V CLT

6/25/2026 11:46:06 AM

WORK ORDER

Avery Smith

303 FAWN TRAIL
MORGANTON, GA 30560
(407) 595-8006

Customer #: 13507
Order #: 516782
Location #: 249040
Zone: B-012-FRI-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 6/29/26 C/C Stove Kit on site Call 407-595-8006 CCOF - CLT

Date Ordered: 6/25/2026	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

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 13507

Name AVERY SMITH

Address 303 FAWN TRAIL

MORGANTON GA 30560

Date: 6-8-26

Instructions: SWAP OUT 500AG WITH 250W/ 200G @.2.9
CONNECT TO LINES THERE CCOF 407-595-8006

Order #: 516782

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 2.999	
Gallons	200	Gallons 200	
FRCC	$9.79	FRCC $9.79	9.79
Fuel Total	599.80	Fuel Total 599.80	599.80
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			

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 13507

Name: AVERY SMITH

Address: 303 FAWN TRAIL

MORGANTON GA 30560

Date: 6-29-26

Instructions: COVERT CONNECT STOVE KIT ON SITE CCOF CLT 407-598-8008

Order #: 516782

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	LG					
Model #	LRGN6321W					
Serial #	605MMDK0F122					
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	M03004 75	Good	TRINITY	2003	A9	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	Rego	LV3303TR	~~12-20~~ NV	☑ Correct ☐ Incorrect		
2nd	Rego	4903B4	12-20	☑ Correct ☐ Incorrect	11.2	13.1

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
60 PSI / ____ WC	60 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)	Service Technician (Signature)	Date
Alex Cash		6-29-26
Customer (Print)	Customer (Signature)	Date