

CONFIRM *SM*

2

8/18/2025 1:06:55 PM

WORK ORDER

Michael Hearne

155 Paesano Road
Mineral Bluff, GA 30559
(831) 809-8067

Customer #: 204313
Order #: 388172
Location #: 280069
Zone: B-014-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 08/22/25 - \$100 DEPOSIT TOWARD FUTURE GAS -
RE-LOCATE C/O TANK - CONVERT AND HOOK UP STOVE.
KIT ON SITE - CALL 831-809-8067 - CCOF - CT

Line need piped up from floor

Date Ordered: 8/18/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

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 #: 204313
 Name: MICHAEL HEARNE
 Address: 155 PAESANO ROAD
MINERAL BLUFF, GA 30559

Date: 8/22/25
 Instructions: \$100 DEPOSIT TOWARD FUTURE GAS. RELOCATE C/O TANK. CONVERT & HOOK UP STOVE.
 Order #: 388172 ON SITE. CALL 831-809-8067 CCOF

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	Furnace	Stove				
Manufacturer	Tempstar	Samsung				
Model #	NV	NSC6DG 8500 3R AA				
Serial #	NV	0LN07DAX 800110F				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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 checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A			
Venting System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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 checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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
500	77 254	Good	Trinity	1991	AG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Rexo	4403T12	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rexo	4403B4	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.0	12.1

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
110 PSI	110 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" 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) <u>Ann Wilcox</u>	Service Technician (Signature)	Date <u>8-22-25</u>
Customer (Print)	Customer (Signature)	Date <u>8/22/25</u>



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RINNAI WORK ORDER

Customer Acct #: 204313
 Name MICHAEL HEARNE
 Address 155 PEASANO RD
MINERAL BLUFF GA 30559

Date: 8-25-25
 Instructions: TANK LEVELED CONNECT TO YARD LINE
FILL TANK CCOF SM 831-809-8067
 Order #: 388242

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	2.799
Gallons 400	Gallons	400
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 1199.60	Fuel Total 1119.60	1119.60
Tank Lease/YR	1st yr Lease	
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee	
Safety Inspection \$129.95	\$29.95	
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings	420.89	
<i>Safe Appliance Rebate</i>	450.00	
TOTAL BALANCE DUE		