

19B

3/4/2026 10:11:20 AM

WORK ORDER

\$25.00 haul off old stove

48056

STEVEN LUNT

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

Customer #: 23638
Order #: ~~701476~~
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**

Date: **3-12-26**

Name: **STEVEN LUNT**

Instructions: **CONVERT AND CONNECT NEW STOVE ON SITE**
CCOF SM 954-609-6845

Address: **59 INDIAN TRACE**
MINERAL BLUFF GA 30559

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	Stove									
Manufacturer	LG									
Model #	LR6063234/RE									
Serial #	502M11210361									
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 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
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
320	786478	Good	Trinity	1993	AC	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	MEL 1122H-AAF	2/2016	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEL 1122-BAF	8/2015	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.8	13.2

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
60 PSI	60 PSI	10 Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ WC	_____ WC	_____ Mins					

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) Alan...	Service Technician (Signature)	Date 3-12-26
Customer (Print) STEVEN LUNT	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 236 38
 Name STEVEN LUNT
 Address 59 INDIAN TRACE
MINERAL BLUFF GA 30559

Date: 4-17-26
 Instructions: CLEAN AND SERVICE LOG SET. DOWN STAIRS
WONT STAY LITE. DELIVERY 10%
 Order #: 485012

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	<u> </u> Yes	<u> </u> No	
Gas check attached	<u> </u> Yes	<u> </u> No	
Leak check	Initial <u> </u>		
Start Pressure	End Pressure	Time Held	System OK
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Retail Price		Contract Price	
_____ Rinnai	\$	\$	
Standard Vent Kit	\$	\$	
Standard Install	\$	\$	
Total	\$	\$	

Tank Set		New Cust Special	
L.P. Gas /Gal	<u>2.999</u>	L.P. Gas /Gal	<u>2.999</u>
Gallons	<u>185</u>	Gallons	<u>185</u>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<u>526.87</u>	Fuel Total	<u>526.87</u>
Tank Lease/YR	1st yr Lease		

% in Tank

AMOUNT REC'D
\$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/> CREDIT CARD

EXP. DATE _____

Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee	\$250	Tank Set Fee
Safety Inspection	\$129.95	\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		

* 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.

Safe Appliance Savings	350.00
<i>Safe Appliance Rebate</i>	<i>50.00</i>

 CUSTOMER SIGNATURE

TOTAL BALANCE DUE