c VSUM

10/23/2026 12:23:27 PM

WORK ORDER

Nadine Martin

1183 Bear Paw Trail
Blue Ridge, GA 30513
(941) 323-1419

Customer #: 206836
Order #: 561506
Location #: 283181
Zone: B-037-WED-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 10/29/26 C/C stove kit on site haul off old stove $25cDoor Code 1010 if it doesn't work use lock box at basement same code HOME OWNER REQUESTED TO TEXT PICTURES Call 941-323-1419 CCOF-CLT

Looking at getting gas logs + convert to measure Firebox

Date Ordered: 10/23/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 10/12/2026
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 206836
Name: NADINE MARTIN
Address: 1183 BEAR PAW TRAIL
BLUE RIDGE, GA 30513

Date: 10/29/26
Instructions: C/C STOVE KIT ON SITE. HAUL OFF OLD STOVE. DOOR CODE 1010 USE LOCKBOX IN BASEMENT TEXT PICS CALL 941-323-1419 CCOF
Order #: 561506

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	G.E.					
Model #	JGBS66REK8SS					
Serial #	SD400392P					
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
250	442448	Good	~~Quality~~	1994	O.G.	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego	LV4403	N.V.	☑ Correct ☐ Incorrect	11.3	13.6
1st	~~Rego~~	~~LV4403~~	~~N.V.~~	☑ Correct ☐ Incorrect		
2nd				☐ Correct ☐ Incorrect		

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
75 PSI / ____ WC	75 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) Mark Wilcox	Service Technician (Signature)	Date 10-29-26
Customer (Print) Customer	Customer (Signature) not present	Date

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 206836
Name NADINE MARTIN
Address 1183 BEAR PAW TRAIL
BLUE RIDGE GA 30513

Date 10/12/26
Instructions: T/I 250AG W/200G @ 2.499 LINES
ARE THERE CCOF CLT
Order #: 554580

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 200	Gallons 200	
FRCC $9.79	FRCC $9.79	9.79
Fuel Total 599.80	Fuel Total 499.80	499.80
Tank Lease/YR 99.00	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		538.16
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		