

WORK ORDER

Bobby Ballew

3100 Old Loving Road
Morganton, GA 30560
(706) 502-3890

Customer #: 204700
Order #: 408375
Location #: 280527
Zone: B-009-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: ~~10/20/25~~ - Drop 325UG w/260G @2.599 + anode + run approx.
60ft of line to house and generator. T/I Get with Mike-
POSSIBLE RXP199. Call: 706-502-3890 CCOF - JB

10/21

Date Ordered: 10/17/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

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 #: 204700
 Name: BOBBY BALLEW
 Address: 3100 OLD LOVING ROAD
MORGANTON, GA 30560

Date: 10/20/25
 Instructions: DROP 325UGW/260@2.599G DROP ANODE RUN
@60FT LINE HOUSE AND GENERATOR. RXP199
 CALL 706-502-3890 CCOF
 Order #: 408375

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	W/H					
Manufacturer	Rinnai					
Model #	Reu-NBP3237FFUS					
Serial #	TD.BA-084392					
Burner/Combustion Chamber	<input type="checkbox"/> Ok	<input 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input 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	<input 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 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	<input 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 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	<input 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 type="checkbox"/> Ok	<input 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 type="checkbox"/> No				

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	M2518418	Good	Arco	2025	UG	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	Reso	3403724	6-25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Reso	340334	5-24	<input checked="" 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
80 PSI	70 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: NO flow & lock up no water at time of hookup.

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>Alvin Wilcox</u>	Service Technician (Signature)		Date	<u>10-21-25</u>
Customer (Print)	<u>Customer not present</u>	Customer (Signature)		Date	



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RINNAI WORK ORDER

Customer Acct #: 204700
 Name BOBBY BALLEW
 Address 3100 OLD LOVING ROAD
MORGANTON, GA 30560

Date: 10/20/25
 Instructions: DROP 325UGW/260G@2.599G ANODE BAG @
60FT LINE HOUSE AND GENERATOR. T/I RXP199 CALL
706-502-3890. CCOF
 Order #: 408375

DESCRIPTION OF WORK
COMMENTS: <i>Build 325ug with 260 gal f Anode Bag, Hung & vented RXP199</i>
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
10-21-25				100.00/hr	
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial AW

Start Pressure 80 End Pressure 80 Time Held 10 System OK YES

% in Tank 80

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 3 year contract for discount.

 CUSTOMER SIGNATURE

Retail Price		Contract Price	
RXP199 Rinnai	\$2992.00	\$2799.95	
Standard Vent Kit	\$957.95	\$ 0.00	
Standard Install	\$500.00	\$ 0.00	
Total	\$4449.95	\$ 2799.95	2799.95
Tank Set		New Cust Special	
L.P. Gas /Gal	2.999	L.P. Gas /Gal	2.599
Gallons	260	Gallons	260
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	779.74	Fuel Total	675.74
Tank Lease/YR	129.95	1st yr Lease	FREE
Total Materials			FREE
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			2238.82
<i>Safe Appliance Rebate</i>			<i>400.00</i>
TOTAL BALANCE DUE			