

✓ JB

11/17/2025 11:19:20 AM

WORK ORDER

JUSTINE LAKE

75 Kiki's River Rd-TANK 2
Blue Ridge, GA 30513
(954) 646-1849

Customer #: 23514
Order #: 421895
Location #: 280834
Zone:
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 11/25/25 - T/I 200AG W/200G @2.599- LINES ARE THERE. No pump over. Call: 762-210-9576 CCOF - JB

| | | | | |
|--------------------------|-----------------|------------------|--------|-------|
| Date Ordered: 11/17/2025 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|--------------------------|-----------------|------------------|--------|-------|

Name:

Last Service:

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

| Date | Invoice # | Tech | Problem Reported | Service Notes |
|------|-----------|------|------------------|---------------|
|------|-----------|------|------------------|---------------|



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 23514
 Name: JUSTINE LAKE
 Address: 75 KIKI'S RIVER RD TANK 2
BLUE RIDGE, GA 30513

Date: 11/25/25
 Instructions: T/I 200AGW/200G@2.599G. DROP IN. CALL
762-210-9576 CCOF
 Order #: 421895

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/A | | | | | |
| Manufacturer | Navita | | | | | |
| Model # | NFC-240S2 | | | | | |
| Serial # | 208922220311348 | | | | | |
| 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 |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 250 | M0513908 | Good | Prinity | 2005 | AC | 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 | Rego | 3405TR9 | 10-24 | | |
| 2nd | Rego | 4403 B46R | 11-21 | 11.0 | 12.8 |

Piping System Leak Test:

Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass | Start Pressure | End Pressure | Time Held | Pass |
|----------------|--------------|------------|---|----------------|--------------|------------|------------------------------|
| 80 PSI | 80 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) <i>Alvin W. Cox</i> | Service Technician (Signature) <i>[Signature]</i> | Date <i>11-25-25</i> |
| Customer (Print) | Customer (Signature) <i>[Signature]</i> | Date |

