

Confirmed
CLT

2/27/2026 3:53:38 PM

WORK ORDER

Rhonda Holland

57 Deerfield Lane
Blue Ridge, GA 30513
(912) 288-7890

Customer #: 205787
Order #: 475801
Location #: 281850
Zone: B-010-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 03/05/26 T/I 250AG w/200G @2.499 final H/U to house.
CCOF-CLT

Date Ordered: 2/27/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Contract:

Manufact:

Notes:

Instructions:

Last Service:

SC Renewal:

Model:

Last Tune Up:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205787
 Name: RHONDA HOLLAND
 Address: 57 DEERFIELD LANE
BLUE RIDGE GA 30513

Date: 03/05/26
 Instructions: T/I 250AG W/200G@2.499 FINAL H/U
TO HOUSE CCOF CALL 912-288-7890-CLT
 Order #: 475801

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	ig.set	stove	Waterheater	Furnace		
Manufacturer	North & Home	Kitchen Aid	Rinnai	Tempstar		
Model #	LUM-VF-DV	KFGC55835	RX199i	FHMA5X361		
Serial #	MP6250373	DE.3205788	TD BA06572	F251835205		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
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 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 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2601095	Good	Triarc	2025	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	Rego	LV3403TR9 01-2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	LV4403B46 01-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.4	12.8

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	15 PSI	15 PSI	10 Mins	<input checked="" 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>Brandon Payne</u>	Service Technician (Signature) <u>Brandon Payne</u>	Date <u>3-5-26</u>
Customer (Print) <u>Rhonda Holland</u>	Customer (Signature) <u>Rhonda Holland</u>	Date



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**RINNAI
WORK ORDER**

Customer Acct #: 205787
 Name RHONDA HOLLAND
 Address 57 DEERFIELD LANE
BLUE RIDGE GA 30513

Date: 03/05/26
 Instructions: T/I 250AG W/200G@2.4999 FINAL H/U
TO HOUSE CCOF-CLT
 Order #: 475801

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	\$	\$	

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
Fuel Total	758.19	Fuel Total	545.26
Tank Lease/YR	99.00	1st yr Lease	FREE

% in Tank _____

AMOUNT REC'D			
\$	_____		
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK #	_____	
<input type="checkbox"/> CREDIT CARD	_____		
#	_____		
EXP. DATE	_____		

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		543.28
<i>Safe Appliance Rebate</i>		<i>600.00</i>

* 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 3 year contract for discount.

 CUSTOMER SIGNATURE

TOTAL BALANCE DUE