

12/15/2025 4:22:33 PM

# WORK ORDER

## Dr James Parker

769 Higdon Road  
Epworth, GA 30541  
(706) 616-3790

Customer #: 205157  
Order #: 435813  
Location #: 281094  
Zone: B-005-TUE-  
Terms:

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 12/15/25 - T/I 250 W/ 200G @ 2.599/G. LINES ARE THERE.  
CCOF

<b>Date Ordered:</b> 12/15/2025	<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>	<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 #: 205157  
 Name: DR. JAMES PARKEER  
 Address: 769 HIGDON RD  
EPWORTH GA 30541

Date: 12-15-26  
 Instructions: T/I 250 W/200G @ 2.599 LINES THERE  
CCOF  
 Order #: 435813

**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	LOS SA7	Furnace				
Manufacturer	Heatonster	DGAT0703DC				
Model #	FM1VT181P					
Serial #	2741	940462982				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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 checked="" 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 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 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 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 checked="" 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 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	M2514879	Good	TriARC	2025	AG	Good

### Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rico	2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.4
1st			<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
40 PSI	40 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)	Date
James Parkeer		12-15-25
Customer (Print)	Customer (Signature)	Date
James Parkeer		12/15/25



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# RINNAI WORK ORDER

Customer Acct #: 205157  
 Name DR JAMES PARKER  
 Address 769 HIGDON RD  
EPWORTH GA 30541

Date: 12-15-26  
 Instructions: T/I 250 W/200G @ 2.599 LINES THEREE  
CCOF  
 Order #: 435813

DESCRIPTION OF WORK
<b>COMMENTS:</b>    
<b>SERVICED BY:</b>

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 \_\_\_\_\_

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>200</b>	Gallons <b>200</b>
FRCC \$9.79	FRCC \$9.79
Fuel Total <b>599.80</b>	Fuel Total <b>519.80</b>
Tank Lease/YR <b>991.00</b>	1st yr Lease <b>FREE</b>

Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee <b>20.00</b>	<b>20.00</b>
Safety Inspection \$129.95	\$29.95	<b>29.95</b>
Total Labor		
Total charges		
Prepay Bal On Account		

Safe Appliance Savings	521.53
Safe Appliance Rebate	400.00

% 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

TOTAL BALANCE DUE
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