

8/27/2026 9:29:29 AM

WORK ORDER

RONNIE WILLIAMS

14 Green Way
Blairsville, GA 30512
(863) 224-3613

Customer #: 30152
Order #: 537602
Location #: 247608
Zone: B-011-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 09/02/26 - GO AFTER LUNCH! C/C STOVE - KIT ON SITE -
\$25 HAUL OFF OLD UNIT CALL 863-224-2538 - CCOF - CT

Date Ordered: 8/27/2026	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 #: **30152**

Date: **9/2/26**

Name: **RONNIE WILLIAMS**

Instructions: **GO AFTER LUNCH! C/C/ STOVE KIT ON SITE**

Address: **14 GREEN WAY**

\$25 HAUL OFF OLD UNIT CALL 863-224-2538

BLAIRSVILLE, GA 30512

Order #: **537602**

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	Stove					
Manufacturer	Café					
Model #	665700P2m61					
Serial #	MD462816P					
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
325	M2156469	Good	TRARC	2021	UG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Rego	Lr3403TR NV	☒ Correct ☐ Incorrect		
2nd	Rego	Lr3403B4 NV	☒ Correct ☐ Incorrect	11.1	12.2

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:

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
Alvin Williams	[Signature]	9-2-26
Customer (Print)	Customer (Signature)	Date
KATHY WILLIAMS	Kathy Williams	9-2-26



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RINNAI WORK ORDER

Customer Acct #: 206380
Name BRANDON MATHIS
Address WILSCOTT WINDS LOT #4
MORGANTON GA 30560

Date: 7-17-26
Instructions: DELIVER 325UG W/ 50G @ 2.499 ANODE
BAG 706-455-1238 KN
Order #: 524414

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	50	Gallons	50
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	149.95	Fuel Total	129.95
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		29.95
Total Labor			
Total charges			
Prepay Bal On Account			

Safe Appliance Savings 494.78
Safe Appliance Rebate 50.00

TOTAL BALANCE DUE