

*2*

# WORK ORDER

## Ginger Allen

111 Bonney Ridge Rd  
Blairsville, GA 30512  
(904) 563-3378

Customer #: 205798  
Order #: 494798  
Location #: 281864  
Zone: B-003-MON-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 04/09/26 - HOOK UP LOGS ON SITE - C/C STOVE KIT ON SITE. LINES ARE THERE. CALL 352-870-0366 - CCOF - CT

<b>Date Ordered:</b> 4/6/2026	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:**

**Contract:**

**Manufact:**

**Notes:**

**Instructions:**

**Last Service:** 3/4/2026

**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 #: 205798  
 Name: GINGER ALLEN  
 Address: 111 BONNEY RIDGE RD  
BLAIRSVILLE GA 30512

Date: 4/9/26  
 Instructions: H/U LOGS ON SITE C/C STOVE KIT ON SITE  
**LINES ARE THERE**  
 Order #: 494798

**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>Samsung</u>							
Model #	<u>NX60A6511SS</u>							
Serial #	<u>0J4V7Day07633E</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
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	<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
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	<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	<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	<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
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	<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>225</u>	<u>M.2503319</u>	<u>Good</u>	<u>HiAIC</u>	<u>2025</u>	<u>46</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>Rgo</u>	<u>3403TR7</u>	<u>2025</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>Rgo</u>	<u>3403BY</u>	<u>2025</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.3</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>60</u> PSI	<u>60</u> PSI	<u>10</u> 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:

### 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>Ollion Lawrence</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>4/9/26</u>
Customer (Print) <u>CMP</u>	Customer (Signature) <u>[Signature]</u>	Date _____



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**RINNAI  
WORK ORDER**

Customer Acct #: 205798  
 Name **GINGER ALLEN**  
 Address **111 BONNEY RIDGE RD  
 BLAIRSVILLE GA 30512**

Date: 03/04/26  
 Instructions: T/I 325UG W/50G@2.499+ANODE BAG  
 T/I MONITOR FOR AUTO POSSIBLY RUN LINES  
 CALL 904-563-3378 CCOF-CLT  
 Order #: 481110

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 \_\_\_\_\_

% in Tank \_\_\_\_\_

**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.    **3**  
 \* Signing agrees to \_\_\_\_\_ year contract for discount.

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

Retail Price		Contract Price	
_____ Rinnai	\$	\$	
Standard Vent Kit	\$	\$	
Standard Install	\$	\$	
Total	\$	\$	
Tank Set		New Cust Special	
L P Gas /Gal	3.299	L P Gas /Gal	2.999
Gallons	260	Gallons	260
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	857.74	Fuel Total	779.74
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
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			551.49
<b>Safe Appliance Rebate</b>			<b>50.00</b>
<b>TOTAL BALANCE DUE</b>			