

Confirmed ✓

[Signature]

4/1/2026 9:11:02 AM

WORK ORDER

Vitaly Bratnichenko

4600 J M Turk Road
Flowerly Branch, GA 30542
(678) 989-9750

GO FIRST!

Customer #: 205869
Order #: 490071
Location #: 281965
Zone: J-022-FRI-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 4/1/26 COD, Final H/U Builder states all appliances converted and H/U Call Vitaly on the way 678-989-9750

Date Ordered: 4/1/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
Name:	Last Service: 3/20/2026	Last Tune Up:		
Contract:	SC Renewal:			
Manufact:	Model:			
Notes:				
Instructions:				

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 205869
 Name VITALY BRATNICHENKO
 Address 4600 J M TURK ROAD
FLOWERY BRANCH, GA 30542

Date: 03/20/26
 Instructions: SET LEASE 325UG W/260 GALS
 Order #: _____

DESCRIPTION OF WORK
COMMENTS: <i>Set leased 325 1/2 w/260 gals. Connected and tested anode. Ran new gas line from tank to existing stub and locked out tank 80% in tank. Customer paid Jake directly.</i>
SERVICED BY: <i>KJ</i>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
3-20-26	1:30	2:30	1	100.00/hr	100.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No

Gas check attached Yes No

Leak check Initial KJ

Start Pressure _____ End Pressure _____ Time Held _____ System OK _____

% in Tank 80%

AMOUNT REC'D

\$ 1343.06

CASH CHECK # 1303

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 _____ year contract for discount.

Vitaly Bratnichenko

CUSTOMER SIGNATURE

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 260	Gallons	260
FRCC \$9.79	FRCC	\$9.79
Fuel Total 789.53	Fuel Total	659.53 <i>659.53</i>
Tank Lease/YR 129.00	1st yr Lease	FREE <i>Free</i>
Total Materials		<i>502.20</i>
Sub-Total		<i>1161.73</i>
Sales Tax		<i>51.33</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>589.00</i>
Safe Appliance Rebate		<i>450.00</i>
TOTAL BALANCE DUE		<i>1343.06</i>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205869
 Name: VITALY BRATNICHENKO
 Address: 4600 J H TURK ROAD
FLOWERY BRANCH, GA 30542

Date: 03/20/26
 Instructions: SET LEASE 325UG W/260 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	Stove Top	Water Heater	Log Lighter			
Manufacturer	Forn	Rinnos	W			
Model #	FF5C5613-48	R2P1991	W			
Serial #	25080018	JF.BA-11144	W			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Electronic Ignition System	<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 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
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 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 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 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
325	M2542397	2000	Tris	2025	W/L	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	mcc	1122	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	mcc	1222	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11"	12"

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
120 PSI	120 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:

800p in tank. All appliances in working condition

Customer Acknowledgment:

- 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)	Owen Davis	Service Technician (Signature)	Owen Davis	Date	4/9/26
Customer (Print)		Customer (Signature)	Vitaly Bratnichenko	Date	