10/26/2026 3:15:17 PM

WORK ORDER

Paul Rice d/b/a GA Spa Co

19 Hollow Hill Road
Blairsville, GA 30512
(678) 383-2583

Customer #: 204623
Order #: 562109
Location #: 280430
Zone: B-011-MON-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 11/2 run line and connect to new furnace. Remove wall heaters and cap lines. Hi lite the cost of heater removal and line so he can pay that seperate. Please send bill to josh.kemerling@gmail.com. kpf.

Date Ordered: 10/26/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name: Propane
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 #: 204623

Name: PAUL RICE DBA GA SPA CO

Address: 19 HOLLOW HILL ROAD

BLAIRSVILLE GA 30512

Date: 11/2/26

Instructions: RUN LINE AND CONNECT TO NEW FURNACE REMOVE WALL HEATERS AND CAP LINES HI LITE COST OF HEATER REMOVAL AND LINE SO HE CAN PAY SEPERATE

Order #: 562109 EMAIL INVOICE JOSH.KEMERLING@GMAIL CLT

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	Carrier					
Model #	CAAMP6124AMAEAAA					
Serial #	1726J03364					
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	M0556123	Good	Trinity	2005	A.G.	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	Rego	LV3403TR9	~~3-25~~	☑ Correct ☐ Incorrect		
2nd	Rego	4403Y4	~~7-25~~	☑ Correct ☐ Incorrect	11.4	13.8

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 11-2-26
Customer (Print)	Customer (Signature)	Date 11/2/26

FolgerGas PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 204623

Name Paul Rice DBA/ GA Spa Co

Address 19 hollow Hill Rd. Blairsville GA. 30512

Date: 10/17/25

Instructions: T/I 250ag w/200g @2.599-tank swap lines are there. Call:678-383-2583-invoice- JB

Order #: 407607

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 2.599	
Gallons 200	Gallons 200	
FRCC $9 79	FRCC $9 79	9.79
Fuel Total 599.80	Fuel Total 519.80	519.80
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		521.53
Safe Appliance Rebate		400.00
TOTAL BALANCE DUE		