

Confirmed ✓
HM

1/13/2026 11:31:43 AM

WORK ORDER

Jonathan McCart

701 Traditions Way
Jefferson, GA 30549
(770) 601-5412

Customer #: 205370
Order #: 450808
Location #: 281360
Zone: J-006-WED-
Terms: Net 30

Map Code:

Tech: _____

Service Code: Propane Service

Description: 01-19-26, ccof, Set lease 500UG w/400 gals @ 2.599 run line and H/U, Jake to dig, call Jonathan on the way 770-601-5412

Date Ordered:	1/13/2026	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
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RINNAI WORK ORDER

Customer Acct #: 205370
 Name JONATHAN MCCART
 Address 701 TRADITIONS WAY
JEFFERSON, GA 30549

Date: 01/19/26
 Instructions: SET LEASE 500UG W/400 GALS
RUN LINE AND H/U JAKE TO DIG
 Order #: _____

DESCRIPTION OF WORK

COMMENTS: *Set leased 500 u/g w/400 gals, connected and tested a/coder. Ran new yard lines, installed 2nd stage regulator. Performed leak test @ 105 psi for 10 min. no leaks found. 80% in tank. All appliances working correctly. Cust. Paid Jake directly.*

SERVICED BY: *KS*

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
1-19-26	1:00	3:45	2.75	100.00/hr	\$275.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial KS

Start Pressure 105 psi End Pressure 105 psi Time Held 10 min System OK YKS

% in Tank 80%

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

0005

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.

[Signature]
 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 400	Gallons 400
FRCC \$9.79	FRCC \$9.79
Fuel Total 1209.39	Fuel Total 1049.39
Tank Lease/YR 129.00	1st yr Lease FREE
Total Materials	697.92
Sub-Total	1747.31
Sales Tax	122.32
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	019.00
Safe Appliance Rebate	50.00
TOTAL BALANCE DUE	<u>2144.63</u>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205370
 Name: JONATHAN MCCART
 Address: 701 TRADITHIONS WAY
JEFFERSON, GA 30549

Date: 01/19/26
 Instructions: SET LEASE 500UG W/400 GALS RUN
LINE AND H/U JAKE 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	Leg Set	Leg Starter	Cook Top	Leg Set		
Manufacturer	Peterson	N/A	Bosch	Peterson		
Model #	N/A	N/A	NEMS655UC	N/A		
Serial #	N/A	N/A	951100322	N/A		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input 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	<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 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	<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 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	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A			
Combustion Air	<input checked="" 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 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
500	M2519584	Good	Tci	2025	W6	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	MCC	1122	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MCC	1222	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11	12

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
105 PSI	105 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 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)	<u>Kevin Smart</u>	Service Technician (Signature)		Date	<u>1-19-26</u>
Customer (Print)	<u>Jonathan McCart</u>	Customer (Signature)		Date	