

*Handwritten notes:*  
 @att... JB  
 confirmed  
 Reschedule

11/21/2025 10:39:34 AM

# WORK ORDER

## Catherine Jaracz

352 Katherine Road  
 Blairsville, GA 30512  
 (850) 723-8293

Customer #: 204595  
 Order #: 423195  
 Location #: 280399  
 Zone: B-003-MON-  
 Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** ~~11/23/25~~ 12/05 - H/U WATER HEATER - ALREADY HUNG AND VENTED. CALL: 706-897-1965 CCOF - JB

<b>Date Ordered:</b> 11/21/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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<b>Name:</b>	<b>Last Service:</b> 10/24/2025	<b>Last Tune Up:</b>
<b>Contract:</b>	<b>SC Renewal:</b>	
<b>Manufact:</b>	<b>Model:</b>	
<b>Notes:</b>		
<b>Instructions:</b>		

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204595  
 Name: CATHERINE JARACZ  
 Address: 352 KATHERINE ROAD  
BLAIRSVILLE GA 30512

Date: 11-128-25  
 Instructions: HOOK UP WATER HEATER- ALREADY HUNG AND VENTED 706-897-1965 CCOF JB  
 Order #: 423195

**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	Water Heater					
Manufacturer	Navien					
Model #	NPE240A2					
Serial #	2087W255J204F93					
Burner/Combustion Chamber	<input checked="" 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				
Sediment Trap	<input checked="" 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				
Electronic Ignition System	<input checked="" 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				
Combustion Air	<input checked="" 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				

### Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2428491		Triarc Tank	2024	UG	Good

### Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Rego MEC 1122	20-24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego 3403B4	10-24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.3	12.6

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
60 PSI	60 PSI	10 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:

### 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)	Service Technician (Signature) <i>James Bohron</i>	Date 12-5-25
Customer (Print)	Customer (Signature)	Date



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# RINNAI WORK ORDER

Customer Acct #: 204595  
 Name CATHERINE JARACZ  
 Address 352 KATHERINE ROAD  
BLAIRSVILLE, GA 30512

Date: 10/06/2025  
 Instructions: DROP 250UG W/200G@2.599 + ANODE  
CALL: 706-897-1965 CCOF - JB  
 Order #: 404696

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	<b>2.999</b>	L P Gas /Gal	<b>2.599</b>
Gallons	<b>50</b>	Gallons	<b>50</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>149.95</b>	Fuel Total	<b>129.95</b>
Tank Lease/YR	<b>129.00</b>	1st yr Lease	<b>FREE</b>
Total Materials	_____		_____
Sub-Total	_____		_____
Sales Tax	_____		_____
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>
Safety Inspection	\$129.95		<b>29.95</b>
Total Labor	_____		_____
Total charges	_____		_____
Prepay Bal On Account	_____		_____
Safe Appliance Savings	_____		<b>487.33</b>
<i>Safe Appliance Rebate</i>	_____		<b>200.00</b>
<b>TOTAL BALANCE DUE</b>			_____