

10/9/2026 8:08:56 AM

WORK ORDER

Troy Clogston

702 Primrose Lane
Pendergrass, GA 30567
(678) 710-4995

Customer #: 204419
Order #: 555429
Location #: 280190
Zone:
Terms:

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10-9-26 Service Logs we need a full gas check on this account
COD (678) 710-4995 kpa

Date Ordered:	10/9/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 9/22/2025
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 #: **204419**

Date: **10/9/26**

Name: **TROY CLOGSTAON**

Instructions: **SERVICE LOGS FULL GAS CHECK**

Address: **702 PRIMROSE LANE**

Order #:

PENDERGRASS, GA 30567

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	cool top	boiler				
Manufacturer	Kocher AG	Boymann				
Model #	HFC6506JSS07	N/A				
Serial #	DE2709374	N/A				
Burner/Combustion Chamber	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☐ Ok ☒ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	m251740b	Good	Tri	2025	B/G	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	mcc	1122	03 Sep 24	☒ Correct ☐ Incorrect	
2nd	mcc	1222	26 Jun 24	☒ Correct ☐ Incorrect	11

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
190 PSI	140 PSI	10 Mins	☒ Yes				☐ Yes
			☐ No				☐ No

Comments:

60% in tank

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.

\$139.32 + 116.15 = \$255.47

Service Technician (Print)	Service Technician (Signature)	Date
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 204419
Name TROY CLOGSTON
Address 702 PRIMROSE LANE PENDERGRASS, GA
30567

Date: 9/16/25
Instructions: SET LEASED 250UG W/ 200GALS @
\$2.599 RUN LINE FROM TANK TO TUB OUT
Order #: _____

DESCRIPTION OF WORK
COMMENTS: <u>Set leased 250 w/ 200gals. Ran new yard line from stub out to tank. Installed second stage. Connected pipe. Locked out tank. 80% in tank. no appliances installed yet.</u>
SERVICED BY: <u>OD</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
9/16/25	9:30	10:15	45 mins	100.00/hr	100.00
				100.00/hr	

FOR OFFICE USE ONLY	
Performed leak check	Yes <u>X</u> No
Gas check attached	Yes <u>X</u> No
Leak check	Initial <u>OD</u>
Start Pressure	End Pressure
Time Held	System OK

% in Tank 80%

AMOUNT REC'D
\$ <u>2,248.67</u>
☐ CASH ☐ CHECK # _____
☐ CREDIT CARD
<u>660F</u>
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.
<u>Customer not here</u>
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
Fuel Total	\$606.30	Fuel Total \$526.30
Tank Lease/YR	\$129.00	1st yr Lease FREE
Total Materials		734.14
Sub-Total		1,260.44
Sales Tax		88.23
Tank Set Fee	\$250	Tank Set Fee
Safety Inspection	\$129.95	\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		\$435.69
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		\$2,248.67