

Confirmed
SN

10/1/2025 1:44:25 PM

WORK ORDER

Jeremy Wessels d/b/a Autumn Creek Properties LLC

140 Riverview Terrace
Blue Ridge, GA 30513
(404) 539-1566

Customer #: 204314
Order #: 402189
Location #: 280071
Zone: B-006-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10/08/2025 - c/c stove - kit onsite in stove drawer. Lock Box:
0423 Call: 404-428-6756 Bill to Davis Earnest - JB

Date Ordered: 10/1/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 9/17/2025

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204314

Date: 10-8-25

Name: JEREMY WESSELS DBA AUTUMN CREEK PROP LLC

Instructions: CONVERT CONNECT STOVE. KIT ONSITE
LOCK BOX 0423 404-428-6756

Address: 140 RIVERVIEW TERRACE
BLUE RIDGE GA 30513

Order #: 402189

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	Frigidaire					
Model #	FCFC3083ASA					
Serial #	VF42304810					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok				
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A				
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok				
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A				
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A				
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A				
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok				
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	m2432068	Good	Arcosa	2024	UG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Rego	3403TR	9-24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rego	4403Y4	9-23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.5
					13.2

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
110 PSI	110 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> 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) <i>Alan Wilcox</i>	Service Technician (Signature) 	Date <i>10-8-25</i>
Customer (Print) <i>Customer not present</i>	Customer (Signature)	Date



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 204314

Date: 9/17/25

Name JEREMY WESSELS DBA AUTUMN CREEK PROP. LLC

Instructions: DROP 325UCW/50G@2.599G DROP ANODE

Address 140 RIVERVIEW TERRACE
BLUE RIDGE, GA 30513

BAG. CALL JEFF KAYLOR 706-455-5186. CCOF

Order #: 396198

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 ___

Retail Price	Contract Price
___ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

Tank Set	New Cust Special
L.P. Gas /Gal 2.999 ³⁰	L.P. Gas /Gal 2.599 ⁵⁰
Gallons	Gallons
FRCC \$9.79	FRCC \$9.79
Fuel Total 149.95	Fuel Total 129.95
Tank Lease/YR 129.00	1st yr Lease FREE
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee 20.00
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	

% 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

Safe Appliance Savings	487.33
<i>Safe Appliance Rebate</i>	<i>50.00</i>
TOTAL BALANCE DUE	