

Confirmed

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10/28/2025 4:56:04 PM

# WORK ORDER

**Emma Welch**

78 Crystal Run  
Blue Ridge, GA 30513  
(706) 633-8060

Customer #: 204438  
Order #: 411596  
Location #: 280209  
Zone: B-005-TUE-  
Terms: Net 30

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

**Map Code:**  
**Service Code:** Propane Service  
**Description:** 11/04/25 - HOOK UP HVAC - LINES ARE THERE - CALL  
706-633-8060 - CCOF - CT

<b>Date Ordered:</b> 10/28/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
<b>Name:</b>	<b>Contract:</b>	<b>Manufact:</b>	<b>Notes:</b>	<b>Instructions:</b>
<b>Last Service:</b> 9/11/2025	<b>SC Renewal:</b>	<b>Model:</b>	<b>Last Tune Up:</b>	

**Service History:**

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

Customer Account #: 204438

Date: 11/04/25

Name: EMMA WELCH

Instructions: HOOK UP HVAC LINES ARE THERE CALL

Address: 78 CRYSTAL RUN

706-633-8060 CCOF

BLUE RIDGE, GA 30513

Order #: 411596

**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					
Manufacturer	Rheem					
Model #	RCFY3617STANMC					
Serial #	W292517574					
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
250	25-29973	Good	Atlgs	1979	AG	Good

### Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin Rego	LV40449	10/2022	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.4	12.3
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
75 PSI	75 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
____ WC	____ WC	____ Mins					

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>BRIAN BRADLEY</u>	Service Technician (Signature) 	Date <u>11-4-25</u>
Customer (Print) <u>CWAFS</u>	Customer (Signature) 	Date



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# RINNAI WORK ORDER

Customer Acct #: 204438  
 Name EMMA WEELCH  
 Address 78 CRYSTAL RUN  
BLUEE RIDGEE GA 30513

Date: 9-11-25  
 Instructions: T/I 250 W/200G @ 2.599 RUN YARD  
AND CONNECT CCOF SM 706-633-8050  
 Order #: 396043

DESCRIPTION OF WORK
<b>COMMENTS:</b>
<b>SERVICED BY:</b>

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	<b>2.999</b>	L.P. Gas /Gal	<b>2.599</b>
Gallons	<b>200</b>	Gallons	<b>200</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>599.80</b>	Fuel Total	<b>519.80</b>
Tank Lease/YR	<b>99.00</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		\$29.95
Total Labor			<b>29.95</b>
Total charges			
Prepay Bal On Account			

**% in Tank**

Safe Appliance Savings	<b>521.53</b>
<i>Safe Appliance Rebate</i>	<b>400.00</b>

**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

**TOTAL BALANCE DUE**