

*Confirmed*

11/19/2025 1:53:35 PM

# WORK ORDER

## Kassie Majors dba Collins Homes

38 Susie Court Lot #2  
Blairsville, GA 30512  
(470) 530-7209

Customer #: 204678  
Order #: 422656  
Location #: 280496  
Zone: B-003-MON-  
Terms: Net 30

Tech: \_\_\_\_\_

Map Code:

Service Code: Propane Service

Description: 11/26/25 - RUN YARD LINE AND H/U APPROX. 50FT Call:  
470-530-7209 CCOF - JB

Date Ordered: 11/19/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 10/22/2025	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 #: 204678

Date: 11/26/25

Name: KASSIE MAJORS DBA COLLINS HOMES

Instructions: RUN YARD LINE AND H/U APPROX. 50FT

Address: \_\_\_\_\_

CALL: 470-530-7209 CCOF - JB

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	<u>Furnace</u>					
Manufacturer	<u>Trane</u>					
Model #	<u>R921T1005A21M4SNAS</u>					
Serial #	<u>W212519543</u>					
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
<u>250</u>	<u>M2428198</u>	<u>Good</u>	<u>Trane</u>	<u>2024</u>	<u>UG</u>	<u>Good</u>

### Regulator(s):

Manufacturer		Model	Regulator Date	Regulator Venting		Flow/Delivery Pressure	Lock-Up Pressure
Twin				<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		
1st	<u>Rego</u> <u>3403TR9</u>	<u>3403TR9</u>	<u>10/2024</u>	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		
2nd	<u>Rego</u> <u>4403B66</u>	<u>4403B66</u>	<u>04/2023</u>	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	<u>11.2</u>	<u>12.9</u>

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>80</u> PSI	<u>80</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> 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>Jason Murphy</u>	Service Technician (Signature) 	Date <u>11/26/2025</u>
Customer (Print) <u>CNP</u>	Customer (Signature) 	Date



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# RINNAI WORK ORDER

Customer Acct #: 204678  
 Name KASSIE MAJORS DBA : COLLINS HOMES  
 Address 38 SUSIE COURT LOT #2  
BLAIRSVILLE , GA. 30512

Date: 10/22/25  
 Instructions: DROP OF 250 UG W/50G @2.599 AND 1  
ANODE BAG. CCOF SN CALL: 470-530-7209  
 Order #: 407774

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 \_\_\_\_\_

Retail Price	Contract Price
Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

% in Tank \_\_\_\_\_

Tank Set	New Cust Special
L P Gas /Gal <b>2.99</b>	L P Gas /Gal <b>2.599</b>
Gallons <b>50</b>	Gallons <b>50</b>
FRCC \$9.79	FRCC \$9.79
Fuel Total <b>129.00</b>	Fuel Total <b>FREE</b>
Tank Lease/YR	1st yr Lease
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee <b>20.00</b>
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	

**AMOUNT REC'D**

\$ \_\_\_\_\_

CASH     CHECK # \_\_\_\_\_

CREDIT CARD

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

Safe Appliance Savings	487.33
<b>Safe Appliance Rebate</b>	<b>400.00</b>

\* 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

<b>TOTAL BALANCE DUE</b>	
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