7/15/2026 4:11:40 PM

WORK ORDER

Barry Scott

302 East Second Street
Blue Ridge, GA 30513
(770) 943-9654

Customer #: 206349
Order #: 524966
Location #: 282589
Zone: B-015-FRI-
Terms: Net 30

Tech: ____________

Map Code:
Service Code: Propane Service
Description: 7-17-26 Now have appliance on site. Connect lines already ran.
(Alvin was out on 7-13-26) 770- 943-9654 Sm Ccor

Date Ordered: 7/15/2026	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
Last Service: 7/13/2026
Last Tune Up:
Contract:
SC Renewal:
Manufact:
Model:
Notes:
Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

FolgerGas PROPANE — GAS CHECK

Customer Account #: 206349
Name: Barry Scott
Address:

Date: 7/16/26
Instructions:

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	Lenoxx					
Model #	CK40CT-36V-71					
Serial #	1526C04307					
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	M0802960	Good	trinity	2008	AJ	good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	3403TKQ	REG0	2026	☑ Correct ☐ Incorrect		
2nd	3403BU	Rego	2025	☑ Correct ☐ Incorrect	11.2	12.8

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
130 PSI ____ WC	130 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) Dillon Payne	Service Technician (Signature) Dillon Payne	Date 7/16/26
Customer (Print)	Customer (Signature)	Date

CNT

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI
WORK ORDER

Customer Acct #: 206349

Name BARRY SCOTT

Address 302 EAST SECOND STREET

BLUE RIDGE GA 30513

Date: 7-17-26

Instructions: T/I 250 W/ 200G @ 2.499 RUN YARD LINE
CONNECT TO HOUSE. CCOF SM

Order #: 524966

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 2.499	
Gallons 200	Gallons 200	
FRCC $9.79	FRCC $9.79	9.79
Fuel Total 599.80	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		529.00
Safe Appliance Rebate		400.00
TOTAL BALANCE DUE		