price		Contract Price
_____ Rinnai	\$ _____	\$ _____
Standard Vent Kit	\$ _____	\$ _____
Standard Install	\$ _____	\$ _____
Total	\$ _____	\$ _____

Tank Set		New Cust Special		
L.P. Gas /Gal	<b>2.999</b>	L.P. Gas /Gal	<b>2.499</b>	
Gallons	<b>200</b>	Gallons	<b>200</b>	
FRCC	\$9.79	FRCC	\$9.79	
Fuel Total	<b>609.59</b>	Fuel Total	<b>509.59</b>	<i>509.59</i>
Tank Lease/YR	<b>129.00</b>	1st yr Lease	<b>FREE</b>	<i>Free</i>
Total Materials				<i>349.95</i>
Sub-Total				<i>859.54</i>
Sales Tax				<i>68.77</i>
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>	
Safety Inspection	\$129.95		\$29.95	
Total Labor				
Total charges				
Prepay Bal On Account				

% 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

Safe Appliance Savings	<i>559.00</i>
<i>Safe Appliance Rebate</i>	<i>50.00</i>
<b>TOTAL BALANCE DUE</b>	<i>1678.31</i>



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205944  
 Name: TOM DUNCAN DBA COX CLASSIC HOMES  
 Address: 7342 EAGLE COURT  
JEFFERSON, GA 30549

Date: 6/12/26  
 Instructions: FINAL H/U  
 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>Cool Flow</i>					
Manufacturer	<i>Bert Azzoni</i>					
Model #	<i>MAS4866CASNEW</i>					
Serial #	<i>1224019923</i>					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input 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 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 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 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 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 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 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>250</i>	<i>M2545075</i>	<i>Good</i>	<i>FFI</i>	<i>2025</i>	<i>W/G</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>11.5</i>

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>135</i> PSI	<i>135</i> PSI	<i>10</i> 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: *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>6.12.26</i>
Customer (Print)	<i>[Signature]</i>	Customer (Signature)		Date	