10/2/2025 10:07:00 AM

WORK ORDER

John Hritz dba Covered Bridge Estates LLC

104 Tree Line Lane Lot 5
Ellijay, GA 30540
(404) 394-2526

Customer #: 203744
Order #: 404383
Location #: 279330
Zone: B-039-THU-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 10-06-25 Convert and hook up stove. 404-394-2526 - email invoice

Date Ordered: 10/2/2025	Scheduled Date:	Est. Completion:	Start:	Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 9/30/2025
SC Renewal:
Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes

PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203744

Name: JOHN HRITZ DBA COVERED BRIDGE ESTATES

Address: 104 TREE LINE LANE LOT #5
ELLIJAY GA 30540

Date: 10-6-25

Instructions: CONVERT AND HOOK UP STOVE 404-394-2526
EMAIL INVOICE

Order #: 404383

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					
Manufacturer	Viking					
Model #	VGIC53626BSSOI					
Serial #	072225C10096777					
Burner/Combustion Chamber	☑ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☑ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☑ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☑ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M25·7999	Good	Arcosa	2025	UG	Good

Regulator(s):

	Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin				☐ Correct ☐ Incorrect		
1st	MEC	1122	25-Jan-18	☑ Correct ☐ Incorrect		
2nd	Reso	446384	7·23	☑ Correct ☐ Incorrect	11.3	12.1

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
95 PSI _____ WC	95 PSI _____ WC	10 Mins _____ Mins	☑ Yes ☐ No

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass
_____ PSI	_____ PSI	_____ Mins	☐ Yes ☐ 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
Hayden Wheat		10-6-25
Customer (Print)	Customer (Signature)	Date
Customer not present		

FolgerGas LLC PROPANE

www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 203744

Name JOHN HRITZ DBA COVERED BRIDGE ESTATES LLC

Address 104 TREE LINE LANE LOT 5

ELLIJAY, GA 30540

Date: 7/17/25

Instructions: DROP OFF 250UG W/50G@2.599 W/ANODE (
404-394-2526 INVOICE VM

Order #: 379120

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 2.599	
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		487.33
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		