11/11/2026 4:50:10 PM

WORK ORDER

Dot Schoeller - Rental

440 Silver Creek Road
Blue Ridge, GA 30513
(770) 364-2203

Customer #: 204521
Order #: 571869
Location #: 280309
Zone: B-006-TUE-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: connect HVAC renters coming in tomorrow night gas may be turned off Door is open to relight pilots Call 770-364-2203 CCOF-CLT

Date Ordered: 11/11/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 11/10/2026
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 206582 Date: 11-11-26

Name: Dot Schoeller - Rental Instructions:

Address: Order #:

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	Temp Star					
Model #	FAM5X37M17A1E					
Serial #	U263702114					
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	M227262	Good	Arco	2022	AG	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	Rego	LV3403TR9	09-2024	☑ Correct ☐ Incorrect		
2nd	Rego	N.V.	N.V.	☑ Correct ☐ Incorrect	11.3	13.9

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
75 PSI ____ WC	75 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 11-12-26
Customer (Print)	Customer (Signature)	Date

FolgerGas PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 204521

Name DOT SCHOELLER - RENTAL

Address 440 SILVER CREEK ROAD

BLUE RIDGE, GA 30513

Date: 9/30/25

Instructions: ~~T/I 250AGW/50G@2.599G PUMP EXISTING~~ T/I MONITOR AUTO CALL 770-364-2203. CCOF

Order #: 398299

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 2.99~~9~~	L P Gas /Gal 2.599	
	Gallons 50	Gallons 50	
	FRCC $9.79	FRCC $9.79	9.79
	Fuel Total 149.95	Fuel Total 129.95	129.95
	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		457.33
	Safe Appliance Rebate		400.00
	TOTAL BALANCE DUE		