

Confirmed ✓  
Hm

2/17/2026 10:03:44 AM

# WORK ORDER

## Anthony Sizemore

649 Hoyt King Road  
Bethlehem, GA 30620  
(770) 307-6428

Customer #: 205706  
Order #: 472128  
Location #: 281746  
Zone: J-007-THU-  
Terms: Net 30

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

Map Code: \_\_\_\_\_

Service Code: Propane Service

Description: 02-18-26, ccof, S/O w/ leased 250AG tank w/100 gals and pump over gas from existing tank, T/I monitor call Anthony on the way 770-307-6428 \$49.95 safety check

Date Ordered:	Scheduled Date:	Est. Completion:	Start:	Stop:
---------------	-----------------	------------------	--------	-------

Name: \_\_\_\_\_  
Contract: \_\_\_\_\_  
Manufact: \_\_\_\_\_  
Notes: \_\_\_\_\_  
Instructions: \_\_\_\_\_

Last Service: \_\_\_\_\_  
SC Renewal: \_\_\_\_\_  
Model: \_\_\_\_\_

Last Tune Up: \_\_\_\_\_

## Service History:

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



www.folgergas.com

# RINNAI WORK ORDER

Customer Acct #: 205706  
 Name ANTHONY SIZEMORE  
 Address 649 HONT KING RD  
BETHLEHEM, GA 30620

Date: 02/18/26  
 Instructions: S/O W/ LEASED 250AG W/100 GALS  
PUMP OVER GAS FROM EXISTING TANK T/I MONITOR  
 Order #: \_\_\_\_\_ \$49.95 SAFETY CHECK

DESCRIPTION OF WORK
<b>COMMENTS:</b> <i>Swapped out Amerigas 250 Ag w/ leased 250 Ag w/ 100 gals, Pumped over Amerigas tank into leased tank. Installed monitor. Performed leak test @ 100psi for 10 min no leaks found. 85% in tank. all appliances working correctly.</i>
<b>SERVICED BY:</b> <i>KJ</i>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
2-18-26	1:45	2:45	1	100.00/hr	0
				100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No  
 Gas check attached  Yes  No  
 Leak check Initial *KJ*

Start Pressure 100psi End Pressure 100psi Time Held 10min System OK

% in Tank *85%*

**AMOUNT REC'D**

\$ \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_

CREDIT CARD

# CCCF

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.

*Anthony Sizemore*  
 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	2.499
Gallons	100	Gallons	100
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	309.69	Fuel Total	259.69
Tank Lease/YR	99.00	1st yr Lease	FREE
Total Materials			0
Sub-Total			259.69
Sales Tax			20.78
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			419.00
Safe Appliance Rebate			450.00
<b>TOTAL BALANCE DUE</b>		<i>330.42</i>	



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205706  
 Name: ANTHONY SIZEMORE  
 Address: 649 HOYT KING RD  
BETHLEHEM, GA 30620

Date: 02/18/26  
 Instructions: S/O W/LEASED 250AG W/100 GAOLS  
PUMP OVER GAS FROM EXISTING TANK T/I MONITOR  
 Order #:

**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	Furnace	Cook Stove				
Manufacturer	Nordyne	GE				
Model #	M16H 056A AW	JG8523 BEASWH				
Serial #	M1E991100840	DD128636P				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input 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 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 type="checkbox"/> Ok	<input 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 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 checked="" 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	<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 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 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 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
250	16691512	Good	American	1990	A/E	Good

### Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin MCC	1232	2 Jul 25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	12	12.5
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: 85% intact All appliances working correctly.

### 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>Kevin Smith</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>2-18-26</u>
Customer (Print) <u>ANTHONY SIZEMORE</u>	Customer (Signature) <u>[Signature]</u>	Date