√SUM

10/29/2026 12:35:19 PM

WORK ORDER

Bianca Woods

232 Chestnut Gap Rd.
Blue Ridge, GA 30513
(706) 972-7720

Customer #: 207034
Order #: 563347
Location #: 283428
Zone:B-006-TUE-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service 11/10/26
Description: ~~11-5-26~~ T/I 250 w/200g @ 2.499 Connect to lines already there if possible. (Brother thinks new line might need ran).
706-972-7720 Bianca Call brother Kenneth 770-616-0505 for payment.

Date Ordered: 10/29/2026	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 #: 207034

Name: BIANCA WOODS

Address: 232 CHESTNUT GAP RD

BLUE RIDGEE GA 30513

Date: 11-5-26

Instructions: T/I 250 W/ 200G @ 2.499 CONNECT TO LINES ALREADY THERE IF POSSIBLE. SM CCOF

Order #: 563347

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	furnace					
Manufacturer	Bryant					
Model #	NA					
Serial #	NA					
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	M260714598	good	Trlarc	2026	AG	good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	Rego	3TRA	2026	☑ Correct ☐ Incorrect		
2nd	fisher	NA	NA	☑ Correct ☐ Incorrect	11.3	13.4

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)	Brandon Payne	Service Technician (Signature)	Brandon Payne	Date	11/10/26
Customer (Print)		Customer (Signature)	Bianca Woods	Date	

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 207034

Name BIANCA WOODS

Address 232 CHESTNUT GAP RD

BLUE RIDGE GA 30513

Date: 11-5-26

Instructions: T/I 250 W/ 200G @ 2.499 CONNEC TO LINES THERE IF POSSIBLE CCOFG SM

Order #: 563347

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 3.199	L.P. Gas /Gal 2.499	
Gallons 200	Gallons 200	
FRCC $9.79	FRCC $9.79	9.79
Fuel Total 639.80	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		585.73
Safe Appliance Rebate		400.00
TOTAL BALANCE DUE		