Confirm - SM

6/24/2026 11:30:59 AM

WORK ORDER

Jonathan Meldrum

1450 Ritchie Creek Road
Blue Ridge, GA 30513
(706) 632-3307

Customer #: 28148
Order #: 516600
Location #: 248265
Zone: B-005-TUE-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 6-26-27 Convert and connect stove Line already there but may need extended about 15ft. CCOF Sm 321-794-7942

Date Ordered: 6/24/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

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

Last Service:
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 28148

Name: JONATHAN MELDRUM

Address: 1450 RICHIE CRKKD RD
BLUE RIDGE GA 30513

Date: 6-26-26

Instructions: CONVERT AND CONNECT STOVE. MAY NEED TO EXTEND LINE 15FT CCOF SM

Order #: 516600 321-794-7942

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	Stove				
Manufacturer	Weber	Whirl Pool				
Model #	NV	UEG5155OLS4				
Serial #	NV	RE4035488				
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
325	M2157429	Good	Trinity	2021	UC	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	Reso	3403TR	1-21	☑ Correct ☐ Incorrect		
2nd	Sherwood	NV	NV	☑ Correct ☐ Incorrect	11.3	12.8

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
90 PSI / ____ WC	90 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) Alvin Wilson	Service Technician (Signature)	Date 6-26-26
Customer (Print)	Customer (Signature)	Date

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 29148

Name JONATHAN MELDRUM

Address 1450 RICHIE CREEK RD
BLUE RIDGE GA 30513

Date: 6-2-26

Instructions: T/I 120 W/ 100G (2ND TANK) @ 3.599 RUN YARD LINE CONNECT CCOF CLT

Order #: 516022

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	
Safety Inspection	$129.95	$29.95	29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			350.00
Safe Appliance Rebate			50.00
TOTAL BALANCE DUE			