

VCLT

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2/16/2026 8:08:01 AM

WORK ORDER

Aaron Brunelle

1367 Highgrove Drive
Talking Rock, GA 30175
(813) 846-2753

Customer #: 204948
Order #: 471516
Location #: 280837
Zone: B-031-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 02/18/26 - FINAL HOOK, RUN YARD LINE, LINE FOR A GRILL,
T/I GRILL TIMER, AND HOOK UP ALL APPLIANCES - CALL
813-846-2753 - CCOF - CT

Date Ordered: 2/16/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 1/23/2026

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 #: 204948
 Name: AARON BRUNELLE
 Address: 1367 HIGHGROVE DRIVE
TALKING ROCK, GA 30175

Date: 2/18/26
 Instructions: FINAL HOOK RUN YARD LINE, LINE FOR A GRILL, T/I GRILL TIMER, AND HOOK UP ALL APPLIANCES
 CALL 813-846-2753 CCOF
 Order #: 471516

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		V/H			
Manufacturer	60 Appliances		Norich			U2021
Model #	GG5500SV255		240A2 (N)			1520844
Serial #	TA093974R		2087C2590964A35			160707134
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Sediment Trap	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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
Combustion Air	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No	<input type="checkbox"/> Ok <input type="checkbox"/> No
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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2529071	Good	TriAC	2025	UG	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	3403 TR9	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Mec	MGR-16220	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.3	12.1

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>2/18/26</u>
Customer (Print) _____	Customer (Signature) _____	Date _____

CWP



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**RINNAI
WORK ORDER**

Customer Acct #: 204948
 Name AARON BRUNELLE
 Address 1367 HIGHGROVE DRIVE
TALKING ROCK, GA 30175

Date: 11/25/25
 Instructions: T/I 250UGW/200G@2.599G RUN YD LINE, 3
DROPS. CALL 706-455-8752 JOHNNY TO BURY CCOF
 Order #: 280837

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
\$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/> CREDIT CARD

EXP. DATE _____
<ul style="list-style-type: none"> * 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	
Rinna: \$		\$	
Standard Vent Kit \$		\$	
Standard Install \$		\$	
Total \$		\$	
Tank Set		New Cust Special	
L.P. Gas /Gal	2.999	L.P. Gas /Gal	2.599
Gallons	200	Gallons	200
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	599.80	Fuel Total	519.80
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			FREE
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			553.63
<i>Safe Appliance Rebate 250.00</i>			
TOTAL BALANCE DUE			