

# WORK ORDER

## Tech Lim

428 Kingtown St  
McCaysville, GA 30555  
(706) 455-0827

Customer #: 205047  
Order #: 431069  
Location #: 280962  
Zone: B-002-MON-  
Terms: COD

Tech: Alexander Cash

**Map Code:**

**Service Code:** Propane Service

**Description:** 12-11-25 T/I 250 w/200g @ 2.599 Lines there. Key in under rock by front door. 706-455-+0827 CCOF

<b>Date Ordered:</b> 12/2/2025	<b>Scheduled Date:</b> 12/11/2025	<b>Est. Completion:</b> 12/11/2025	<b>Start:</b> 01:00 PM	<b>Stop:</b> 03:00 PM
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**Name:**

**Contract:**

**Manufact:**

**Notes:**

**Instructions:**

**Last Service:**

**SC Renewal:**

**Model:**

**Last Tune Up:**

**Service History:**

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

Customer Account #: 205047  
 Name: TECH LIM  
 Address: 428 KINGTOWN ST  
MCCAYSVILLE GA 30555

Date: 12-11-25  
 Instructions: T/I 250 W/200G @ 2.599 LINES THERE.  
 Order #: 431069

**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	Furnace					
Manufacturer	franc					
Model #	9 TXCD031BC3 HCBA					
Serial #	12301WV350					
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	m 2500156	good	franc	2025	Ag	good

### Regulator(s):

Manufacturer	Model #	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego 404B34	03D25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.9
1st	<del>3403B</del>		<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

### 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	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
WC	WC	Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: \_\_\_\_\_

### Customer Acknowledgment:

- 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)		Date
Customer (Print)		Customer (Signature)		Date



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# RINNAI WORK ORDER

Customer Acct #: 205047  
 Name: tech lim  
 Address: 428 KINGTOWN ST  
 MCCAYSVILLE GA 30555

Date: 12-11-25  
 Instructions: T/I 250 W/200G @ 2.599 LINE THEER  
 Order #: 431069

## 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 2.599	
Gallons 200		Gallons 200	
FRCC \$9.79		FRCC \$9.79	9.79
Fuel Total 599.80		Fuel Total 5190	519.80
Tank Lease/YR 99.00		1st yr Lease FREE	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			521.53
<i>Safe Appliance Remate</i>			<i>400.00</i>
<b>TOTAL BALANCE DUE</b>			