

1/19/2026 4:01:31 PM

WORK ORDER

Confirmed ✓
AK

Nate Mclean

129 Fox Hollow Way
Athens, GA 30607
(706) 215-2921

Customer #: 205400
Order #: 453479
Location #: 281401
Zone: J-003-TUE-
Terms: Net 30

Map Code:

Service Code: Propane Service

Description: 01-21-26, cod, Set lease 250UG w/200 gals @ 2.599 run line
and H/U to stub out, customer to dig call Nate on the way (706)
215-2921

Tech: _____

Date Ordered: 1/19/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
-------------------------	-----------------	------------------	--------	-------

Name:

Last Service:

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
------	-----------	------	------------------	---------------

[Handwritten mark]



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 205400
 Name NATE MCLEAN
 Address 129 BOX HOLLOW WAY
ATHENS, GA 30607

Date: 01/21/26
 Instructions: SET LEASE 250UG W/200 GALS RUN
LINE AND H/U TO STUB OUT CUSTOMER TO DIG
 Order #: _____

DESCRIPTION OF WORK
COMMENTS: <i>Set leased 250 w/ 200gals. Connected a/c. Ran new yard line to existing stub out. Installed Gen. Reg for future generator install. Performed leak test @ 90 psi for 10 min. no leaks found. 80% in tank. All appliances working correctly.</i>
SERVICED BY: <i>KS/BW</i>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
1-21-26	4:15	5:15	1	100.00/hr	100.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No

Gas check attached Yes No

Leak check Initial KS

Start Pressure 90 psi End Pressure 90 psi Time Held 10 min System OK

% in Tank 80%

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

CCOP

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.

Cust. not here

 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
Fuel Total	609.59	Fuel Total 529.59
Tank Lease/YR	129.00	1st yr Lease FREE
Total Materials		609.20
Sub-Total		1138.79
Sales Tax		79.72
Tank Set Fee	\$250	Tank Set Fee 20.00
Safety Inspection	\$129.95	\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		539.00
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		1318.51



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205400
 Name: NATE MCLEAN
 Address: 129 FOX HOLLOW WAY
ATHENS, GA 30607

Date: 01/21/26
 Instructions: SET LEASE 250UG W/200 GALS RUN
LINE AND H/U TO STUB OUT CUSTOMER TO DIG
 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	Cook Stove	Log lighter				
Manufacturer	Frigidaire	N/A				
Model #	GCP630W3FD	N/A				
Serial #	VF53386227	N/A				
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 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 checked="" 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 checked="" 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	M2517210	Good	FCI	2025	W/C	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	MEC	09 Dec 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Fisher	19 Feb 25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12	13

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
90 PSI	90 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: 80% in tank All appliances working correctly.

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)	<u>Kevin Smart</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>1-21-26</u>
Customer (Print)	<u>Cust. not here</u>	Customer (Signature)		Date	