

3/18/2026 10:55:14 AM

Confirmed ✓
JHM

WORK ORDER

Adam Sibcy

124 Hawkins Road
Maysville, GA 30558
(706) 658-5251

Customer #: 205877
Order #: 484989
Location #: 281975
Zone: J-003-TUE-
Terms: Net 30

Map Code:

Service Code: Propane Service

Description: 03-19-26, ccof, Set lease 120AG Horizontal tank w/100 gals @
3.599, run line to stub and convert cooktop, call Adam on the
way 706-658-5251

Tech: _____

Date Ordered: 3/18/2026	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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**RINNAI
WORK ORDER**

Customer Acct #: 205877
 Name ADAM SIBCY
 Address 124 HAWKINS ROAD
MAYSVILLE, GA 30558

Date: 03/19/26
 Instructions: SET LEASE 120AG HORIZONTAL TANK
W/100 GALS
 Order #:

DESCRIPTION OF WORK
COMMENTS: <i>Set leased 120 Ag w/100 gals. Connected to existing stub out. Converted Cook stove and performed leak test @ 80psi for 10min. No leaks found. 80% in tank. All appliances working correctly.</i>
SERVICED BY: <i>KJ</i>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<i>3-19-26</i>	<i>11:15</i>	<i>12:30</i>	<i>1.25</i>	100.00/hr	<i>125.00</i>
				100.00/hr	

FOR OFFICE USE ONLY

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

Start Pressure 80psi End Pressure 80psi Time Held 10min System OK YRS

% in Tank 80%

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

CCOF

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.

[Signature]
 CUSTOMER SIGNATURE

Retail Price		Contract Price
___ Rinnai	\$	\$
Standard Vent Kit	\$	\$
Standard Install	\$	\$
Total	\$	\$
Tank Set	New Cust Special	
L.P. Gas /Gal 3.599	L.P. Gas /Gal	3.599
Gallons 100	Gallons	100
FRCC \$9.79	FRCC	\$9.79
Fuel Total 369.69	Fuel Total	369.69 <i>369.69</i>
Tank Lease/YR 99.00	1st yr Lease	99.00 <i>99.00</i>
Total Materials		<i>44.63</i>
Sub-Total		<i>513.32</i>
Sales Tax		<i>35.94</i>
Tank Set Fee \$250	Tank Set Fee	20.00
Safety Inspection \$129.95		\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		<i>330.00</i>
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		<i>674.26</i>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205877
 Name: ADAM SIBCY
 Address: 124 HAWKINS ROAD
MAYSVILLE, GA 30558

Date: 03/19/26
 Instructions: SET LEASE 120AG HORIZONTAL TANK
W/100 GALS
 Order #: _____

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	<i>Cook Stove</i>					
Manufacturer	<i>GE</i>					
Model #	<i>JGB5166REK8SS</i>					
Serial #	<i>DD416897P</i>					
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 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 type="checkbox"/> Ok <input checked="" 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
<i>120</i>	<i>M2116961</i>	<i>Good</i>	<i>Arg.</i>	<i>2021</i>	<i>AG</i>	<i>Good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
<i>Twin MEC</i>	<i>1232</i>	<i>215W125</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<i>10</i>	<i>10.5</i>
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>80</i> PSI	<i>80</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>15</i> PSI	<i>15</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
____ WC	____ WC	____ Mins					

Comments: *80% in tank. All appliances working correctly.*

- 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) <i>Kevin Smet</i>	Service Technician (Signature) <i>[Signature]</i>	Date <i>3-19-26</i>
Customer (Print) <i>Adam Sibcy</i>	Customer (Signature) <i>[Signature]</i>	Date <i>3/19/26</i>