

*Confirmed*  
*JN*

10/14/2025 11:40:47 AM

# WORK ORDER

## Dennis Floyd

70 Cascading Brook Lane  
BLUE RIDGE, GA 30513  
(770) 596-2759

Customer #: 204546  
Order #: 407059  
Location #: 280344  
Zone: B-015-FRI-  
Terms:

Tech: \_\_\_\_\_

**Map Code:**

**Service Code:** Propane Service

**Description:** 10/21/25 - Final H/U, lines done, tank to house. Call:  
770-596-2759 EMAIL INVOICE - JB

<b>Date Ordered:</b> 10/14/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:**

**Last Service:** 10/1/2025

**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 #: 204546  
 Name: DENNIS FLYD  
 Address: 70 CASCADING BROOK LN  
BLUE RIDGE GA 30513

Date: 10-21-25  
 Instructions: FINAL HOOKUP YARD LINE. 770-596-2759  
EMAIL INVOICE JB  
 Order #: 407059

**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	Log lighter	Log lighter			
Manufacturer	<u>Goodman</u>	<u>W</u>	<u>W</u>			
Model #	<u>CHPTA 3630 B3AA</u>	<u>W</u>				
Serial #	<u>2504321639</u>	<u>W</u>				
Burner/Combustion Chamber	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input 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	<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 type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<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
<u>250</u>	<u>M2430457</u>	<u>Good</u>	<u>Acoss</u>	<u>2024</u>	<u>GA</u>	<u>Good</u>

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st <u>Resco</u>	<u>340371R</u>	<u>4-19</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd <u>Resco</u>	<u>3403834</u>	<u>1-25</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.1</u>	<u>12.4</u>

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>90</u> PSI	<u>90</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> 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) <u>Alvin Weaver</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>10-21-25</u>
Customer (Print) <u>Customer not present</u>	Customer (Signature) <u>[Signature]</u>	Date _____



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# RINNAI WORK ORDER

Customer Acct #: 204546  
 Name Dennis Floyd  
 Address 70 Cascading Brook Lane  
Blue Ridge, GA. 30513

Date: 10/1/2025  
 Instructions: Drop 250ug w/50g @ 2.599  
and anode bag. Gate Code: 469301  
 Order #: 399068 Call: 770-596-2759

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	<b>2.99</b>	L P Gas /Gal	<b>2.59</b>
Gallons	<b>50</b>	Gallons	<b>50</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>149.95</b>	Fuel Total	<b>129.95</b>
Tank Lease/YR	<b>129.00</b>	1st yr Lease	<b>FREE</b>
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>
Safety Inspection	\$129.95		<b>29.95</b>
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>487.33</b>
<i>Safe Appliance Rebate</i>			<i>400.00</i>
TOTAL BALANCE DUE			