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ALJS

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8/25/2026 8:18:51 AM

WORK ORDER

Jill Goode

247 Clementine Lane
Blairsville, GA 30512
(706) 897-7802

Customer #: 206584
Order #: 537199
Location #: 252315
Zone: B-017-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 8/26/26 T/I 250ag w/200 @ 2.499 lines are there Call
706-897-7802 CCOF CLT

Date Ordered: 8/25/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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 #: 206584

Name: JILL GOODE

Address: 247 CLEMENTINE LANE

BLAIRSVILLE GA 30512

Date: 8/26/26

Instructions: T/I 250AG W/200G @ 2.499 LINES
ARE THERE CALL 706-897-7802 CCOF
CLT

Order #: 537199

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	Space heater	Stove	Space heater	Water heater
Manufacturer	NA	GE		AW
Model #	DV-35-25G	JGBS66DEK5BB	MAHFBF304PT	661-50THUR401
Serial #	1231681223	FT200740P	EG-99730-2509263586	2026/19667695
Burner/Combustion Chamber	☒ Ok	☒ Ok	☒ Ok	☒ Ok
Manual Shutoff	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A
Sediment Trap	☒ Ok	☐ Ok	☒ Ok	☒ Ok
Pilot Safety System	☒ 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
Venting System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A
Combustion Air	☒ Ok	☐ Ok	☒ Ok	☒ Ok
Taken Out of Service	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	MOU27651	Good	Trinity	2024	AJ	Good

Regulator(s):

Manufacturer		Model	Regulator Date	Regulator Venting		Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rejo	B3U	2024	☒ Correct	☐ Incorrect	11.2	12.9
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
110 PSI	110 PSI	10 Mins	☒ Yes				☐ Yes
			☐ No				☐ No

Comments: Took stove out of service. not working. SSN: FT200740P
Model: JGBS66DEK5BB

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)	Villon Payne	Service Technician (Signature)	Dillon Payne	Date	8/26/26
Customer (Print)	Rickard Goode	Customer (Signature)	Rickard Goode	Date	8/26/26



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RINNAI WORK ORDER

Customer Acct #: 206584
Name JILL GOODE
Address 247 CLEMENTINE LANE
BLAIRSVILLE GA 30512

Date: 8/26/26
Instructions: T/I 250AG W/200G @2.499 LINES
ARE THERE CALL 706-897-7802 CCOF-CLT
Order #537199

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 2.499	
Gallons 200	Gallons 200	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 599.80	Fuel Total 499.80	499.80
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 529.00

Safe Appliance Rebate 250.00

TOTAL BALANCE DUE