√ Clt

7/6/2026 1:43:04 PM

WORK ORDER

Cynthia Robinson

436 ARROWHEAD DRIVE
MINERAL BLUFF, GA 30559
(706) 374-4324

Customer #: 22170
Order #: 523167
Location #: 259937
Zone: B-014-WED-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service Go after lunch!
Description: 07/17/26 - RUN LINE TO STOVE C/C STOVE - CALL 678-779-5420 - CCOF - CT Kit on site

Date Ordered: 7/6/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

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

Last Service: 4/17/2026
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 22170
Name: CYNTHIA ROBINSON
Address: 436 ARROWHEAD DRIVE
MINERAL BLUFF, GA 30559

Date: 7/17/26
Instructions: RUN LINE TO STOVE C/C/STOVE KIT ON SITE
CALL 678-779-5420 CCOF
Order #: 523167

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	GC					
Model #	PGB 9354 PSP					
Serial #	LD39241DP					
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
120	25A011578	Good	American	1994	AJ	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego	4048 9	2.22	☑ Correct ☐ Incorrect	11.2	12.9
1st				☐ Correct ☐ Incorrect		
2nd				☐ Correct ☐ Incorrect		

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
109 PSI / ____ WC	100 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	7/17/26
Customer (Print)	Cynthia Robinson	Customer (Signature)		Date	7-17-26

Folger Gas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 22170

Name CYNTHIA ROBINSON

Address 438 ARROWHEEAD DR
MINERAL BLUFF GA 30559

Date: 7-02-26

Instructions: T/I 120 W/ 100G@ 3.599 RUN LINE FOR FUTURE STOVE. WILL CALL WHEN ON SITE CCOF SM

Order #: 512678

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	3.599	L.P. Gas /Gal 3.599	
Gallons	100	Gallons 100	
FRCC	$9.79	FRCC $9.79	9.79
Fuel Total	359.90	Fuel Total 359.90	359.90
Tank Lease/YR	99.00	1st yr Lease 99.00	99.00
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			350.00
Safe Appliance Rebate			500
TOTAL BALANCE DUE			