

# WORK ORDER

## Kathleen Reed

217 Bell Road  
Mineral Bluff, GA 30559  
(225) 978-7717

Customer #: 204980  
Order #: 507457  
Location #: 280879  
Zone: B-014-WED-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

*C/G Stove, Furnace*

Description: 06/01/26 - Final H/U from tank to house approx. 20ft. Call: *H/U w/H*  
225-978-7717 CCOF - JB

Date Ordered: 5/28/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 12/31/2025

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 #: 204980

Date: 6-1-26

Name: KATHLEEN REED

Instructions: **FINAL HOOK UP YARD LINE ABOUT 20FT CCOF JB 225-978-7717**

Address: 217 BELL ROAD  
MINERAL BLUFF GA 30559

Order #: 507457

**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	W/H			Stove		
Manufacturer	Binnia			QE		
Model #	TJ. BA-209590			AGSS00SV255		
Serial #	REU-NB3237FF-451711			CD116690Q		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 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
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 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
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 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" 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 checked="" 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	<del>204980</del> m24320419000		TRIARC	2024	49	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	Rego	3403TR9	2026		
2nd	Rego	3403B4	2025	11.3	13.1

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
75 PSI	75 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 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>Avin Wilcox</u>	Service Technician (Signature)		Date	<u>6/1/26</u>
Customer (Print)		Customer (Signature)	<u>K. Reed</u>	Date	



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# RINNAI WORK ORDER

Customer Acct #: 204980  
 Name KATHLEEN REED  
 Address 217 BELL ROAD  
MINERAL BLUFF GA 30559

Date: 12-2-25  
 Instructions: DROP 325 UG WIH 50G @ 2.599 1 ANODE  
225-978-7717 CCOF SM  
 Order #: 423087

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 <input type="checkbox"/> No <input type="checkbox"/>
Gas check attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leak check	Initial <input type="checkbox"/>
Start Pressure	End Pressure
Time Held	System OK

% in Tank

AMOUNT REC'D
\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/> CREDIT CARD
# _____
EXP. DATE _____
<ul style="list-style-type: none"> <li>* I have received the Consumer Safety information &amp; material.</li> <li>* I am satisfied with the work performed.</li> <li>* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.</li> <li>* Signing agrees to _____ year contract for discount.</li> </ul>
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	2.599
Gallons	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	149.95	Fuel Total	129.95
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	Safety Inspection	\$29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			487.33
Safe Appliance Rebate			250.00
<b>TOTAL BALANCE DUE</b>			