

2 *Confirmed*

4/4/2025 11:57:58 AM

## WORK ORDER

**Holly Nelson**

Grant Lane Lot 31  
Mineral Bluff, GA 30559  
(706) 455-7400

Customer #: 203751  
Order #: 352328  
Location #: 279340  
Zone: B-006-TUE-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 04/09/2025 T/I 250AG w/200G@2.999 - EXISTING LINES. Call:  
706-455-7400 *COF*

Date Ordered: 4/3/2025	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 #: **203751**

Date: **04/09/2025**

Name: **HOLLY NELSON**

Instructions: **T/I 250AG W/200G@2.999-EXISTING LINE**

Address: **GRANT LANE LOT 31**

**CALL: 706-455-7400 CCOF - JB**

**MINERAL BLUFF, GA 30559**

Order #: **352328**

**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	<b>Logset</b>		<b>Logset</b>		<b>W/H</b>	
Manufacturer	<b>H.N.H</b>		<b>H.N.H.M</b>		<b>NAUEN</b>	
Model #	<b>LUM-VF-PV</b>		<b>LUM-VF-PV</b>		<b>NPE 240A</b>	
Serial #	<b>MP625020163</b>		<b>MP625011592</b>		<b>2087X2471913030</b>	
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
<b>250</b>	<b>M2429711</b>	<b>GOOD</b>	<b>TRIARC</b>	<b>2024</b>	<b>A/B</b>	<b>GOOD</b>

## Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin <b>Reso</b>	<b>40449</b>	<b>07-28</b>	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<b>11.1</b>	<b>12.6</b>
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
<b>75</b> PSI	<b>75</b> PSI	<b>10</b> Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>15</b> PSI	<b>15</b> PSI	<b>10</b> Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <b>BRIAN BRADLEY</b>	Service Technician (Signature) 	Date <b>4-9-25</b>
Customer (Print) <b>CNAFS</b>	Customer (Signature) 	Date



