

c JIB

WORK ORDER

Brian Varnado

220 Old Mill Trace
Blue Ridge, GA 30513
(601) 441-8077

Customer #: 204151
Order #: 467755
Location #: 279869
Zone: B-037-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 02/06/26 - C/C STOVE KIT ON SITE LINE IS THERE AND
CHECK AND SERVICE 2 FIREPLACES CALL FOR ACCESS
601-916-7158 - CCOF - CT

Date Ordered: 2/5/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
------------------------	-----------------	------------------	--------	-------

Name:

Last Service: 7/18/2025

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

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



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204151
 Name: BRIAN VANADO
 Address: 220 OLD MILL TRACE
BLUE RIDGE GA 30513

Date: 2-6-26
 Instructions: C/C STOVE KITO N SITE LINE IS THERE
CHECK AND SERVICE 2 FP 601-916-7158 CCOF CT
 Order #: 467755

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	LG					
Model #	LT6L6937F					
Serial #	505KMVP13463					
Burner/Combustion Chamber	<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
Manual Shutoff	<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	<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 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<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
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	<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	1467549	good	qualif	2027	Ag	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	Rejo	3403TR9	2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rejo	3403B4	2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.4 12.9

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	_____ PSI	_____ PSI	_____ Mins	<input 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>Dillon Payne</u>	Service Technician (Signature) <u>Dillon Payne</u>	Date <u>2/6/26</u>
Customer (Print)	Customer (Signature)	Date

CNA



www.folgergas.com

RINNAI WORK ORDER

Customer Acct #: 204151
 Name BRIAN VARNADO
 Address 220 OLD MILL TRACE
BLUE RIDGE, GA 30513

Date: 7/18/25
 Instructions: T/I 250AG W50G@2.599, INSPECT LINE:
RE-RUN IF NECESSARY. T/I RINNAI 7.5 CALL 601-441-807
 Order #: 379325 CCOF VM

DESCRIPTION OF WORK
COMMENTS: <u>Installed Rinnai 7.5</u>
SERVICED BY: <u>AC/BP</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	<u>9:19</u>	<u>1:05</u>	<u>4 HR - 1.5 HR = 2.5 HR</u>	100.00/hr	<u>250.00</u>
				100.00/hr	

FOR OFFICE USE ONLY

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

Start Pressure 80 End Pressure 80 Time Held System OK

Retail Price	Contract Price
Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

Tank Set	New Cust Special
L.P. Gas /Gal <u>2.999</u>	L.P. Gas /Gal <u>2.599</u>
Gallons <u>50</u>	Gallons <u>50</u>
FRCC \$9.79	FRCC \$9.79 <u>9.79</u>
Fuel Total <u>149.95</u>	Fuel Total <u>129.95</u> <u>129.95</u>
Tank Lease/YR <u>99.00</u>	1st yr Lease FREE FREE
Total Materials	
Sub-Total	<u>3052.19</u>
Sales Tax	<u>196.23</u>
Tank Set Fee \$250	Tank Set Fee <u>20.00</u> <u>20.00</u>
Safety Inspection \$129.95	\$29.95 <u>29.95</u>
Total Labor	<u>250.00</u>
Total charges	
Prepay Bal On Account	

% in Tank 20

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

Safe Appliance Savings	<u>457.33</u>
<u>Safe Appliance Rebate</u>	<u>50.00</u>
TOTAL BALANCE DUE	<u>3321.17</u>