

Snyder Fuel Service Inc.
PO Bx 420/7432 Main St
Newport, NY 13416-0420
(315)845-8742

SERVICE INVOICE

Account Number: 149510

William Roark -
Bonnie
2768 State Rt 8
Cold Brook, NY 13324

Posted Date: 08/06/2026

Invoice Number: W142175

Invoice Total: \$4,450.00

Payment Amt:

Terms: Net 30 Days

2.0% Finance Charge Per Month On Accounts Past 30 Days

Please tear along perforated line and return top portion with your payment. Thank You!!

Service Address: 2768 Route 8
Ohio

Date	Invoice#	Loc#	Description	Qty	Price	Total Amount
08/05/2026	W142175	1	installation Labor	1.00	\$1,500.00	\$1,500.00
08/05/2026	W142175	1	Installed new thermopride trl furnace	1.00	\$0.00	\$0.00
08/05/2026	W142175	1	Removed old one ran gas line	1.00	\$0.00	\$0.00
08/05/2026	W142175	1	set 1-320 hooked in heater	1.00	\$0.00	\$0.00
08/05/2026	W142175	1	also removed 2-420 tanks	1.00	\$0.00	\$0.00
08/05/2026	W142175	1	Thermopride furnace	1.00	\$2,950.00	\$2,950.00
				Invoice Total:		\$4,450.00

1.5% Finance Charge Per Month On Accounts Past 30 Days

Pring Date: 8/6/2026
Terms: Net 30 Days

Account Number: 149510

William Roark -

Snyder Fuel Service Inc.
3158458742

LP Gas Consumer Installation Record

149510-1

Name: William Roark

Installation/Inspection Date: 8-5-26

Street: _____ City: _____ State: _____ Phone: _____

	Furnace	Kitchen Range	Water Heater	Clothes Dyer	
Manufacturer	Thermo Pro DE				Gas Fire place
Serial/Model Number	CMAL-750	36N			5# 4900-3281
BTU Rating	70,000				GF400BV

System or equipment "Red Tagged" due to condition or because subject to recall? ☐ Yes ☒ No
If yes, explain/identify _____

Is each vented type of appliance vented to the outside air? ☒ Yes ☐ No

Any unvented space heaters installed in bedrooms? ☐ Yes ☒ No

If yes, is each heater equipped with an oxygen depletion safety shutoff system? ☐ Yes ☒ No

Size of tank(s) 1 320 5# F00497680 Tank(s) located 3' feet from closest building

Tank(s) mounted on substantial, non-combustible base? ☒ Yes ☐ No

Any sources of ignition within 10 feet (5 feet for cylinders in exchange service)? ☐ Yes ☒ No

	Starting Pressure	Ending Pressure	Time Held (Minutes)	Leak Free? (Yes or No)
Leak Check	9"	9"	10 min	11-5-12-5

Service Line is: Iron Pipe 1/2 Copper Tubing _____ Plastic 1/2 Other _____

Piping or tubing is buried and/or protected from damage? ☒ Yes ☐ No

Does the service line enter the structure above ground? ☒ Yes ☐ No

If no, is it sealed or installed in gas tight conduit? ☐ Yes ☐ No

Any unused gas piping outlets indoors? ☐ Yes ☒ No

If yes, is each unused gas piping outlet fitted with a gas tight threaded plug or cap? ☐ Yes ☐ No

First Stage or Twin Stage Regulator Date Code 4-26 Second Stage Regulator Date Code 6-26

All regulators located outdoors are installed or protected so operation will not be affected by the elements (for example, freezing rain, sleet, snow, ice, mud, or debris)? ☒ Yes ☐ No

All regulators properly secured? ☒ Yes ☐ No

Second stage regulator located outdoors? ☒ Yes ☐ No

If not, is the vent outlet piped out of doors? ☐ Yes ☐ No

Is regulator vent discharge located at least 3 feet horizontally away from any building opening below the level of the discharge? ☒ Yes ☐ No

By signing I, _____ Customer's Name _____ acknowledge:

- I understand how to turn off my supply of gas in case of emergency.
- I have smelled propane and can detect its odor.
- I have received consumer safety information and an odor sniff sample.
- I have been advised to install a combustible gas detector.
- Any deficiencies and/or corrections necessary have been clearly explained to me.

Customer Signature: William Roark Date: 8 5 26

Service Technician Signature: Scott Japhet Date: 8-5-26

This inspection is expressly limited to LP gas piping and equipment visible and accessible to the service technician and reflects the conditions existing at the time of the inspection.