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6/18/2026 10:12:18 AM

WORK ORDER

JOEL OR REBECCA SHANNON

416 BROWN BEAR PATH
BLUE RIDGE, GA 30513
(404) 863-6636

Customer #: 22146
Order #: 515843
Location #: 268074
Zone: B-010-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 6/29/26 T/I Rinnai 7.5 NO GAS CONTRACT remove and haul
off old water heater \$25 Call 404-863-6636 CCOF-CLT

Date Ordered: 6/18/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System

Last Service:

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 #: 22146Date: 6-24-26Name: Joel or Patricia Shannon

Instructions: _____

Address: 416 Brown Bear Path

Order #: _____

Blue Ridge PA 3513

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>W/H</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>RCU-NB3237AF-US-N</u>					
Serial #	<u>SH BA-132689</u>					
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
<u>325</u>	<u>2914081604</u>	<u>Good</u>	<u>Amvic</u>	<u>2000</u>	<u>AG</u>	<u>Good</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st <u>MEC</u>	<u>1122</u>	<u>25-Apr-1-14</u>	☒ Correct ☐ Incorrect		
2nd <u>Fisher</u>	<u>N/A</u>	<u>N/A</u>	☒ Correct ☐ Incorrect	<u>11.1</u>	<u>12.7</u>

Piping System Leak Test:**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>115</u> PSI	<u>115</u> PSI	<u>10</u> Mins	☒ Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	☒ Yes
_____ WC	_____ WC	_____ Mins	☐ No				☐ 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>Alvin L. 10</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>6-24-25</u>
Customer (Print) <u>Lynn Shannon</u>	Customer (Signature) <u>[Signature]</u>	Date _____



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RINNAI WORK ORDER

Customer Acct #: 22146
Name Joel or Rebecca Shannon
Address 446 Brown Bear Path
Blue Ridge Co

Date: 6-29-26
Instructions: _____
Order #: _____

DESCRIPTION OF WORK

COMMENTS: Installed RXP199

SERVICED BY: AW / FS

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>6-24-26</u>	<u>2:21</u>	<u>4:30</u>	<u>2 hrs</u>	100.00/hr	
			<u>1.5 Free</u>	100.00/hr	

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☐ No
Gas check attached ☒ Yes ☐ No
Leak check Initial AW

Start Pressure 115 End Pressure 115 Time Held 10 System OK Yes

% in Tank 67

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 3 year contract for discount.

[Signature]

CUSTOMER SIGNATURE

Retail Price		Contract Price
RXP199 Inna	\$2473.00	\$2559.95
Standard Vent Kit	\$526.95	\$0.00
Standard Install	\$450.00	\$0.00
Total	\$3449.95	\$2559.95
		2559.95

Tank Set	New Cust Special
L.P. Gas /Gal	L.P. Gas /Gal
Gallons	Gallons
FRCC \$9.79	FRCC \$9.79
Fuel Total	Fuel Total
Tank Lease/YR	1st yr Lease
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	

Safe Appliance Savings	890.00
<u>Safe Appliance Rebate</u>	<u>200.00</u>

TOTAL BALANCE DUE

2,814.15