

9B

WORK ORDER

Yrd. line already ran.

Keith Sumner dba Sumner Custom Homes

55 Patterson Lane
Blue Ridge, GA 30513
(706) 889-6322

Customer #: 205858
Order #: 483934
Location #: 281945
Zone: B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:

3/27 4/3 03/31

Service Code: Propane Service

Description: ~~03/26/26~~ - FINAL HOOK. YD LINE RAN. HOOK UP HVAC.
3/24 ANODE TEST - CALL JOE 706-889-6322 - EMAIL INVOICE -
CT

Date Ordered: 3/16/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

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 #: 205858
 Name: KEITH SUMNER DBA SUMER CUSTOM HOMES
 Address: 55 PATTERSON LN
BLUE RIDGE GA 30513

Date: 3-20-36
 Instructions: FINAL HOOK UP RD LINE RAN HOOK UP HVA
ANODE TEST CT 706-889-6322
 Order #: 483934

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>Furnace</u>					
Manufacturer	<u>Rheem</u>					
Model #	<u>RCEY3617STANM</u>					
Serial #	<u>W332547087</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
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 checked="" 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	<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
<u>325</u>	<u>M2518425</u>	<u>Good</u>	<u>Triarc</u>	<u>2025</u>	<u>U.G.</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>Rego</u>	<u>1V3403TR</u>	<u>08-2025</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd <u>Rego</u>	<u>4403B4</u>	<u>04-2025</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>113</u>	<u>12.9</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> 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>3-31-26</u>
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: **205858**
 Name **KEITH SUMNER DBA SUMNER CUSTOM HOMES**
 Address **55 PATTERSON LANE**
BLUE RIDGE GA 30513

Date: **3/19/26**
 Instructions: **DROP 325UGW/50G@2.499 DROP 75 FT**
3/4 POLY AND TRACER TAPE CALL JOE 706-889-6322
 Order #: **483933** **EMAIL INVOICE-CT**

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 50	Gallons 50
FRCC \$9.79	FRCC \$9.79
Fuel Total 149.95	Fuel Total 124.95
Tank Lease/YR 129.00	1st yr Lease FREE

% in Tank

AMOUNT REC'D

\$ _____

CASH CHECK # _____

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		474.57
Safe Appliance Rebate		400.00

* 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