

Confirmed
SN

10/23/2025 1:45:34 PM

WORK ORDER

Lucian Myers

284 Skyline Drive
Turtletown, TN 37391
(352) 342-3219

Customer #: 203641
Order #: 410152
Location #: 279211
Zone: B-001-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10/30/25 - T/I 30" SASS W/VFSR AND WALL TIMER PREPAID.
C/C STOVE IN BASEMENT. KIT ON SITE. LINES ARE THERE
- CALL 352-622-5504 - CCOF - CT

| | | | | |
|---------------------------------|------------------------|-------------------------|---------------|--------------|
| Date Ordered: 10/23/2025 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|---------------------------------|------------------------|-------------------------|---------------|--------------|

Name:

Last Service: 9/3/2025

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

| Date | Invoice # | Tech | Problem Reported | Service Notes |
|------|-----------|------|------------------|---------------|
|------|-----------|------|------------------|---------------|



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203641

Date: 10/30/25

Name: LUCIAN MYERS

Instructions: T/I 30" SASS W/VFSR AND WALL TIMER PREPAID . C/C STOVE IN BASEMENT. KIT ONSITE LINES ARE THEREE. CCOF CALL: 352-622-5504 CT
Order #: 410152

Address: 284 SKYLINE DRIVE
TURTLETOWN , TN. 37391

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 | log set | | | | |
| Manufacturer | Samsung | empire | | | | |
| Model # | NX60A6311SS | 2096826562 | | | | |
| Serial # | 0J4S7DAXA | 2514P409634 | | | | |
| Burner/Combustion Chamber | <input checked="" type="checkbox"/> Ok | <input checked="" 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 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 checked="" 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 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 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 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 checked="" 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 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 |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 250 | 1H044555 | Good | America | 1989 | AG | 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 | LV3403TR | 09/2024 | | |
| 2nd | MEC | 1622E | 20 NOV 23 | 12.2 | 13.0 |

Piping System Leak Test:

Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass | Start Pressure | End Pressure | Time Held | Pass |
|----------------|--------------|-----------|---|----------------|--------------|-----------|---|
| 100 PSI | 100 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) | <u>Allen H. [Signature]</u> | Service Technician (Signature) | [Signature] | Date | <u>10-30-25</u> |
| Customer (Print) | <u>LUCIAN MYERS</u> | Customer (Signature) | [Signature] | Date | <u>10-30-2025</u> |



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RINNAI WORK ORDER

Customer Acct #: 203641
 Name LUCIAN MYERS
 Address 284 SKYLINE DR
TURTLETOWN TN 37391

Date: 9-3-25
 Instructions: T/I 325 W/260 @ 2.59 RUN YARD LINE
AND CONNECT. 352-342-3219 CCOF SM
 Order #: 389571

| 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 | 2.599 |
| Gallons | 260 | Gallons | 260 |
| FRCC | \$9.79 | FRCC | \$9.79 |
| Fuel Total | 779.74 | Fuel Total | 675.74 |
| Tank Lease/YR | 99.00 | 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 | | | |
| Safe Appliance Savings | | | 549.31 |
| <i>Safe Appliance Rebate</i> | | | <i>50.00</i> |
| TOTAL BALANCE DUE | | | |