

✓let

8/5/2026 1:06:25 PM

WORK ORDER

Gary Pullias

57 High Country Lane
Morganton, GA 30560
(941) 773-3321

Customer #: 204133
Order #: 534071
Location #: 279852
Zone: B-008-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: ~~08/24/26~~ - 8/24/26 C/C STOVE KIT ON SITE -
HAUL OFF OLD STOVE \$25 HAUL OFF FEE - CALL
941-773-3321 - CCOF - CT

Date Ordered: 8/5/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 7/14/2025

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 #: 204133

Name: GARY PULLIAS

Address: 57 HIGH COUNTRY LANE
MORGANTON, GA 30560

Date: 8/21/26

Instructions: GO AFTER LUNCH. C/C STOVE KIT ON SITE.
HAUL OFF OLD STOVE \$25 CALL 941-773-3321 CCOF

Order #: 534071

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	Whirlpool					
Model #	WGS3330TSO					
Serial #	RF610687					
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
	Customer owned				V.G.	

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	Cost. owned		☐ Correct ☐ Incorrect		
1st			☐ Correct ☐ Incorrect		
2nd			☐ Correct ☐ Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
115 PSI	115 PSI	10 Mins	☒ Yes	_____ PSI	_____ PSI	_____ Mins	☐ Yes
_____ WC	_____ WC	_____ Mins	☐ No				☐ 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)	Jeff Dillard	Service Technician (Signature)	[Signature]	Date	8-24-26
Customer (Print)	C.N.A.	Customer (Signature)	[Signature]	Date	



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 204133

Date: 8-12-26

Name GARY PULLIAS

Instructions: T/I 250 W/ 200G @ 2.499 RUN LINEE
FOR S5TOVE. MNOT ON SITE. CCOF SM

Address 57 HIGH COUNTRY LANE
MORGANTON GA 30560

Order #: 534028

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
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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 2.499
Gallons	200	Gallons 200
FRCC	\$9.79	FRCC \$9.79 9.79
Fuel Total	599.80	Fuel Total 499.80
Tank Lease/YR		1st yr Lease
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		529.00
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		