VCOt

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6/19/2026 1:30:54 PM

WORK ORDER

Hannah Love dba The Ridge at Ellijay

287 State Street
Unit B
Blue Ridge, GA 30513
(706) 258-7464

Customer #: 206127
Order #: 516064
Location #: 282317
Zone: B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 06/25/26 - CONVERT AND CONNECT STOVE, KIT ON SITE. LINE THERE. CALL 706-258-7464 - CCOF - CT

Date Ordered: 6/19/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 6/16/2026
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 206127

Name: HANNAH LOVE DBA THE RIDGE AT ELLIJAY

Address: 287 STATE STREET UNIT B

BLUE RIDGE, GA 30513

Date: 6/25/26

Instructions: CONVERT AND CONNECT STOVE, KIT ON SITE LINES THERE. CALL 706-258-7464 CCOF

Order #: 516064

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	Stove					
Manufacturer	Zline					
Model #	RA36					
Serial #	RA36EE251200194N-09					
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	m2C00934	Good	Trlarc	2026	UC	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	Reg	3403TTR9	2-26	☑ Correct ☐ Incorrect		
2nd	Reg	3403B4	10-23	☑ Correct ☐ Incorrect	11.7	13.6

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
100 PSI _____ WC	100 PSI _____ WC	10 Mins _____ Mins	☑ Yes ☐ No

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass
_____ PSI	_____ PSI	_____ 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)	Service Technician (Signature)	Date
Alvin Wilcox		6-25-26
Customer (Print)	**Customer (Signature)**	**Date**
Customer not present		

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 206127

Name HANNAH LOVE DBA THE RIDGE AT ELLIJAY

Address 287 STATE STREET UNIT B

BLUE RIDGE, GA 30513

Date: 5/28/26

Instructions: DROP 500UG W/50G@2.499 + ANODE BAG

CALL: 706-258-7464 CCOF - JB

Order #: 507071

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 2.999	L.P. Gas /Gal 2.499	
Gallons 50	Gallons 50	
FRCC $9.79	FRCC $9.79	9.79
Fuel Total 149.95	Fuel Total 124.95	124.95
Tank Lease/YR 129.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee $250	Tank Set Fee 20.00	20.00
Safety Inspection $129.95	$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		474.57
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		