

4/23/2025 8:38:38 AM

# WORK ORDER

**Andres Aguirre**

307 Cohutta Overlook  
Blue Ridge, GA 30513  
(954) 439-4874

Customer #: 203818  
Order #: 355166  
Location #: 279432  
Zone: B-005-TUE-  
Terms: Net 30

**Tech:** Mark Hooper

**Map Code:**

**Service Code:** Propane Service

**Description:** 4/23/25 T/I 250ag w200g@2.599, possibly run yard line. Call  
954-439-4874 CCOF VM *T/I Memo to*

<b>Date Ordered:</b> 4/23/2025	<b>Scheduled Date:</b> 4/23/2025	<b>Est. Completion:</b> 4/23/2025	<b>Start:</b> 01:00 PM	<b>Stop:</b> 03:00 PM
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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 #: 203818

Date: 4/23/25

Name: ANDRES AGUIRRE

Instructions: T/I 250AG W200G@2.599, RUN YARD LINE-  
T/ MONITOR. CALL 954-439-4874 CCOF VM

Address: 307 COHUTTA OVERLOOK  
BLUE RIDGE, GA 30513

Order #: 355166

**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	waterheater	Stove	Fireplace			
Manufacturer	Rinnigh	Frigidaire	NV			
Model #	REU-NB3237F	GCEG3060BFB	NV			
Serial #	SD. BA-D60876	VF42040442	NV			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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 checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<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 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	<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 checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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
250	M2428005	Good	Trigrc	2024	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	LV3403TR9	10/2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rego	NV	NV	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.7

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
50 PSI	50 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)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date





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# RINNAI WORK ORDER

Customer Acct #: 203818

Name ANDRES AGUIRRE

Address 307 COHUTTA OVERLOOK

BLUE RIDGE, GA 30513

Date: 4/23/25

Instructions: T/I 250AG W200G@2.599, RUN YARD LINE  
T/MONITOR. CALL 954-439-4874 CCOF VM

Order #: 355166

## 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 **2.599**

L.P. Gas /Gal **2.999**

Gallons **200**

Gallons **200**

FRCC \$9.79

FRCC \$9.79 **9.79**

Fuel Total **599.80**

Fuel Total **519.80** **519.80**

Tank Lease/YR **99.00**

1st yr Lease **FREE** **FREE**

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Tank Set Fee **20.00** **20.00**

Safety Inspection \$129.95

\$29.95 **29.95**

Total Labor

Total charges

Prepay Bal On Account

Safe Appliance Savings

**521.53**

*Safe Appliance Rebate 200.00*

TOTAL BALANCE DUE