

Confirmed  
TW

6/2/2025 3:02:03 PM

## WORK ORDER

### Daniel Kaylor DBA Trac 5

135 Arrow Ridge  
McCaysville, GA 30555  
(706) 455-7100

Customer #: 203783  
Order #: 369336  
Location #: 279383  
Zone: B-002-MON-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 6/11/25 T/I 325ug w/50g@2.599 w/Anode; Run yard line & connect. T/I 24" Sass. Convert stove, kit on site. Connect w/h. *Do Anode test*  
Call (706) 455-7100 Invoice VM

<b>Date Ordered:</b> 6/2/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
-------------------------------	------------------------	-------------------------	---------------	--------------

**Name:**

**Last Service:** 4/15/2025

**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 #: 203783

Name: DANIEL KAYLOR DBA TRAC 5

Address: 135 ARROW RIDGE

MCCAYSVILLE, GA 30555

Date: 6/11/25

Instructions: T/I 325UG W50G@2.599 W ANODE; RUN YARD  
LINE & CONNECT. T/I 24" SASS. CONVERT STOVE  
KIT ON SITE, CONNECT W/H CALL 706-455-7100

Order #: 369336

INVOICE -VM

**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	2-line	Empire	Rinnia	W/H	
Model #	SGR30-A2	VSR-24-4	RL 75 i Rev	VC2528FFVD	-VSA
Serial #	SGR30SE24070162-00	25148401534	PHCA 126998		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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 checked="" 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 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 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 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 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 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
325	M2432071	good	triarc		V9	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	3/25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	10/23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.5	12.8

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
120 PSI	120 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





www.folgergas.com

# RINNAI WORK ORDER

Customer Acct #: 203783

Name DANIEEL KAYLOR DBA TRAC 5

Address 135 ARROW RIDGE

MCCAYSVILLE, GA 30555

Date: 6/10/25

Instructions: T/I 325UG W50G@2.599 W/ANODE. RUN YAR  
LINE & CONNECT. T/I 24" SASS CONVERT STOVE KIT ON  
SITE; CONNECT W/H CALL 706-455-7100 INVOICE -VM

Order #: 369336

## 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 2.999	
Gallons 50	Gallons 50	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 149.95	Fuel Total 129.95	129.95
Tank Lease/YR 129.00	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 97.00

Safe Appliance Rebate 50.00

TOTAL BALANCE DUE