

Confirmed JTB

10/2/2025 3:13:37 PM

WORK ORDER

Yvonne Sidor

166 Josh Hall Road #4
Blue Ridge, GA 30513
(305) 606-8000

Customer #: 203509
Order #: 404481
Location #: 279061
Zone: B-015-FR1-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10/14/25 - T/I 120 W/100G @ 3.599/G. RUN LINE TO STOVE,
CONVERT (KIT ON SITE) AND HOOK UP. MAIL INVOICE.
305-606-8000

Date Ordered: 10/2/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service:	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 #: 203509
 Name: YVONNE SIDOR
 Address: 166 JOSH HALL RD #4
BLUE RIDGE, GA. 30513

Date: 10/14/25
 Instructions: T/I 120 W/100G @ 3.599G. RUN LINE
TO STOVE CONVERT (KIT ON SITE) HOOK UP.
 Order #: 404481 **MAIL INVOICE.305-606-800**

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	C.E					
Model #	CGS600AV2FS					
Serial #	MA021303Q					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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	<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	<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	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
120	mm504127	Pass	Arco	2025	AG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin Rego	404B34	4-25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.7
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
95 PSI	95 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" 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 Wray</i>	Service Technician (Signature) <i>[Signature]</i>	Date <i>10-14-25</i>
Customer (Print)	Customer (Signature) <i>[Signature]</i>	Date



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RINNAI WORK ORDER

Customer Acct #: 203509
 Name YVONNE SIDOR
 Address 166 JOSH HALL RD #4
BLUE RIDGE ,GA. 30513

Date: 10/14/25
 Instructions: T/I 120 W/100G @3.599G
RUNLINE TO STOVE COVERT KIT ON SITE H/U.
 Order #: 404481 MAIL INVOICE: 305-606-8000

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	3.599	L.P. Gas /Gal	3.599
Gallons	100	Gallons	100
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	359.90	Fuel Total	359.90
Tank Lease/YR	99.00	1st yr Lease	99.00
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			350.00
<i>Safe Appliance Rebate</i>			<i>50.00</i>
TOTAL BALANCE DUE			