

# WORK ORDER

## John A. Woodall

426 THE FOREST RD  
 BLUE RIDGE, GA 30513  
 (706) 455-8995

Customer #: 12577  
 Order #: 439644  
 Location #: 265303  
 Zone: B-010-THU-  
 Terms: Net 30

**Tech:** Michael Sands

**Map Code:**

**Service Code:** Propane Service

**Description:** 12/26/25 Swap Rinnai 9.4 Water heater for \$300 dollars. CCOF LDC

<b>Date Ordered:</b> 12/26/2025	<b>Scheduled Date:</b> 12/26/2025	<b>Est. Completion:</b> 12/26/2025	<b>Start:</b> 09:00 AM	<b>Stop:</b> 11:00 AM
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**Name:** Heating System

**Last Service:** 12/24/2025

**Last Tune Up:**

**Contract:**

**SC Renewal:**

**Manufact:**

**Model:**

**Notes:**

**instructions:**

### Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
12/26/2025	439644	Michael Sands	Propane Service	
12/24/2025	439166	Brandon Payne	Propane Service	12/24/25 - T/I WARRANTY PART HEAT EXCHANGER - CALL: (706) 455-8995 - GET WITH MIKE - JB
12/15/2025	434755	Michael Sands	Propane Service	12/15/25 - WATER HEATER FLUSH - CALL 706-455-0901 - CCOF - CT
12/15/2025	434755	Michael Sands	Propane Service	



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# RINNAI WORK ORDER

Customer Acct #: 12577  
 Name JOHN A WOODALL  
 Address 426 THE FOREST ROAD  
BLUE RIDGE, GA 30513

Date: 12/26/25  
 Instructions: SWAP WATER HEATER OUT FOR 9.4 WATER HEATER. CALL 706-455-8995 CCOF  
 Order #: 439644

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 3 year contract for discount.

\_\_\_\_\_  
CUSTOMER SIGNATURE

Retail Price		Contract Price	
<u>9.4</u> Rinnai	\$2473.00		\$ 2559.95
Standard Vent Kit	\$ 526.95		\$ 0.00
Standard Install	\$ 450.00		\$ 0.00
Total	\$3449.95		\$ 2559.95
		2559.95	
Tank Set		New Cust Special	
L.P. Gas /Gal		L.P. Gas /Gal	
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total		Fuel Total	
Tank Lease/YR		1st yr Lease	
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			890.00
<i>Safe Appliance Rebate</i>			<i>200.00</i>
TOTAL BALANCE DUE			



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 12577  
 Name: JOHN A WOODALL  
 Address: 426 THE FOREST RD  
BLUE RIDGE GA 30513

Date: 12-26-25  
 Instructions: T/I WARRANTY PART HEAT EXCHANGER  
706-455-8995 JB  
 Order #: 439166

**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	<del>RENO</del>	WH				
Manufacturer		Rinnai				
Model #		REU-VC2837FFUD-US-P				
Serial #		NJCA114261				
Burner/Combustion Chamber	<input 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 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 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 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 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 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 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 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
CO	CO	Good	Trinity	CO	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 3403TR	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego 4403B4	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.6

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
70 PSI	70 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 Cochran</i>	Date <i>12-26-25</i>
Customer (Print)	Customer (Signature) <i>Maxha Woodall</i>	Date