VCOT

6/25/2026 10:13:56 AM

WORK ORDER

EUGENE SMILEY

209 COLDWATER CREEK DR
MINERAL BLUFF, GA 30559
(678) 414-8867

Customer #: 25599
Order #: 516761
Location #: 267016
Zone: B-014-WED-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 6/30/26 Run yard line and connect to tank relight all pilots Call 706-455-8211 CCOF- CLT

Date Ordered: 6/25/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name: Heating System
Contract:
Manufact:
Notes:
Instructions:

Last Service: 1/19/2024
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

P

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 25599

Name: EUGENE SMILEY

Address: 209 COLDWATER CREEK DR

MINERAL BLUFF GA 30559

Date: 6-30-26

Instructions: RUN YARD LINE AND CONNECT TO TANK RELIGHT PILOTS CCOF CLT 706-455-8211

Order #: 516761

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	Grill	S/H	Log Set	STOVE		
Manufacturer	Webber	PFS	nearth	L6		
Model #	summit s-420	Q250T	NV	F66F3054MFB		
Serial #	95967	Q250TA651B-11	NV	VF13042717		
Burner/Combustion Chamber	☑ Ok	☐ Ok	☑ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☑ Ok	☐ Ok	☑ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☑ Ok	☐ Ok	☑ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	M1027666	Good	trinity	2010	US	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	MEC	MC6R-112H	NV	☑ Correct ☐ Incorrect		
2nd	Rego	4403	NV	☑ Correct ☐ Incorrect	11.2	12.9

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
120 PSI / ____ WC	120 PSI / ____ WC	10 Mins / ____ Mins	☑ Yes ☐ No

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass
15 PSI	15 PSI	10 Mins	☑ Yes ☐ 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)	Dillon Payne	Service Technician (Signature)	Dillon Payne	Date	6/30/26
Customer (Print)	GENE Smiley	Customer (Signature)	Eugene Smiley	Date	6/30/26

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 25599
Name EUGENE SMILEY
Address 209 COLDWATER CREEK DR
MINERAL BLUEE GA 30559

Date: 6-15-26
Instructions: T/I 250 W/ 50 G CONNECT TO YARD LINE 706-455-8211 CCOF SM
Order #: 516134

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		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				
Safe Appliance Rebate				50.00

TOTAL BALANCE DUE