

Confirmed
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9/26/2025 9:47:04 AM

WORK ORDER

Dale McGinnis

232 R.T. Lance Road
Morganton, GA 30560
(260) 226-1374

Customer #: 204538
Order #: 398805
Location #: 280333
Zone: B-009-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10/02/25 - GO 1ST! - T/I 250AGW200G@2.599G. RUN YARD
LINE AND LINE TO HVAC AND W/H. ALREADY TRENCHED
FROM DIRT PAD & HOLE DRILLED IN WALL. CALL
260-226-1374 - CCOF - CT

20 Dras in

Date Ordered: 9/26/2025	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 #: 204538

Date: 10/02/25

Name: DALE MCGINNIS

Instructions: T/I 120W/200G@2.599G, RUN YD LINE, AND hvac and W/H. ALREADY TRENCHED FROM DIRT PAD & HOLE DRILLED IN WALL CALL 260-226-1374. CCOF

Address: 232 r.t. lance road

Order #: 398805

MORGANTON, GA 30560

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 #	CAPMP3617ALAFAMA					
Serial #	3124506887					
Burner/Combustion Chamber	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2326223	GOOD	TRINITY	2023	A/G	GOOD

Regulator(s):

Manufacturer		Model	Regulator Date	Regulator Venting		Flow/Delivery Pressure		Lock-Up Pressure
Twin	MEC	1232 2LB	06-17	☐ Correct	☐ Incorrect	14.6		12.4
1st				☐ Correct	☐ Incorrect			
2nd				☐ Correct	☐ 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	☐ Yes ☐ No	15 PSI	15 PSI	10 Mins	☒ Yes ☐ 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
BRIAN BRADLEY	[Signature]	10-2-25
Customer (Print)	Customer (Signature)	Date
CWAFJ	[Signature]	



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RINNAI WORK ORDER

Customer Acct #: 204538
Name DALE MCGINNIS
Address 232 R.T. LANCE ROAD
MORGANTON, GA 30560

Date: 10/02/25
Instructions: GO 1ST! T/I 250W/200G@2.599G RUN YD
LINE TO HVAC & W/H. ALREADY TRENCHED FROM DIRT
PAD & DRILLED HOLE IN WALL CALL 260-226-1374.
Order # 398805

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	9.79
Fuel Total 599.80	Fuel Total 519.80	519.80
Tank Lease/YR 99.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee 20.00	20.00
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		521.53
Safe Appliance Rebate		400.00
TOTAL BALANCE DUE		