

Confirm - SM

6/24/2026 12:41:04 PM

WORK ORDER

Megan Atherton

60 Orange Lane
McCaysville, GA 30555
(678) 481-1388

To the left

Customer #: 205792
Order #: 516618
Location #: 281856
Zone: B-002-MON-
Terms: Net 30

Map Code:

Service Code: Propane Service
Description: 6-26-26 Lines ran just need a final check of lines and everything working correctly. 678-481-1388 CCOF SM

Date Ordered: 6/24/2026

Scheduled Date:

Est. Completion:

Start:

Stop:

Name:
Contract:
Manufact:
Notes:
Instructions:

Last Service: 3/6/2026
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 #: 205792

Date: 6-26-26

Name: MEGAN ATHERTON

Instructions: LINES RAN JUST NEED FINAL CHECK AND
PILOT LITE. CCOF SM 678-481-1388

Address: 60 ORANGE LN

Order #: 516618

MCCAYSVILLE GA 30555

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	Furnace				
Manufacturer	Samsung	Goodman				
Model #	NX60AG11SS/AA	CHPT4860D4AA				
Serial #	054P7Day200699W	2310336422				
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	m2600769	Good	Triarc	2020	AG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Riso	3403TR9	2-20	☒ Correct ☐ Incorrect	
2nd	Riso	3403B4	4-25	☒ Correct ☐ Incorrect	11.2

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
140 PSI	140 PSI	10 Mins	☒ Yes	_____ PSI	_____ PSI	_____ Mins	☐ Yes
_____ WC	_____ WC	_____ Mins	☐ No				☐ 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)	Alvin Wilcox	Service Technician (Signature)	[Signature]	Date	6-26-26
Customer (Print)		Customer (Signature)	[Signature]	Date	



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RINNAI WORK ORDER

Customer Acct #: 205792

Name **MEGAN ATHERTON**

Address **60 ORANGE LN**

MCCAYSVILLE GA 30555

Date: 3-6-26

Instructions: **T/I 250 W/200G @ 2.499 RUN YARD LINE**

H/U STOVE AND HVAC CCOF JB 678-481-1388

Order #: 478632

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 2.499	
Gallons 200	Gallons 200	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 758.10	Fuel Total 545.26	545.26
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 543.28

Safe Appliance Rebate 450.00

TOTAL BALANCE DUE