10/20/2026 3:49:25 PM

WORK ORDER

David Wermerskirchen

lot 6 & 7
Blue Ridge, GA 30513
(239) 938-4110

Customer #: 206946
Order #: 560296
Location #: 283322
Zone: B-005-TUE-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 10/29/26 T/I 120ag w/100g @ 3.599 run line Call 239-938-4110 CCOF-CLT

Date Ordered: 10/20/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
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 #: 206946

Name: DAVID WERMERSKIRCHEN

Address: LOT 6&7 IDEL LANE

BLUE RIDGE GA 30513

Date: 10/29/26

Instructions: T/I 120AG W/100G @ 3.599 RUN LINE CCOF CLT

Order #: 560296

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	~~Appliance~~	HVAC			
Manufacturer	Furrion		AiRxcel			
Model #	NV		NV			
Serial #	NV		NV			
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	M2542439	Good	TBIORC	2025	A9	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego	LV4041334	04-26	☑ Correct ☐ Incorrect	11.2	13.0
1st				☐ Correct ☐ Incorrect		
2nd				☐ Correct ☐ Incorrect		

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
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)	Service Technician (Signature)	Date
Adam Flannery	Adam Flannery	10-29-26
Customer (Print)	Customer (Signature)	Date
	David Wermerskirchen	

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 206946

Name DAVID WERMERSKIRCHEN

Address LOT 6 & 7 IDEL LANE

BLUE RIDGE GA 30513

Date: 10/29/26

Instructions: T/I 120AG W/ 100G @ 3.599 RUN LINE CCOF CLT

Order #: 560296

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 FREE	FREE
Safety Inspection $129.95	$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		350.00
Safe Appliance Rebate		450.00
TOTAL BALANCE DUE		