

7/6/2026 2:06:37 PM

WORK ORDER

Marc Nicholson

363 Griffith Parkway
Blue Ridge, GA 30513
(706) 455-1078

Customer #: 205816
Order #: 523181
Location #: 281885
Zone: B-010-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

GO FIRST

Description: 07/14/26 - T/I 2 24" SUPER SASS W/VFSR, 2 WALL TIMERS,
FIRESTARTER, HOOK UP TANK TO HOUSE, W/HEATER, C/C
STOVE, KIT ON SITE - CALL 706-455-1078 - LOCK BOX: 1078
- EMAIL INVOICE - CT

Date Ordered: 7/6/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 6/9/2026

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 #: 205816

Name: MARC NICHOLSON

Address: 363 GRIFFITH PARKWAY

BLUE RIDGE, GA 30513

Date: 7/14/26

Instructions: T/I 2 24" SUPER SASS W/VFSR T/I 2 WALL
TIMERS, T/I GAS STARTER, HOOK UP TANK, W/HEATER
C/C STOVE, KIT ON SITE CALL 706-455-1078 EMAIL

Order #: 523181

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	1	2	3	4	5	6
Manufacturer	<i>Essex</i>	<i>Essex</i>	<i>W/H</i>	<i>Furnace</i>		<i>Lighter</i>
Model #	<i>VFSR24-LP</i>	<i>VFSR 24-LP</i>	<i>IFU-NB3237H-W</i>	<i>ESSEX 43M21AIE</i>		
Serial #	<i>2620P445391</i>	<i>2620P445394</i>	<i>FLBA-264439</i>	<i>5250907162</i>		
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
<i>500</i>	<i>M2600946</i>	<i>Good</i>	<i>Essex</i>	<i>2026</i>	<i>UG</i>	<i>Good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	<i>MER</i>	<i>3-5-14-26</i>	☒ Correct ☐ Incorrect		
2nd	<i>R140</i>	<i>9-24</i>	☒ Correct ☐ Incorrect	<i>11.3</i>	<i>12.6</i>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>110</i> PSI	<i>110</i> PSI	<i>10</i> Mins	☒ Yes ☐ No	<i>15</i> PSI	<i>15</i> PSI	<i>10</i> Mins	☒ Yes ☐ No
____ WC	____ WC	____ Mins					

Comments: *Discontinued connections FP has leak in cutting.*

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) <i>Alvin L. L...</i>	Service Technician (Signature) <i>[Signature]</i>	Date <i>7-14-26</i>
Customer (Print) <i>Mark</i>	Customer (Signature) <i>[Signature]</i>	Date



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RINNAI WORK ORDER

Customer Acct #: 205816

Date: 6/9/26

Name: MARC NICHOLSON

Instructions: DROP 500UGW/50G@2.499 DROP ANODE

Address: 363 GRIFFITH PARKWAY

CALL 705-455-1078 EMAIL INVOICE CT

BLUE RIDGE GA 30513

Order #513397

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

Rinnai \$

Standard Vent Kit \$

Standard Install \$

Total \$

Contract Price

\$

\$

\$

\$

Tank Set

L P Gas /Gal 2.999

Gallons 50

FRCC \$9.79

Fuel Total 149.95

Tank Lease/YR 129.00

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor

Total charges

Prepay Bal On Account

Safe Appliance Savings

Safe Appliance Rebate

New Cust Special

L P Gas /Gal 2.499

Gallons 50

FRCC \$9.79

Fuel Total 124.95

1st yr Lease FREE

Tank Set Fee 20.00

Safety Inspection \$29.95

474.57

600.00

TOTAL BALANCE DUE