

Door code: 8224

Confirmed

10/16/2025 7:13:41 AM

WORK ORDER

Utu Bloomfield d/b/a 445 Yellowbird Trail Blue Ridge LLC

445 Yellowbird Trail
Blue Ridge, GA 30513
(385) 434-5739

Customer #: 204676
Order #: 407722
Location #: 266177
Zone: B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:
Service Code: Propane Service
Description: 10/20/25 - T/I 250 W/200G@2.599G. RUN YARD LINE, C/C STOVE, KIT ON SITE, W/H AND LOGS ON SITE - INSIDE IS STUBBED OUT - T/I MONITOR - CALL 385-434-5739 - CCOF - CT

Date Ordered: 10/16/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System
Contract:
Manufact:
Notes:
Instructions:

Last Service:
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 #: 204676

Date: 10/20/25

Name: Utu Bloomfield

Instructions: T/I 250ag w/200g @2.599. Run yard line.c/c stove, kit onsite,W/H and logs onsite- Inside stubbed out- T/I monitor.

Address: 445 yellowbird Trail, Blue Ridge GA. 30513

Order #: 407722

Call: 385-434-5739 CCOF-C

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	Linear	Linear	W/H	Linear	Linear
Manufacturer	Messison	Messison	Naien	Heath & Home	Heath & Home
Model #	NV	NV	NPE-240A2	NV	NV
Serial #	NV	NV	2087B23Y456718	NV	NV
Burner/Combustion Chamber	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	476889	Good	Trinity	1969	AG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin Rego	46449	1-22	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.8	13.4
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
95 PSI	95 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WC	WC	Mins					

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)	Service Technician (Signature)	Date
Alvin W. York	[Signature]	10-20-25
Customer (Print)	Customer (Signature)	Date
Customer	[Signature]	



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RINNAI WORK ORDER

Customer Acct #: 204676

Date: 10/20/25

Name Utu Bloom Field

Instructions: T/I 250 ag w/200g @2.599

Address 445 Yellowbird Trail, Blue Ridge
GA 30513 Call: 385-434-5739-CCOF- CT

Run yard line. C/C stove kit onsite, w/h and log

Order #: 407722 onsite. inside is stubbed
out- T/I Monitor-

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	2.599
Gallons	200	Gallons	200
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	599.80	Fuel Total	519.80
Tank Lease/YR	99.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			521.53
<i>Safe Appliance Rebate</i>		<i>200.00</i>	
TOTAL BALANCE DUE			