

# WORK ORDER

## LINDSEY DOW D/B/A BLUE RIDGE BEAR CABIN

1214 BEAR PAW TRAIL  
CHERRY LOG, GA 30522  
(706) 633-7919

Customer #: 25099  
Order #: 468201  
Location #: 251071  
Zone: B-037-WED-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 02/12/26 - Final H/U, lines are all ran per builder. T/I MONITOR  
FOR AUTO. Call: 706-455-4190 ACH - JB

|                        |                 |                  |        |       |
|------------------------|-----------------|------------------|--------|-------|
| Date Ordered: 2/6/2026 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|------------------------|-----------------|------------------|--------|-------|

Name: Heating System

Last Service: 12/29/2025

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 #: 25099  
 Name: LINDSEY DOW D/B/A BLUE RIDGE CEAR CABIN  
 Address: 1214 BEAR PAW TRAIL  
CHERRY LOG, GA 30522

Date: 2/12/26  
 Instructions: FINAL H/U LINES ARE THERE. T/I MONITOR  
FOR AUTO CALL 706-455-4190 CCOF  
 Order #: 468201

**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   | W. heater   | W. heater   | stove   | log set   | Gen.  |
|----------------------------|---|---|---|---|---|---|
| Manufacturer               | Trane   | Rinnai  | Rinnai  | Frigidaire  | 25N36DV01   | Generac   |
| Model #                    | 59X16100V5PS  | NPE-240A2   | NPE240A2  | FGGF3047T   | NDK 36DV  | G0070432  |
| Serial #                   | 2501460 PUG   | 2087X24Y08  | 2087W24Y  | VF90607409  | 25N36DV01   | 3010294217  |
| Burner/Combustion Chamber  | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" 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 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 |
| Sediment Trap              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" 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 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 |
| 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 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 |
| 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 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 |
| Combustion Air             | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input checked="" 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 checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

### Container Check:

| Size | Serial # | Container Fitting Leak Test | Manufacturer | Manufacture Date | Location | Tank Condition |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 250  | M2517981 | Good                        | Trane        | 2025             | U.G.     | 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          | Rego  | LV3403TR 08-2025 | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                        |                  |
| 2nd          | MFC   | 1622 E 04-2025   | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 11.3                   | 12.7             |

### Piping System Leak Test:

### Pressure Test:

| Start Pressure | End Pressure | Time Held  | Pass                                    | Start Pressure | End Pressure | Time Held  | Pass                         |
|----------------|--------------|------------|---|----------------|--------------|------------|------------------------------|
| 90 PSI         | 90 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 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)<br><u>Brandon Payne</u> | Service Technician (Signature)<br><u>Brandon Payne</u> | Date<br><u>2-12-26</u> |
| Customer (Print)                                   | Customer (Signature)                                   | Date                   |



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# RINNAI WORK ORDER

Customer Acct #: 25099

Date: 8-4-25

Name LINDSEY DOWN DBA BLUE RIDGE BEAR CABIN

Instructions: PICK UP 250AG DROP OFF 250UG W/50G @ 2.999 THEY WILL BURY 1 ANDOE BAG CCOF SM

Address 1214 BEAR PAW TRAIL

ROB 706-400-9343

CHERRY LOG GA 30522

Order #: 381870

## 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 \_\_\_\_\_

| Retail Price         | Contract Price |
|----------------------|----------------|
| _____ Rinnai \$      | \$             |
| Standard Vent Kit \$ | \$             |
| Standard Install \$  | \$             |
| Total \$             | \$             |

% in Tank \_\_\_\_\_

| Tank Set                    | New Cust Special           |
|-----------------------------|----------------------------|
| L.P. Gas /Gal <b>2.999</b>  | L.P. Gas /Gal <b>2.999</b> |
| Gallons <b>50</b>           | Gallons <b>50</b>          |
| FRCC \$9.79                 | FRCC \$9.79                |
| Fuel Total <b>149.95</b>    | Fuel Total <b>149.95</b>   |
| Tank Lease/YR <b>129.00</b> | 1st yr Lease <b>129.00</b> |
| Total Materials             |                            |
| Sub-Total                   |                            |
| Sales Tax                   |                            |
| Tank Set Fee \$250          | Tank Set Fee               |
| Safety Inspection \$129.95  | \$29.95                    |
| Total Labor                 |                            |
| Total charges               |                            |
| Prepay Bal On Account       |                            |

**AMOUNT REC'D**

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

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

CREDIT CARD

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

|                              |               |
|------------------------------|---------------|
| Safe Appliance Savings       | <b>350.00</b> |
| <i>Safe Appliance Rebate</i> | <b>400.00</b> |

\* 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

**TOTAL BALANCE DUE**