

✓9B

3/4/2026 10:11:20 AM

# WORK ORDER

*\$25.00 haul off old stove.*

*483056*

## STEVEN LUNT

59 Indian Trace  
Mineral Bluff, GA 30559  
(954) 609-6845

Customer #: 23638  
Order #: ~~481476~~  
Location #: 262929  
Zone: B-014-WED-  
Terms: Net 30

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

Map Code:

Service Code: Specialty Tasks

Description: ~~3-9-26~~ Convert and connect new stove on site. CCOF SM  
*3-12-26* 954-609-6845

Date Ordered: 3/4/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Tank: 1

Last Service: 2/23/2023

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions: Cash Req

### Service History:

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

Customer Account #: 481476  
 Name: STEVEN LUNT  
 Address: 59 INDIAN TRACE  
MINERAL BLUFF GA 30559

Date: 3-12-26  
 Instructions: C9ONVERT AND CONNECT NEW STOVE ON SITE  
CCOF SM 954-609-6845  
 Order #: 481476

**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	<u>Stove</u>									
Manufacturer	<u>LG</u>									
Model #	<u>LR6N63234 100</u>									
Serial #	<u>5D9MMWV10361</u>									
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	<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
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	<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
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
Venting System	<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	<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

**Container Check:**

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>320</u>	<u>786478</u>	<u>Good</u>	<u>Trinity</u>	<u>1993</u>	<u>AG</u>	<u>Good</u>

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting		Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		
1st	<u>MEC 1122H-AAJ</u>	<u>2/2016</u>	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		
2nd	<u>MEC 1122-BAF</u>	<u>8/2015</u>	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	<u>11.8</u>	<u>13.2</u>

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>60</u> PSI	<u>60</u> PSI	<u>10</u> Mins	<input 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>Alvin Wilson</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>3-12-26</u>
Customer (Print) <u>Denise Lunt</u>	Customer (Signature) <u>[Signature]</u>	Date



P.O. Box 2155  
 4955 Appalachian Highway  
 Blue Ridge, Georgia 30513  
 706-632-7606  
 www.folgergas.com

# RINNAI WORK ORDER

Customer Acct #: 23638  
 Name STEVEN LUNT  
 Address 50 INDIAN TRACE  
MINERAL BLUFF, GA 30559

Date: 10/6/17  
 Instructions: T/I 325 W/ 260G. T/I 8.0 RINNAI  
T/I 30" SUP SASSAFRAS AND 24" SS WILDWOOD  
 Order #: 8780

DESCRIPTION OF WORK	
<b>COMMENTS:</b>	<b>PART ORDER REQUEST</b>
	Part:
	Make:
	Model:
<b>SERVICED BY:</b>	Serial #:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			1.5 HR	75.00/hr	INCLUDED IN CONTRACT PRICE
				75.00/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 \_\_\_\_\_ Follow up gas order for \_\_\_\_\_  
 gallons needed on \_\_\_\_\_

**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 3 year contract for discount.

\_\_\_\_\_  
 CUSTOMER SIGNATURE

Retail Price	Contract Price	
8.0 Rinnai \$1899.95	\$ 1399.95	
Standard Vent Kit \$ 50.00	\$ 0.00	
Standard Install \$ 350.00	\$ 0.00	
<b>Total \$ 2299.95</b>	<b>\$ 1399.95</b>	<b>1399.95</b>
L.P. Gas _____ Gallons @ _____		
+ R.C.C. Fee _____ =		
Tank Lease		
Total Materials		
Sub-Total		
Sales Tax		
Total Labor		
Tank Set / Safety Inspection		
<b>TOTAL CHARGES</b>		
<b>PREPAY/BALANCE ON ACCT</b>		
<b>TOTAL YOU SAVED TODAY</b>		900.00
<i>Safe Appliance Rebate</i>		<i>50.00</i>
<b>TOTAL BALANCE DUE</b>		