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10/21/2025 4:41:50 PM

WORK ORDER

Daniel Stewart

835 East Tn Ave
McCaysville, GA 30555
(404) 769-5777

Customer #: 203844
Order #: 409440
Location #: 279460
Zone: B-002-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10/21/25 final hook up on furnace. SN Call (404) 769-5777

Date Ordered: 10/21/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 8/1/2025	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 #: 203844
 Name: Daniel Stewart
 Address: 835 East 7th Ave
Mesa, AZ 85205

Date: 10-22-25
 Instructions: _____
 Order #: _____

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					
Manufacturer	Bryant					
Model #	912SE42060M17A-1					
Serial #	4524459311					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok				
Manual Shutoff	<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 type="checkbox"/> Ok				
Pilot Safety System	<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 type="checkbox"/> Ok <input type="checkbox"/> N/A				
Venting System	<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 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	M2432098	Leak	Triarc	2024	ME	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin Riso	46449	1-23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.7
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
50 PSI	50 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: _____

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>Alan Wray</u>	Service Technician (Signature) 	Date <u>10-22-25</u>
Customer (Print) <u>Daniel Stewart</u>	Customer (Signature) 	Date



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RINNAI WORK ORDER

Customer Acct #: 203844
 Name DANIEL STEWART
 Address 835 EAST TN AVE
MCCAYSVILLE GA 30555

Date: 5-2-25
 Instructions: T/I 325UG W/50G @ 2.599 HOLE WILL DUG. RUN TYARD LINE 4 DROPS 404-789-5777
 Order #: CCOF CT/JB 355691

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	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	149.95	Fuel Total	129.95
Tank Lease/YR	129.00	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			489.43
<i>Safe Appliance Rebate</i>			400.00
TOTAL BALANCE DUE			