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6/17/2025 8:53:49 AM

## WORK ORDER

### Rebecca Clark

1952 Big Creek Road  
Cherry Log, GA 30522  
(859) 608-0577

Customer #: 203941  
Order #: 371265  
Location #: 279596  
Zone: B-038-THU-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 6/18/25 Run yard line, Final connection. Anode Test.  
Call-859-608-0577 CCOF VM

Date Ordered: 6/17/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
Name:	Last Service: 6/5/2025		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 #: 203941

Name: REBECCA CLARK

Address: 1952 BIG CREEK ROAD  
CHERRY LOG, GA 30522

Date: 6/18/25

Instructions: RUN YARD LINE, FINAL CONNECT. ANODE  
TEEST CALL 859-608-0577 CCOF VM

Order #: 371265

**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	Logset	Logset	W/H	
Manufacturer	DULUTH FORD	DULUTH FORD	NAUVE	
Model #	PLS 18R-1	PLS 18R-1	NPLE 2404	
Serial #	24041499	24041321	2075V2423029500	
Burner/Combustion Chamber	<input type="checkbox"/> Ok <input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input 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 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 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 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 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 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 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 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
320	M2432076	Good	TRICAR	2024	UG	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	3403TR	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	REGO	3404B4	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.6

## 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 <input type="checkbox"/> No	15 PSI	15 PSI	15 Mins	<input checked="" type="checkbox"/> Yes <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) BRIGGS BRADLEY	Service Technician (Signature) 	Date 6-18-25
Customer (Print) CHAD	Customer (Signature) 	Date





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## RINNAI WORK ORDER

Customer Acct #: **203941**  
Name **REBECCA CLARK**  
Address **1952 BIG CREEK**  
**CHERRY LOG, GA 30522**

Date: **6/5/25**  
Instructions: **DROP IN 325UG W50G@2.599 W/ANODE**  
**CALL REBECCA 859-608-0577 CCOF VM**  
Order #: **367484**

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 <input type="checkbox"/> No <input type="checkbox"/>
Gas check attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leak check	Initial <input type="text"/>
Start Pressure	End Pressure Time Held System OK

% in Tank
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AMOUNT REC'D
\$ <input type="text"/>
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # <input type="text"/>
<input type="checkbox"/> CREDIT CARD
# <input type="text"/>
EXP. DATE <input type="text"/>
<p>* I have received the Consumer Safety information &amp; material.</p> <p>* I am satisfied with the work performed.</p> <p>* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.</p> <p>* Signing agrees to <input type="text"/> year contract for discount.</p>
CUSTOMER SIGNATURE <input type="text"/>

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	50	Gallons 50
FRCC	\$9.79	FRCC \$9.79
Fuel Total	149.95	Fuel Total 129.95
Tank Lease/YR	129.00	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		487.33
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		