

Confirmed et

12/9/2025 8:03:18 AM

WORK ORDER

Brandon Sweet

325 Fair Clothe Drive
Blue Ridge, GA 30513
(954) 913-1063

Customer #: 203665
Order #: 433115
Location #: 279236
Zone: B-037-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 12/11/2025 - Install conversion kit onsite and reconnect stove.
Call: 954-913-1063 ccof - JB

Date Ordered: 12/9/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 12/2/2025	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 #: 203665
 Name: Brandon Sweet
 Address: 325 Fair Clathe Dr.
Blue Ridge GA 30513

Date: 12-11-26
 Instructions: Convert & Connect
stove CCOF JB
 Order #: 433115

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-Over</u>					
Manufacturer	<u>MFC Samsung</u>					
Model #	<u>LTGL69370</u>					
Serial #	<u>504KMU21B462</u>					
Burner/Combustion Chamber	<input checked="" 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				
Sediment Trap	<input checked="" 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				
Electronic Ignition System	<input checked="" 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				
Combustion Air	<input checked="" 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				

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<u>325</u>	<u>2SHD18687</u>		<u>American</u>	<u>1996</u>	<u>AG</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>LV3403TR9</u>	<u>04-2025</u>		
2nd	<u>MFC</u>	<u>1622</u>	<u>16-25</u>	<u>11.2</u>	<u>12.7</u>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>50</u> PSI	<u>50</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)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 203665
 Name BRANDON SWEET
 Address 325 FAIR CLOTHE DRIVE
BLUE RIDGE, GA. 30513

Date: 11/3/25
 Instructions: T/I 325 AG W/200 @2.599. LINES ARE
THERE . (ROUGHED IN) HOOK UP. CCOF -SN
 Order #: 410480 CALL: 954-913-1063

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.
 * 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 2.999	L P Gas /Gal 2.599		
Gallons 200	Gallons 200		
FRCC \$9.79	FRCC \$9.79	9.79	
Fuel Total 599.80	Fuel Total 519.80	519.80	
Tank Lease/YR 99.00	1st yr Lease FREE	FREE	
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		521.53	
<i>Safe Appliance Rebate</i>		<i>50.00</i>	
TOTAL BALANCE DUE			