

WORK ORDER**Fernando Ruiz**87 Hill Top Way
Mineral Bluff, GA 30559
(305) 588-8734*Johnny to bury! 1st*Customer #: 204185
Order #: 381239
Location #: 279806
Zone: B-005-TUE-
Terms: Net 30

Tech: _____

Map Code:**Service Code:** Propane Service**Description:** 07/31/2025 T/I 250UG w/200G @2.599 + ANODE BAG + RUN
YARD LINE + GRILL LINE + GRILL TIMER. T/I (2x) 24" Super
Sass log sets with VFSE burners. Call: 706-258-8241 CCOF -
JB** Call 305-544-4735*

| | | | | |
|--------------------------------|------------------------|-------------------------|---------------|--------------|
| Date Ordered: 7/30/2025 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|--------------------------------|------------------------|-------------------------|---------------|--------------|

Name:**Contract:****Manufact:****Notes:****Instructions:****Last Service:** 7/8/2025**SC Renewal:****Model:****Last Tune Up:****Service History:**

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



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204185

Date: 07/31/2025

Name: FERNANDO RUIZ

Instructions: T/I250UG W/200G@2.599+ANODE+RUN YARD+

Address: 87 HILL TOP WAY

GAS LINE+GRILL TIMER.T/I 2X 24" SUPER SASS. LOG.

MINERAL BLUFF, GA 30559

W/VFSE BURNERS. CALL:305-588-8735 CCOF - JB

Order #: 381239

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 | <u>CS</u> | <u>W/H</u> | <u>STOVE</u> | | | |
| Manufacturer | <u>Empire</u> | <u>Reem</u> | <u>ANISHA</u> | | | |
| Model # | <u>VISE-24-2</u> | <u>RTBH-950VLP</u> | <u>GR-600B</u> | | | |
| Serial # | <u>24418P396675</u> | <u>W112546273</u> | <u>NV</u> | | | |
| 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 |
|------------|-----------------|-----------------------------|--------------|------------------|-----------|----------------|
| <u>250</u> | <u>M2518007</u> | <u>Good</u> | <u>Arco</u> | <u>2025</u> | <u>CL</u> | <u>Good</u> |

Regulator(s):

| Manufacturer | Model | Regulator Date | Regulator Venting | Flow/Delivery Pressure | Lock-Up Pressure |
|--------------|-------------|----------------|---|--|------------------|
| Twin | | | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect | | |
| 1st | <u>Rego</u> | <u>3403729</u> | <u>10-24</u> | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | |
| 2nd | <u>MFL</u> | <u>1622</u> | <u>8-Sept-2025</u> | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | <u>11.5</u> |

Piping System Leak Test:

Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass | Start Pressure | End Pressure | Time Held | Pass |
|----------------|----------------|----------------|---|----------------|---------------|----------------|---|
| <u>100</u> PSI | <u>100</u> PSI | <u>10</u> Mins | <input checked="" type="checkbox"/> Yes | <u>15</u> PSI | <u>15</u> PSI | <u>10</u> 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>Alvin C. Ruiz</u> | Service Technician (Signature) | <u>[Signature]</u> | Date | <u>7-31-25</u> |
| Customer (Print) | <u>Fernando Ruiz</u> | Customer (Signature) | <u>[Signature]</u> | Date | |



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RINNAI WORK ORDER

Customer Acct #: 204185
Name FERNANDO RUIZ
Address 87 HILL TOP WAY
MINERAL BLUFF, GA 30559

Date: 07/31/2025

Instructions: T/I 250UG W/200G@2.599+ANODE+RUN YARD
AND GRILL LINES+GRILL TIMER. T/I 2X 24" SUPER SAS
SETS W/VPSE BURNERS. CALL: 305-588-8735 - CCOF - JB
Order #: 204185 -- 381239

| 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 |
|--|
| \$ |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # |
| <input type="checkbox"/> 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 | 200 | Gallons 200 |
| FRCC | \$9.79 | FRCC \$9.79 |
| Fuel Total | 599.80 | Fuel Total 519.80 |
| 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 | | 553.63 |
| Safe Appliance Rebate | | 250.00 |
| TOTAL BALANCE DUE | | |