√Clt

7/15/2026 9:34:39 AM

WORK ORDER

Lynn Ward

630 WINDY RIDGE ROAD
BLUE RIDGE, GA 30513
(706) 632-7317

Customer #: 22871
Order #: 524572
Location #: 268562
Zone:B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 7-20-26 Run line and connect HVAC unit 706-632-7317 CCOF Sm

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

Name: Heating System
Contract:
Manufact:
Notes:
Instructions:

Last Service: 2/2/2026
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 #: 22871

Name LYNN WARD

Address 630 WINDY RIDGE RD
BLUE RIDGE GA 30513

Date: 7-2-26

Instructions: SWAP 120 FOR 250 W/200G @ 2.999
WILL HAVE NEW HVAC SYSTEM CCOF SM 706-632-7317

Order #: 523421

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			

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 22871

Name: LYNN WARD

Address: 630 WINDY RIDGE RD

BLUE RIDGE GA 30513

Date: 7-20-26

Instructions: RUN LINE AND CONNECT TO HVAC UN CCOF SM 706-632-7317

Order #: 524572

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	HVAC					
Manufacturer	Bryant					
Model #	CVAM0361AMOEAA					
Serial #	1026J26410					
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	M140373 1	Good	Trinity	2014	AG	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	MEC	1232	8-19	☑ Correct ☐ Incorrect	11.1	12.3
1st				☐ Correct ☐ Incorrect		
2nd				☐ Correct ☐ Incorrect		

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
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) Alvin Lilly	Service Technician (Signature)	Date 7-20-26
Customer (Print) Customer not Present	Customer (Signature)	Date