

✓ Sum

9/23/2026 9:34:12 AM

# WORK ORDER

## BILL FULLER

261 HONEYSUCKLE WAY  
BLUE RIDGE, GA 30513  
(404) 536-5601

Customer #: 17849  
Order #: 546913  
Location #: 250281  
Zone: B-016-THU-  
Terms: Net 30

### Map Code:

**Service Code:** Propane Service

**Description:** 9-25-26 Move Gas line, doing a remodel. It is not attached at moment. 404-536-5601 CCOF Sm

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

| Date Ordered: | 9/23/2026 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|---------------|-----------|-----------------|------------------|--------|-------|
|---------------|-----------|-----------------|------------------|--------|-------|

**Name:** Heating System  
**Contract:**  
**Manufact:**  
**Notes:**  
**Instructions:**

**Last Service:** 4/15/2025  
**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 #: 17849

Date: 9-25-26

Name: BILL FULLER

Instructions: **MOVE GAS LINE FOR A REMODEL. LINE IS NOT ATTACHED AT MOMENT CCOF SM**  
404-538-5601

Address: 261 HONEYSUCKLE WAY  
BLUE RIDGE GA 30513

Order #: 546913

**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                  | State                                                               | Furnance                                                            |                                                                     |                                                          |                                                          |                                                          |
|----------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Manufacturer               | GE                                                                  | Tran                                                                |                                                                     |                                                          |                                                          |                                                          |
| Model #                    | JCBP35WEW1WW                                                        | NV                                                                  |                                                                     |                                                          |                                                          |                                                          |
| Serial #                   | T3238417P                                                           | NV                                                                  |                                                                     |                                                          |                                                          |                                                          |
| Burner/Combustion Chamber  | <input checked="" type="checkbox"/> Ok                              | <input checked="" type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                                         | <input type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                              |
| Manual Shutoff             | <input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A | <input checked="" 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 checked="" type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                                         | <input checked="" type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                              |
| Pilot Safety System        | <input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A | <input type="checkbox"/> Ok <input type="checkbox"/> N/A            | <input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A | <input type="checkbox"/> Ok <input type="checkbox"/> N/A            | <input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A | <input type="checkbox"/> Ok <input type="checkbox"/> N/A            | <input checked="" 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 checked="" type="checkbox"/> Ok                              | <input type="checkbox"/> Ok                                         | <input checked="" 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 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 |
|------|-----------|-----------------------------|------------------|------------------|----------|----------------|
| 250  | 236044111 | Good                        | American Welding | 1999             | AC       | Good           |

## Regulator(s):

| Manufacturer | Model       | Regulator Date | Regulator Venting                                                              | Flow/Delivery Pressure | Lock-Up Pressure |
|--------------|-------------|----------------|--------------------------------------------------------------------------------|------------------------|------------------|
| Twin         |             |                | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect            |                        |                  |
| 1st          | Rego 4403   | NV             | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                        |                  |
| 2nd          | Rego LV4403 | NV             | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 11.2                   | 13.0             |

## Piping System Leak Test:

## Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass                                    | Start Pressure | End Pressure | Time Held | Pass                         |
|----------------|--------------|-----------|-----------------------------------------|----------------|--------------|-----------|------------------------------|
| 70 PSI         | 70 PSI       | 10 Mins   | <input checked="" type="checkbox"/> Yes |                |              |           | <input type="checkbox"/> Yes |
|                |              |           | <input type="checkbox"/> No             |                |              |           | <input type="checkbox"/> 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)<br>Fernando Sordo | Service Technician (Signature)<br> | Date<br>9/25/26 |
| Customer (Print)<br>BILL FULLER              | Customer (Signature)<br>           | Date            |



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## RINNAI WORK ORDER

Customer Acct #: 17849  
Name BILL FULLER  
Address 261 HONEYSUCKLE WAY  
BLUE RIDGE GAZ 30513

Date: 9-18-26  
Instructions: T/I 250/ W 150G @ 2.499 PUMP OVER  
15% CONNECT TO LINES ALREADY THERE. CCOF  
Order #: 545012

| 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                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> CREDIT CARD                                                                                                                                                                                                                                                                                                      |
| #                                                                                                                                                                                                                                                                                                                                         |
| EXP. DATE                                                                                                                                                                                                                                                                                                                                 |
| <small>* I have received the Consumer Safety information &amp; material.<br/>* I am satisfied with the work performed.<br/>* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.<br/>* Signing agrees to _____ year contract for discount.</small> |
| 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                | 150      | Gallons          | 150    |
| FRCC                   | \$9.79   | FRCC             | \$9.79 |
| Fuel Total             | 449.85   | Fuel Total       | 374.85 |
| Tank Lease/YR          | 99.00    | 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 |          | 516.18           |        |
| Safe Appliance Rebate  |          | 450.00           |        |
| TOTAL BALANCE DUE      |          |                  |        |